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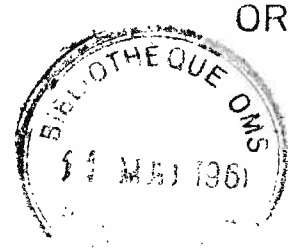

FIFTEENTH WORLD HEALTH ASSEMBLY

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CONTINUED ASSISTANCE TO NEWLY-INDEPENDENT STATES

Report by the Director-General

CONTENTS

Introduction

Although this document refers to newly-independent states, it has taken into account the needs of the emerging nations as well. The bulk of these states is in Africa and this is reflected in the text of the present document. It should be emphasized, however, that similar plans are envisaged for all newly-independent and emerging states, irrespective of their geographical locality.

The present document consists of five parts. The first part contains the report of the Director-General, submitted to the Executive Board at its twenty-ninth session and which the Executive Board, in resolution EB29.R32[1] decided to transmit to the Fifteenth World Health Assembly.

The Executive Board also decided to transmit to the Assembly the record of its discussion on Continued Assistance to Newly-Independent States. The record of that discussion constitutes the second part of this document.

Furthermore, the Executive Board requested the Director-General to provide information on the ways in which the planning and development of health programmes - with emphasis on education and training - of newly-independent states, could be brought into line with the aims and scope of the resolution of the General Assembly of the United Nations on the United Nations Development Decade,[2] on the Economic Development of Africa,[3] and on African Educational Development,[4] indicating as appropriate the technical and financial resources that need to be made available for the purpose. In compliance with this request, the Director-General submits, in Part 3, the gist of a WHO programme for assisting countries newly-independent and other states in Africa, with national health planning, and in Part 4 an outline of an expanded and accelerated education and training programme for newly-independent states.

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[1] Off. Rec. Wld Hlth Org. 115, 20

[2] General Assembly resolution 1710 (XVI)

[3] General Assembly resolution 1718 (XVI)

[4] General Assembly resolution 1717 (XVI)

Finally, the Executive Board studied with great attention a transitional problem arising in some of the newly-independent states on their accession to independence, in consequence of which they have requested WHO for operational assistance. This problem is outlined in the Director-General's report to the Board, which, as indicated above, constitutes Part 1 of this document. The Board requested the Director-General to study this question further and to report thereon to the Fifteenth World Health Assembly. The Director-General's report on this subject constitutes Part 5 of this document.

PART 1

REPORT OF THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD
AT ITS TWENTY-NINTH SESSION

CONTINUED ASSISTANCE TO NEWLY-INDEPENDENT STATES

1. Preamble

The Fourteenth World Health Assembly, in resolution WHA14.37[1] requested the Director-General "to continue to give speedy assistance to all newly-independent states which become Members of WHO and to report on these matters to the twenty-eighth session of the Executive Board and to the Fifteenth World Health Assembly". Furthermore, the Fourteenth World Health Assembly, in resolution WHA14.58,[2] also requested the Director-General "to make all possible efforts to provide assistance to Member States having newly attained independence and to co-operate with them in the training of local medical personnel technically qualified to undertake the responsibility of combating infections and parasitic disease and of improving national health services".

The Director-General reported on this matter to the Board at its twenty-eighth session and the Executive Board, having considered his report, adopted resolution EB28R.22[3] in which it requested the Director-General to report again at its twenty-ninth session on the development of the programmes of the Organization in these new states. The present report is pursuant thereto.

Preponderantly, most of the newly-independent states are in the continent of Africa though the group also includes Cyprus, Western Samoa and Kuwait. In this report attention is focused on those in that continent. It will be clear, however, that the needs of the rest of the group are receiving equal attention.

