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COMMITTEE ON PROGRAMME AND BUDGET  
PROVISIONAL MINUTES OF THE SEVENTH MEETING

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CHAIRMAN: Dr H. B. TURBOTT (New Zealand)

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1. DRAFT FIRST REPORT OF THE COMMITTEE ON PROGRAMME AND BUDGET (Document AL2/P&B/19)

Dr PENG THONG (Cambodia), Rapporteur, introduced the Committee's draft first report (AL2/P&B/19).

Decision: The draft report was approved.

2. THE ROLE OF WHO IN MEDICAL RESEARCH: Item 6.7 of the Agenda (Resolutions WHA11.35 and EB23.R13; Documents AL2/P&B/5 and Add.1-3)

The DIRECTOR-GENERAL, introducing item 6.7 of the agenda, said that the question of WHO's role in medical research was of great importance and deserved careful consideration by the Health Assembly. The subject was not a new one and had been considered on a number of occasions: the relevant resolutions would be found on pages 94 and 95 in the Handbook of Resolutions and Decisions.

The study and plan contained in document AL2/P&B/5 was submitted to the Assembly in compliance with resolution WHA11.35. Part one had been presented to the Executive Board at its twenty-third session. As would be seen from resolution EB23.R13, the Executive Board had endorsed the principles outlined in his study and had authorized him to complete it as requested by the Eleventh World Health Assembly and to submit his proposals together with budget estimates to the Twelfth World Health Assembly, taking into account the Board's own discussions.

Recapitulating the main features of his study and plan, he said that part one of the document sought to comply with the request made by the Assembly in resolution WHA11.35, part I, paragraph 3 (1), and expounded a series of principles distilled from the discussions and conclusions of advisers on medical research who had been

convened to two meetings. The introduction described in general terms what should be WHO's function in regard to research and he drew special attention to the conclusions of the first group of advisers as to objectives and methods of implementation which were reproduced in the sixth paragraph (page 5) of the section entitled "Research as a WHO function" and in the first two paragraphs of the section entitled "Objectives" (page 6). He also drew the Committee's attention to the general conclusions of the second group of advisers and reproduced in the third paragraph of the section entitled "Objectives".

It was important to bear in mind that it had always been a basic principle of WHO's work to operate through existing national organizations, and the experience of the past decade had justified that policy since with a relatively small expenditure a great deal could be done in that way to foster national effort and coordination at the international level.

The types of research requiring international organization were enumerated in the section bearing that title and the section on servicing research mentioned examples of the kind of standard materials which were often lacking and which WHO could help in making available.

One of WHO's most important tasks was to help in the provision of training facilities for research workers from all countries, whether advanced or not. The broad categories of training were indicated in the second paragraph (page 14) of the section on training.

It was hardly necessary to emphasize the crucial importance of communication, which was discussed in a special section. Clearly WHO, by promoting the exchange of information, could greatly assist and indirectly help to economize resources,

since a great deal of money was often spent on some particular line of research in one country merely out of ignorance of what had already been accomplished in another. It would be seen from the section concerning the advisory mechanism on research policy that he advocated using the experience gained from the technique of expert panels and committees from which technical advisers could be drawn. But in addition, some additional machinery would be required to study the programme and advise the Director-General. Hence an advisory council had been suggested, operating under the same rules as expert committees, but as continuity was an important factor in the formulation and execution of what after all would be a long-term programme, he had suggested that the office of chairman should be of a more permanent nature than in the case of expert committees, which when reconvened elected a new chairman. He put that suggestion forward as an experimental one to be tested during the early years of trial and error while the programme was being developed.

Part two of the document, which had not been submitted to the Executive Board, described how his plan had been evolved and the help he had obtained from 120 experts in various disciplines from all over the world. It was most encouraging that men of such a calibre should have thought it worthwhile to devote some of their valuable time to consider a function of WHO. They clearly considered it to be of value.

Part three with its addendum (A12/P&B/5 Add.2) was devoted to the substance of the plan and summarized the elements of the programme which derived from the reports of the different groups of advisers and aimed at some degree of uniformity.

The budget estimates were submitted in compliance with operative paragraph 2 of resolution EB23.R13 and would be found in document A12/P&B/5 Add.1. He had had the difficult task of deciding whether to recommend the kind of programme envisaged by his expert advisers, which would have run into some \$ 7 000 000 to \$ 8 000 000, or a smaller sum. After careful consideration, taking into account both the views expressed by members of the Executive Board, past experience and the possibilities of implementation during the first year, he had decided to suggest a budget of about \$ 2 000 000. In such a field as research WHO must move cautiously and adopt a flexible and gradual approach.

The whole question of financing the programme had caused him considerable concern and he had hesitated to suggest that it be financed from voluntary contributions, because judging from past experience the prospects of doing so were not very promising. Moreover, research was a long-term programme which he hoped would expand with the years and as such should not be exposed to financial insecurity. Without making a definite suggestion prior to hearing the views of members, he urged them to bear in mind the desirability of the programme being financed at least in part from the regular budget. That was not to say, of course, that the possibility of voluntary contributions should be overlooked. Needs were great and countries might be willing to help by the provision of fellowships and training in, for example, special techniques or by calling meetings of research workers from different countries. His figure had probably been too conservative and the Organization must not close the door to any possible sources of assistance.

The programme should not be regarded as one specially designed for the more advanced countries which might operate at the expense of advisory services to the

less advanced. It was essentially a co-operative enterprise and could be extremely beneficial to the latter group as well as helping to narrow the differences in the level of research between different countries. Furthermore, research was obviously closely interrelated with medical education, and progress in the one was bound to mean progress in the other. In many less-developed countries medical institutes would provide the starting point for research and could be assisted to great effect by the proposed programme.

Many public health problems would not easily be solved without research in the less-developed countries, but the technical and material resources tended to be concentrated in the more advanced so it was vital for the two to work together if WHO's objectives were to be achieved.

It was clear from the resolution concerning the co-ordination of the results of scientific research adopted at the last session of the United Nations General Assembly that governments believed in the utility of wider international co-operation in that field. As far as medical research was concerned WHO was at the cross-roads and he and his staff sincerely believed that WHO had a real part to play and that there would be great advantage in allowing it to develop a sound programme.

Dr MOORE, representative of the Executive Board, stated that the Director-General when submitting part one of his study and plan to the Executive Board at its twenty-third session had explained that for lack of time he had been unable to comply with the Assembly's request in part I, paragraph 3 (2) of resolution WHA11.35; that task had now been completed. In discussing the paper the Executive Board had concurred with the Director-General's view that the implementation

of that resolution would constitute a turning point in WHO's work and it had emphasized that WHO had an important function in fostering such research as called for an international approach. Divergent views had been expressed by the Board members, some taking the position that a drastic change of role should come only when some of the major projects on which the Organization had already embarked had been brought to a successful conclusion. Others had argued in favour of a wider approach to research and that the programme should include work on communicable diseases, virology, genetics, the effects of radiation, mental and nervous disorders, as well as cancer, cardiovascular diseases and their relation to nutrition.

The view had been expressed that the type of work contemplated could be effected through existing machinery. It was thought that the Advisory Council, which had been discussed at length, should consist of outstanding persons drawn from a wide range of disciplines and not narrow in outlook. The Board had been considerably reassured by the Director-General's statement that that body would not infringe on the Board's authority in policy matters since it would be somewhat like an expert panel set up according to the normal organizational procedure. The only departure regarding which the Director-General had asked for clear guidance was that the Council's chairman should be a permanent one because of the need for continuity in the supervision of research activities as distinct from the more limited tasks of expert committees, whose proceedings were in a sense concluded by the drafting of their reports.

As would be seen from resolution EB23.R13 the Board had endorsed the principles outlined in this study as a sound guide to the extension of WHO's activities in medical research.

Dr DIAZ COLLER (Mexico) endorsed the Director-General's proposals and emphasized that medical and public health progress was impossible without adequate research. The establishment of priorities, which must be done, should not prove intractable. He would have thought that one of the first tasks should be to concentrate on practical problems of health administration and on ascertaining why knowledge already gained was not being universally applied for the eradication of disease.