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[1] Handbook of Resolutions and Decisions, 6th ed., p. 4

[2] Handbook of Resolutions and Decisions, 6th ed., p. 4

[3] Handbook of Resolutions and Decisions, 6th ed., pp. 4-5

2. Introduction

The active part which WHO has played in the evolution of the public health programmes in newly-independent states, long before their independence, has given the Organization very valuable insight into their problems, and more specifically those that were likely to arise when these countries acquired full responsibility for and control over their own affairs. Throughout this period, now reaching its thirteenth year, the assistance given by the Organization has concentrated on the triple objective of controlling the communicable diseases, strengthening the countries' health services and preparing national staff through programmes of education and training.

The current WHO programme in newly-independent states is, in many ways, like that the Organization is carrying out in other countries; the difference being the special consideration given to their special needs on acquiring independence. The way this is being given has been described in the Director-General's interim report, submitted to the Board at its twenty-eighth session in May 1961. In essence, it consists in helping countries to maintain their national preventive and curative health services, in planning their expansion through surveys for establishing priorities, in co-ordinating all the technical assistance in the field of health they receive and in accelerating the education and training programmes both locally and abroad to make available the national staff required.

3. Malaria eradication

In most of what are now newly-independent states, malaria control before the Second World War was restricted to the protection of townships and industrial enterprises. However, with the introduction of the new residual insecticides, the possibilities of controlling rural malaria were soon realized, but by 1955, technical difficulties appeared that could not be easily surmounted. The intense transmission of malaria in some West African states, the development of resistance in Anopheles gambiae to dieldrin in Northern Nigeria, the exophilic behaviour of this vector and other difficulties, showed that effective malaria control would not be so easy to obtain in the rural areas of most of these states.

By 1959, experience in field projects led to the conviction that these technical problems did not prevent eradication in the tropical countries of Africa, but they did, however, make it more difficult. Some important problems were therefore selected for intensive study, such as the significance of the symptomless parasite carrier, the value of fever as a criterion of case detection in immune Africans, the longevity of African Plasmodium falciparum in the human host in the absence of fresh transmission, the establishment of an effective single dose treatment for immigrants entering protected areas and a variety of entomological problems.

The solution of these problems would greatly assist in the achievement of the goal which is sought; but the most technically perfect programme would fail if not supported by sound financial and administrative management. The organization of malaria projects in these newly-independent states had in the past been geared to the needs of control. The concept of eradication introduced much more stringent requirements for the necessary administrative, budgetary, transport, equipment and staff arrangements.

The most characteristic feature of African holo-endemic malaria is the remarkable degree of immunity developed by the individual at a very early age. This immunity has been considered enough justification to relegate malaria to a second place in any priority for public health development schemes. However, experience has shown that these newly-independent countries, bent on the economic development and utilization of their own resources, find in the existence of malaria a serious bar to progress, affecting the health and living standards of their families. In addition, the widespread organization required by programmes for malaria eradication, touching as it does every aspect of the life of the population, is acknowledged and sought to help to form the basis of an expansion of public health activities into other fields.

There is no reason, therefore, to doubt the advisability of seeking the eradication of malaria from most of these newly-independent states and elsewhere in Africa and it is encouraging to note that the recent results from projects continue to justify the optimistic view about its technical feasibility. The trends for the future malaria programme of the Organization for these newly-independent countries can be summarized as follows:

(a) Pre-eradication programmes: A pre-eradication programme is an operation undertaken by a country with the principal objective of building up the national, technical, operational and administrative foundations and facilities, where these do not already exist, or are inadequate, to the level essential for ensuring the effective implementation in due time of every phase of a malaria eradication programme, including the maintenance of achieved eradication. To this end WHO will assist governments in building up their antimalaria organization and the rural public health infra-structure required to support malaria eradication operations, through the provision of advisory services, fellowships, some transport and supplies, including a certain amount of partial payment of local salaries for some professional staff engaged in these projects.