He agreed that WHO's function was to stimulate at the national level and coordinate at the international level and also to act as a clearing house.

Mr SAMONTE (Philippines) said that as a matter of principle his Government fully agreed with the constitutional mandate contained in Article 18 (k) which enjoined WHO "to promote and conduct research in the field of health ..." and believed that research being the life blood of progress in any field deserved unqualified support. Nevertheless the proposed programme must be examined in the context of its possible effect on the vital and far-reaching projects already under way as for example malaria eradication.

Malaria was an age-long scourge which had caused untold suffering and economic loss for centuries and though it had been practically eliminated from the most advanced countries, it remained to be seen whether WHO's determined assault on that formidable disease, which perhaps had been responsible for the backwardness of certain countries, would really achieve total eradication. At all events the campaign had already brought great relief and that advance must be consolidated and the programme pursued. Over half the total population of the world stood to



benefit and the programme must not be endangered from lack of funds about which some apprehension had been expressed in the Committee on Administration, Finance and Legal Matters. If that apprehension were well founded he would deplore any diversion of resources to another programme before that for malaria eradication were finally concluded.

Dr ENGEL (Sweden) congratulated the Director-General on his admirable and comprehensive study. It had always been a guiding principle of Swedish health policy to support research and to keep the medical profession abreast with its progress. With that end in view the head of the national health service was also a permanent member of the research council. So his delegation naturally favoured an intensified research programme and felt that WHO's Constitution and general programme of work laid down for the years 1957-1960 fully justified the epoch-making programme set out by the Director-General. Moreover, careful study of his plan revealed that it was limited to research that was closely related to public health problems and the encouragement of national effort.

In addition WHO should also be able to finance its own research teams to work on problems connected with its primary functions even in the realm of pure science. At the same time WHO must not regard its research programme as one of its principal activities but as a means of reinforcing and expanding existing programmes in the fulfilment of its aims. It was highly desirable to obtain more money for research in future but the programme must not be allowed to expand in a way that would endanger other and more important functions even though WHO was the obvious instrument for the co-ordination of research.

For those reasons the programme should be developed gradually and absolute priority given to such projects as malaria eradication.

In principle the research programme should be financed from the regular budget and it would be unwise to depend on voluntary contributions or to risk any competition for funds with the malaria eradication programme. Nevertheless it might be necessary to establish a special account for gifts and requests. The most urgent part of the programme, namely that pertaining to communicable diseases and nutrition, should already be provided for in the 1960 budget so that an immediate start could be made.

The choice of priorities ought to be decided in a smaller group than the Committee.

Dr COGGESHALL (United States of America) pointed out that the initial impetus for the proposal to strengthen and intensify the medical research activities of WHO had come from the Assembly, and not from the Secretariat. It was not a new area for discussion, just as the concept of research within WHO programmes was not new.

Medical research in the United States had become increasingly comprehensive and diversified during the past 15 years and, aided by the increasing interest of the public, it had begun to include the support of research projects in other countries, the interchange of scientists to further their research training, and projects in collaboration with regional and worldwide groups. That trend was expected to continue.

The United States was committed to the belief that WHO had both the responsibility and the opportunity to play a vital role in health research which could be played by no other agency. It also believed that WHO activities in health research must focus on those questions that warranted special attention from the point of view of the Member nations, and must not in any sense be competitive with existing national and international programmes. The Organization had a special mission to foster the development of interest in, and capacity for, research in all countries, so that the great bulk of the world's effort in medical research would be carried by the several nations themselves, with opportunity for collaboration where necessary. The United States delegation did not, therefore, envisage a central WHO medical research structure which intruded on, competed with or unnecessarily duplicated the activities of any nation.

The concept of a strengthened medical research programme under WHO automatically engendered concern over the mechanisms to be used, the problems to be attacked and the funds required.

The report before the Committee emphasized the importance of the leadership to be provided by an advisory board. The United States delegation believed that the board should be, in fact, advisory and that it should be composed of members with extremely broad perspectives in health and the health sciences generally, rather than specialists in limited fields. The individuals chosen to serve on the advisory board should be so eminent that their names would command universal respect and their authority would derive from their reputations rather than their positions with WHO.

The Organization's programme should extend from research in the acquisition of new knowledge to research in the application of existing knowledge, with the initial emphasis on the latter aspect. The primary and governing criterion must be the need for such research as seen by WHO, acting with the advice of its advisory board and other expert consultants, and on behalf of the people of the world.

The United States delegation felt that it was most important that adequate funds should be provided to ensure against the failure of the undertaking but that the question should be explored in a deliberate manner. In regard to the basic operating budgets for WHO, the delegation would be unwilling to see the advance of medical research if it had to be at the expense of any of the other well-established and continuing programmes of service to the Member nations.

It was hoped that in the development of its medical research activities WHO would give special emphasis to the need for training research personnel. It was also recognized that if medical research were to have a solid basis within WHO it was important to add to the Secretariat a limited number of qualified scientists who could help to build the function of research into the normal operations of the Organization.

The United States delegation considered that the principles and plans outlined in the Director-General's report on an intensified WHO medical research programme represented a sound guide for those activities and it urged their adoption at the Twelfth Health Assembly. Since it was unlikely that there could ever be complete agreement on all the details of the programme, it was important to avoid delay and to initiate the programme immediately, and to provide a flexible

pattern of administration and finance so that by constant and constructive review a programme satisfactory to most Member States would ultimately be established.

Mr KARMARKAR (India) suggested that in the presentation of the report before the Committee, as in the health field in general, the terms "under-developed countries" and "developed countries" should be abandoned as they did not reflect the true situation. Although a broad division could be made in the economic field, countries which were highly developed in the economic sense might be suffering in health on account of the very factors which had contributed to that development - factors to which experts had ascribed the prevalence of ailments such as cancer and mental illness in some of those countries. There were constructive elements in the food and living habits of countries which were economically less advanced, and they should be maintained.

The Indian delegation urged that the promotion of comprehensive morbidity and epidemiological studies should be an important part of the intensified WHO medical research programme. There was also a need, of which WHO was already aware, for greater systemization of vital statistics. In those countries in which there was a lack of organization in the health field, it was most desirable to have a sound basis for defining the precise problems with which they were faced.

It should not be the general policy to encourage WHO to participate actively in field activities which required monetary investment. The role of the Organization should be rather to co-ordinate, to advise and to provide information. It might, for example, publish a periodical bulletin bringing significant publications to the notice of scientists.

The Government of India had devoted as much attention as possible to medical research for over 25 years and its policy was to encourage and support such work.

The Government considered that the new WHO research programme should not be promoted at the expense of the other activities of the Organization, but should be financed from a specially created fund to which contributions would be made on a voluntary basis.

The Indian delegation was in general agreement that WHO should undertake the proposed programme. It also approved the subjects listed under "Substance of the plan" but urged that the various regions should be encouraged primarily to give priority to their major problems, e.g. to eradicate malaria, before extending their other activities too far.

Dr EVANG (Norway) said that the only sound approach would be to include the intensified WHO medical research programme as an item of the regular budget. It would be helpful if the Committee could be given an indication, at an early date, of the amount of increase necessary in the regular budget to meet the needs of the programme. His delegation would be prepared to ask the Government of Norway for instructions so that it could vote for an increase in the regular budget of up to \$ 1 000 000 in the coming year.

He stressed that research had always been an integral part of WHO activities and quoted resolution WHA2.19, the first point of which was that "research and co-ordination of research are essential functions of the World Health Organization". Research had always been a part of WHO country projects and that had been possible because the Secretariat of WHO included research-minded staff members.

Operations in the field should not, however, be cut down in order to increase the dissemination of knowledge. The primary need of the "under-developed" countries was not scientific knowledge but the means to apply what was already known. In some more advanced countries more research was required before further progress could be made, but it was not the primary purpose of the Organization to serve those countries.