(b) Malaria eradication training centres: Plans are being made to have at the beginning of 1962 two regional malaria eradication training centres, one for English, the other for French speaking Africans, established in Nigeria and Togo respectively. Apart from these two regional centres any country with a pre-eradication programme should have a training scheme for field personnel. It is also foreseen to train African professionals and sanitarians in other international training centres working under the aegis of WHO (Kingston, Jamaica; Cairo, UAR; Belgrade, Yugoslavia). In 1962, courses in English and French on malaria eradication techniques will take place in Moscow, USSR.

4. Communicable disease control

Most of the newly-independent states are in tropical and sub-tropical Africa where specific disease problems acquire such urgency and gravity that these countries have had to concentrate a substantial part of their resources on their solution.

From a public health point of view, the African region is still largely in the stage where control and eventual eradication of major communicable diseases must be regarded as a main priority in any well-balanced public health programme. The WHO-assisted activities in this direction have been characterized by a search for methods for the application of the recent scientific discoveries. The use on a mass scale

of immunization, chemoprophylaxis, insecticides and similar means have cleared vast areas of tropical Africa from diseases which had rendered them almost uninhabitable. All this has, in turn, required a detailed knowledge of the epidemiology of the diseases concerned to ensure the best possible use of the relatively meagre resources available to meet the problems, often of very considerable magnitude.

Yellow fever has practically ceased to be a menace and very few cases are now encountered in regions where formerly the disease was one of the greatest dangers to health. Smallpox is still present and outbreaks still occur, especially in the western part of Africa, but for the most part it is kept well under check.

Trypanosomiasis remains an important health problem: particularly animal trypanosomiasis, which by attacking animals deprives African countries of meat and milk and militates against physical and economic development. However, the human type of trypanosomiasis has been largely brought under control. Bilharziasis also constitutes a problem, the extent of which is being surveyed while intensive research is endeavouring to establish effective methods of control. The epidemiology of onchocerciasis is being increasingly studied and the simulium vector has already been completely eradicated from many areas.

Tuberculosis surveys have been carried out to collect the indispensable epidemiological data on which to base control programmes and which have subsequently been organized in some of these newly-independent states. The rate of progress in combating leprosy is very encouraging; the new liberal policies of leprosy control and the effectiveness of treatment with sulfones should allow of rapid progress in its control.

The treponematoses such as endemic syphilis and yaws have been widely surveyed and treated on a mass scale. The indications are that yaws is one of the diseases which it may be possible to eradicate from most areas in the near future.

There are other diseases, bacterial, protozoal, viral and helminthic, which constitute problems of public health importance. As resources permit and the situation warrants, increasing attention will be devoted to the more important of them.

It is possible, then, to summarize the present position as follows: though much remains to be done, the total cumulative effect of the numerous WHO-assisted national campaigns against malaria, yellow fever, yaws, smallpox, onchocerciasis, bilharziasis, leprosy and tuberculosis can be seen in the considerable attenuation in incidence of most of these diseases in many African urban and suburban areas. The rural areas require greater resources and present problems which require solution and are currently under investigation.

Future programme trends can be summarized as follows:

(1) In assisting newly-independent states in the control of communicable diseases, the main emphasis is laid on strengthening existing public health services in such a way that they will be able to direct and conduct programmes and decide on priorities. This involves the further development of epidemiological services, coupled wherever possible with the strengthening of the necessary laboratory and statistical services.

Existing research institutes will be assisted in maintaining their activities and in training of relevant national counterpart personnel.

(2) WHO will continue to give assistance to already existing communicable disease projects and these will be given priority over and above new programmes. Inter-country co-ordination of such programmes needs constant encouragement and international assistance. The commencement of new communicable disease projects will have to be carefully balanced against other health priorities and will have to depend on the availability of trained personnel and equipment. Training of the necessary national personnel, able to take over from international personnel, should be undertaken before new projects are initiated.

(3) Prevention of outbreaks of epidemics of such communicable diseases as smallpox, yellow fever, plague, trypanosomiasis needs constant vigilance and where preventive services are on the verge of breaking down the Organization will have to give rapid assistance in the form of personnel and equipment and supplies to prevent widespread epidemics.