Dr Evang regarded the proposed programme as part of the activities of WHO and favoured the expansion of research. He disagreed in principle, however, with the suggestion made in the section entitled "Advisory mechanism on research policy" in part one of document A12/P&B/5 (pages 25-28 of the English text) which would, if carried out, result in the establishment of a body to advise the Director-General directly on policy without going through the Assembly. It was recognized that the document had been prepared in some haste and that further attention to the wording might make the real intention clearer.

The fourth function proposed for the advisory body, "to try and detect gaps in the research effort" was, however, well formulated. The establishment of a permanent advisory body seemed undesirable, but if there were to be one, it should include statisticians and epidemiologists and should advise only on methodology. The programme could be carried out by strengthening the Secretariat and by establishing ad hoc panels or committees to give advice as the occasion arose. Policy would continue to be established in the Assembly and the advisory body could then be asked whether it was statistically and epidemiologically sound.

Dr Evang strongly supported the view expressed by the Indian delegation that morbidity, epidemiological and demographic studies were essential.

Dr GOOSSENS (Belgium) said that the Director-General had accomplished the tasks given him by the Eleventh World Health Assembly in a remarkable manner. The Belgian delegation felt that medical research was a constitutional activity of WHO in which the Organization had been engaged since the beginning. It regretted, however, that in view of the importance of the question and the additional expenditure involved for governments, the documentation had been available for such a short time. It proposed, therefore, that there should be a wide exchange of views so that delegations could report the discussion to their respective governments. The governments could then give thorough consideration to the vital question and take their decision on it in the light of all the available information.

Professor PESONEN (Finland) regretted that there had not been sufficient time to give careful study to the documentation on the very important question before the Committee. The Government of Finland was particularly interested in the programme which, if carried out, would mean an appreciable advance in the development of international health work.

It should be borne in mind that no distinction could be made in medical research as to whether or not the results were of practical application.

There were large numbers of scientists in medical schools and faculties, research institutes and laboratories, as well as numerous funds and foundations, all engaged in medical research. What was needed, then, was more money and more highly-qualified research workers, and efforts to fill in the gaps in medical research.



In regard to the funds required, the speaker agreed with the Director-General that voluntary contributions were an uncertain method of financing such a programme. The Government of Finland was of the opinion that the funds reserved for research should be included in the regular budget.

The training of scientists was a very difficult task, since the best teacher was experience.

The main point on which WHO should concentrate its efforts, then, was the filling of the gaps that existed in the field of medical research. The problem of overlapping must be solved. As the Director-General had mentioned in his introductory statement, research workers often did not know what was being done in other parts of the world. A study of the problem would no doubt show that a well-organized information service was needed to avoid duplication of work, and WHO was the obvious body to undertake such a task. The best method would be for WHO to commission one or more medical research centres to keep a central register of scientific research. There was such a register in the field of embryology in the Netherlands, but that seemed to be the only one in existence. The collection in one centre of information on all aspects of medical research would be impossible, so that it should be divided according to the different branches of medicine. Each medical research institute would, for example, report to the relevant central register once a year on the work it was doing. A scientist planning research work in that branch of research could obtain from the central register information as to whether the research he was contemplating had already been done or was being carried out elsewhere. The value of such a system was obvious.

There was also an urgent need for a service which would help to ascertain the quantity and quality of the public health services required by populations in different parts of the world, and that was one of the questions on which WHO should concentrate its efforts.

In regard to the research projects mentioned in document A12/P&B/5 Add.1, the speaker considered that the present system of supporting research should be continued, but intensified, and that, according to the funds available, more emphasis should be placed on such subjects as malaria eradication, tuberculosis, and cardiovascular diseases.

The existing funds included the Special Account for Research Planning, to which the United States Government had so generously contributed. It was to be anticipated that further amounts would be given to the Account, and such grants should, in the speaker's opinion, be used, firstly, for the establishment of central research registers; and, secondly, for the surveys of public health needs which he had mentioned.

Dr METCALFE (Australia) said that he had listened to the Director-General with interest and had noted his emphasis on proceeding slowly. The delegation of Australia was in general agreement with the conception of international research but felt that the documents which had so recently been placed before the Committee, although well prepared, were inadequate for their purpose. Before final decisions were taken, there should be a very careful definition of the programme. The meaning of research was not precisely defined in the documentation. If it was defined as the search for new knowledge and the application of existing knowledge with the aim of advancing towards new health horizons it might be a step towards the desired

objective. On the other hand, a suggestion such as that made, on page 15 of the English text of document A12/P&B/5, that in some places there might be no one competent to undertake work with isotopes and that selected persons from those countries should be trained for the purpose, fell into the category of education rather than research. The Australian delegation was opposed to any extension of the research programme into purely educational fields. That type of education could be more properly undertaken under WHO's operational programme.

It was essential to insist upon real and adequate control of any scheme from the very beginning, to ensure that large sums of money were not wasted. Research should be on a project basis. If, for example, an institution or organization had an important health problem on which it wished to undertake research, it should submit the project with full details to a competent advisory committee. If the advisory committee was satisfied that the project was worth while and that the people concerned in the research had the necessary technical ability and experience it might recommend support. It might, on the other hand, if it became aware of a problem requiring investigation, suggest that a particular laboratory, institution, or person should undertake the work for WHO.

The Australian delegation had watched anxiously the difficult problem of financing the malaria eradication programme, which had been underlined by the report of the Committee on Administration, Finance and Legal Matters (A12/AFL/26). The Assembly was now being asked to add a large sum to the regular budget to finance an ill-defined project. The delegation felt that such a decision could be a danger to those projects which were generally regarded as having the highest priority - malaria eradication, environmental sanitation, and the eradication of smallpox and the many other diseases which could be controlled.

As the documents before the Committee had not been studied by the governments, and there was no urgency which required precipitate action, the whole matter should undergo further study. The extra time for study would, in fact, result in a better programme. The Australian delegation suggested that the Director-General might be asked to review the whole project in the light of the discussion; to clarify the definition of research, the organizational aspects of the programme, the nature of the advisory committee and the staff and costs required; and to refer it to the Executive Board for full study.

Dr SARKISOV (Union of Soviet Socialist Republics) said that he had listened with the greatest interest to the Director-General and to the previous speakers. Many of the difficulties in the health field arose because scientific knowledge of the control of disease was still inadequate, and his delegation would, therefore, support the intensified WHO medical research programme, which would be carried out parallel with the Organization's practical work in combating disease.

In addition to research on communicable diseases, special attention should be given to cardiovascular diseases; cancer; virus diseases; genetics; the medical use of radioisotopes; the production of more effective drugs, antibiotics, vaccines, and sera; demographic surveys; and environmental sanitation.

The World Health Organization had an important role to play in the field of medical research. That role should be primarily to plan, to co-ordinate, and to establish methodology and standardized nomenclature which would assist all research workers and practising doctors.

The delegation of the Soviet Union supported the proposal to create a body to advise the Director-General. The advisory body could act as a centre for the exchange and provision of information on research in progress and on new research to be undertaken, and could arrange for groups of experts to visit the different countries. The advisory body and WHO would have to rely continually on national health services and scientific institutes and organizations. Scientific institutes in the Soviet Union could be made available to WHO as centres for certain research projects.

The training of personnel was of the utmost importance both in the "under-developed" and "developed" countries. The Soviet Union could offer its assistance to WHO in that field also.

The documentation under discussion had been very well prepared and was extremely valuable. It had unfortunately not been received by delegates in time to permit the necessary consultations before leaving their countries, so that no answer could be given as to how the programme could be carried out. It ought for the most part to be done by the existing national health services and organizations so that the cost to WHO would be reduced. It would not seem necessary to set up new bodies, except perhaps for certain special new research projects. The documentation should be transmitted to the health services and research institutes in each country, which could study them and decide to what extent the programme could be carried out. When those bodies had expressed their views, it would be possible to see what financial and administrative matters would be necessary.

The meeting rose at 12.10 p.m.