5. Education and training

In view of the rapid changes in many newly-independent countries, their acute need for trained health personnel at all levels and the scarcity of available data necessary for reasonable planning of training programmes, it has become necessary to assess their educational requirements and potentialities. Surveys of this kind have been undertaken in some 12 states; it is expected that the reports, with their recommendations, will point out ways of developing long-term plans.

The World Health Organization participated in the Sub-Committee on Education and Training of the Administrative Committee on Co-ordination. For the Conference of Africa States in the Development of Education in Africa, organized by UNESCO and ECA in Addis Ababa in May 1961, the Organization prepared a working paper on the pre-requisites in general education for specialized technical and educational training and another on the education and training of health personnel in Africa, 1960-1970. This conference outlined a general plan for the preparation of professional education and training, including the training of health personnel in Africa. WHO is also preparing to participate in joint inter-agency comprehensive pilot surveys of man-power needs. These are currently being planned by an inter-agency group.

As Morocco and Tunisia have been helped quite successfully with the planning and establishment of their medical schools through the assignment of groups of consultants, it is hoped that this may also provide a pattern of effective assistance to newly-independent states to supplement that currently being given by regional and project staff for planning specific training institutions in many of these newly-independent countries.

Certain activities of WHO are intended to provide guidance to the development of the education and training programmes of newly-independent states, as well as others. These include the Study Group convened to recommend internationally acceptable minimum standards of medical education and the Inter-regional Conference on the Training of Health Auxiliary Personnel, held in Khartoum in December 1961. Provision was made for participants from newly-independent countries to attend this Conference which endeavoured to adapt the recommendations made by the Expert Committee which had considered the same subject in September 1960, to the varying situation in different countries.

Fellowships already awarded to newly-independent states number 213 and there are 228 under negotiation. Probably, more than 300 fellowships will have been awarded in 1961 to countries of Africa, including the special programme for the Republic of the Congo (Leopoldville). Of these, the majority are for basic studies abroad, mainly in medicine, nursing and sanitation, as these are not yet available in the countries themselves. Tutors are provided to help tide over difficulties whenever it is felt that the fellows will face too abruptly, too new a situation during their studies abroad. Such assistance is being given to groups of fellows studying in Israel and in France.

In 1961, most of the projects aiming at strengthening national teaching institutions were still being planned. The impact of this planning should become evident in the programmes for the next two years. The following projects have been selected with the object of giving an idea of the type of activities for which personnel and often equipment are being provided. In some cases fellowships for the teaching staff are awarded.

Congo (Leopoldville)	Teaching staff, Lovanium Medical School
Gabon	Tutor, laboratory technicians training
Guinea	Nurse educator, training of nurses
Madagascar	Tutor, training of sanitarians
Nigeria	Public health and paediatric nursing tutors, rural health service
	Public health adviser and sanitary engineer for training of auxiliaries
	Visiting professor, Ibadan University
Sierra Leone	Tutor, sanitarians' training
	Nurse educator, training of nurses
Somalia	Public health adviser and tutors for training of auxiliaries

The above comments will indicate how the assistance being given to newly-independent states is seeking to accelerate the education and training programme they require for staffing national health services. In essence, while urgent needs are being met as resources permit through fellowships for basic studies abroad, assistance is being rendered in establishing or strengthening local facilities for training auxiliaries for medical, nursing, laboratory, sanitation and statistical work. It is highly desirable that through increased international assistance emerging states develop in the shortest possible time their own training facilities for those categories of personnel who ought to be trained in large numbers and preferably in their national environment.

This two-fold long-term plan is based on needs determined by recent fact-finding surveys. It is hoped that, as more and more fellows return home after advanced studies abroad, the increased local resources in teachers will lead to a further expansion of these training programmes.

6. Public health administration

Whenever budgetary considerations allow public health administrators are being assigned to the various newly-independent states to help them survey needs and resources and thereby establish priorities based on the analysis of the data collected. These health administrators are helping countries to link the development of health services with social and economic development generally, and advising them on the essential co-ordination of all international aid made available to them for the development of health services, irrespective of their source, whether this be international, bilateral, governmental or non-governmental.

Twelve of the newly-independent African states have requested WHO assistance in the field of public health administration. In the case of those countries in which the appointment of a WHO public health administrator has not been feasible, the advice and assistance in the public health field is being rendered through regular visits paid by the staff of the WHO regional office in Brazzaville. It should also be mentioned that at present there are three area representatives located in Dakar, Lagos and Nairobi, who are assisting the majority of these new countries. Public health administration posts have been created in Ghana, Central

African Republic, Niger, Mauritania, Congo (Brazzaville), Madagascar, Ivory Coast, Gabon and Cameroun, Togo, Mali and Upper Volta. Furthermore, WHO is supporting ministries of health through visits of short-term consultants to help them organize their national health administration. This programme is supplemented by fellowships awarded to African doctors, for studies of public health administration in various countries abroad.

7. Environmental health

One of the fields expected to make rapid progress, judging from recent developments, is that of environmental health. There have been in fact numerous requests from the emerging countries for technical assistance in this field and there is widespread awareness that the raising of environmental health standards is fundamental in the improvement of health conditions.

Two sanitary engineers assigned to the African Regional Office are endeavouring, through frequent visits to countries, to follow up developments. However, it has also been necessary for legal, financial and administrative experts as well as engineers, to help plan and organize water supply programmes. Consultants in this field have visited Ghana, Madagascar and Nigeria and it is expected that other teams will visit several other countries in 1962.

It is expected that this work will lead to a rapid development of water supply schemes. Much of it has been supported from the funds of the "Community Water Supply Special Account" and is making a fundamental contribution to the raising of health standards in many of the new states. Supply of pure water and sewage disposal have been traditional problems in many African countries and the recent rapid urbanization and growth of population have made these problems even more acute. National health administrations, as well as WHO, have a wide scope for radical remedial measures and a good example of what can be achieved is Ghana's, where an environmental health survey led to the establishment of a department of environmental health in the Ministry of Health and to the elaboration of a detailed water supply and sewage disposal plan for the city of Accra.

These remarks on sanitation, however brief, would be incomplete if stress were not laid on the importance that WHO attaches to the training programmes for sanitation personnel now being developed or strengthened as rapidly as possible. The scope for development of environmental health services in the newly-independent states is indeed vast; however, training of sanitary personnel must at this stage be given precedence over development of services to which it will eventually lead and for which it is an indispensable prerequisite. The scarcity of engineers generally is in itself a fundamental limiting factor, and for the time being, as resources permit, WHO's assistance must concentrate on the training of auxiliary sanitation staff.

8. Health promotion and protection

The rapid industrialization referred to above with its concurrent movement of population from the rural areas has resulted in several health problems which are being resolved through schemes of the community development type wherein government efforts are supplemented and supported by local endeavour and initiative. Health education is being incorporated in these co-operative efforts which aim at simultaneous solution of certain basic problems facing communities in the new African states, particularly in the semi-urban and rural areas.

Mother and child health programmes are also being developed and permanent services are increasingly taking over the responsibilities from their more mobile predecessors. A typical project is that existing in Senegal where maternal and child health services are being extended from Dakar to its suburbs as well as to other highly populated centres through that country. Personnel are being trained by the Government's own resources, UNICEF supply equipment and WHO its technical guidance and advice. Another example is Nigeria's mother and child health service on which particular emphasis has been laid on the development of its rural health services. Again, UNICEF has been providing equipment and skimmed milk, and WHO, advisory technical staff.

A modest beginning has been made in providing consultant services in the field of mental health to some of these newly-independent states. A short-term consultant visited the Republic of the Niger to advise the Government on the organization of a new neuro-psychiatric hospital in Niamey and on the organization of mental health

services in general. An 18-months' fellowship is being awarded for the study of the organization of mental health services and a plan of studies abroad has been worked out for the fellow concerned. Another example is the proposed assignment in 1962 of a consultant to advise the Government of the Ivory Coast, at their request, on the organization of mental health services.

It is only recently that nutritional pathology has been clearly differentiated from that of the parasitic and infectious diseases with which it is most often associated. The implication of protein deficiency alone or in association with other forms of illness and the significance of various anaemias, notably those due to iron deficiency, are now fully appreciated.

African governments are being assisted through nutrition surveys in tracing nutritional diseases, their distribution, degree of seriousness and clinical manifestations. Studies are being undertaken of the interrelationships in various countries, between malnutrition and infectious and parasitic diseases. Advice is also being made available on the therapeutic, prophylactic and dietary aspects. Other activities in this field include the clinical verification of the efficacy of supplementary foods and the collaboration with FAO and UNICEF in training courses for nutritionists and nutrition education of auxiliary personnel.

Interest in dental health is being stimulated and the following three projects will indicate the way in which assistance in this field is currently being given to newly-independent states. The Sudan has a population of over 10 million, but only 30 dentists and no dental school. The Government, therefore, decided to establish a school for dental assistants and a WHO dental health adviser has helped to organize a course of training for which dental equipment was also provided. The services of the WHO adviser will be continued until his national counterpart has been trained sufficiently to take over from him the responsibilities entailed. The second project referred to is the one in Ghana where a WHO dental health consultant visited the country to advise the Government on the development of its dental services. The third project is taking place in Nigeria and a short-term consultant is investigating the prevalence of dental health problems, especially periodontal disease.

9. Operational assistance

One feature of the accession to independence of so many states has an overriding significance for their health services and, consequently for the World Health Organization. It consists of the departure of doctors formerly provided by the metropolitan countries and the consequent vacuum created which may threaten to cripple existing health services or aggravate an already existing more or less acute shortage of trained medical staff.

Increasingly requests are being received from newly-independent states for assistance to meet needs created by such a train of events and all indications are that they will increase both in number and type.

It is important to point out that these requests differ in nature from those normally received by the Organization for advisory services or from those now accepted by the United Nations for assistance under the OPEX scheme. The requests from newly-independent states referred to here are in fact neither for advisers nor for executives: they are for doctors to ensure the continuation of essential health services (curative and preventive).

The United Nations, even if it disposed of the necessary funds, would be unable to meet requests of this kind since the policy under which OPEX is now operating limits appointments to administrative key posts only. WHO, on its part, is faced with a problem because under its present policy the Organization provides advisory rather than operational assistance.

The more or less sudden depletion of the health services staff of some of the newly-independent states and the consequent need for foreign practising doctors creates difficulties of an administrative and financial character. Administratively, problems of recruitment arise in employing adequately trained staff. Financially, most of these young countries are faced with a lack of foreign exchange wherewith to pay the salaries which would attract the right kind of staff.

In view of the urgent need to avert setting the clock back through a crippling existing health service, the Executive Board may wish to consider whether, from a policy point of view, the assistance given by the World Health Organization should not be broadened to include operational as well as advisory assistance when so requested by governments.

Should the Board believe that the current needs of a substantial number of Member States justify the broadening of the scope of WHO's assistance to include the assignment of physicians and surgeons to perform clinical and preventive services, perhaps it might want to define the circumstances under which this is indicated and to consider the necessary administrative and financial arrangements which would be appropriate.

The Director-General believes that there would seem to be enough justification for accommodating requests from governments for operational staff provided that such requests are considered in the light of pre-existing services and the potential benefits of their being maintained and the deleterious effects of their being abolished.

10. Conclusions

The assistance now being given by WHO to newly-independent states, whether it represents a collaboration antedating their independence or a partnership of more recent origin, is, in essence, nothing more than a modest beginning.

Discussions with the governments concerned, observations on the spot and analysis of data collected in recent surveys all point to the same conclusion: the problems of newly-independent states in general and of those in Africa in particular are of rather formidable proportions.

The promotion of health services essential for the economic and social development of these new states must take into account both quantitative and qualitative needs and the latter must in turn be assessed in the light of over-all development needs and the rather scanty resources available to meet them.

The indications are that all these new Member States are turning increasingly to WHO for assistance in assessing resources and needs; for establishing priorities and making projections for widening the scope of existing health services and creating badly-needed new ones; for making estimates of staff and facilities required and for computing capital and recurring expenditure involved.

These plans that are now being developed, adapted to African environmental and cultural conditions, as well as to social aspirations, and to the new outlook and trends that follow in the wake of independence, are of a long-range nature. Fundamentally, they seek to set each of these young states "on its feet" - enabling it to establish its own priorities and goals and to develop its own staff to work for their achievement. In short, progressively they seek to ensure technical independence.

Such plans must be developed over a period of 10 to 20 years and should concentrate on strengthening four main areas of activity: the education and training of national staff, the creation and strengthening of sound national and local health administrations, the development of essential health services and the maintenance and expansion of medical care facilities.

It is fundamental for WHO to recognize that the current heavy demands being made on it by the accelerated tempo of development of so many newly-independent states is likely to increase even further in future. The Director-General, conscious of the significance of WHO's technical assistance for the present and the future of the peoples of these new states, is making every endeavour to meet these requests for assistance as adequately as possible.

However, it is equally essential to ensure that this policy shall not have any adverse effect on the type, quality and quantity of assistance that has been and should continue to be made available to developing countries in general. The additional demands of new countries, if they are to be met successfully and in good time, must be financially provided for as early and as adequately as possible. Foresight, imagination, fact-finding and objective planning must be supported by adequate international resources if the Organization is to be allowed to make adjustments in its work programme so as to devote maximum attention to the important issues raised by the needs of newly-independent states while still maintaining a proper balance in its total programme.

PART 2

THE RECORD OF THE DISCUSSION BY THE EXECUTIVE BOARD AT ITS TWENTY-NINTH SESSION ON ITEM 2.2 OF ITS AGENDA - CONTINUED ASSISTANCE TO NEWLY-INDEPENDENT STATES

At the request of the CHAIRMAN, the DIRECTOR-GENERAL introduced document EB29/43. Most of the newly-independent states were in the continent of Africa, though the group also included Cyprus, Western Samoa and Kuwait. Attention in the report was therefore focused on Africa, although the needs of the rest of the group were receiving equal attention. He quoted resolutions WHA14.37 and WHA14.58 and said that he had reported on the matter to the Board at its twenty-eighth session, and the Board had, in resolution EB28.R22, requested him to report again at the twenty-ninth session on the development of the programmes of the Organization in the new states. The document before the meeting had been prepared pursuant to that request.

He referred to the technical problems in the tropical countries of Africa, which did not prevent malaria eradication but did, however, make it more difficult. It was encouraging to note that the recent results from projects continued to justify the optimistic view about the technical feasibility of eradicating malaria from most of the newly-independent states and elsewhere in Africa. He also stressed the importance of the malaria eradication training centres referred to in section 3 of the document. With regard to section 4 (Communicable disease control), he said that the use on a mass scale of immunization, chemoprophylaxis and insecticides was most important, as was full application of the knowledge acquired in connexion with immunization methods and new drugs. Details were given in section 4 of the situation in regard to yellow fever, smallpox, trypanosomiasis, bilharziasis, onchocerciasis, tuberculosis, leprosy and the treponematoses.

He asked members of the Board to make two small corrections in the second paragraph of section 5 (third and fourth lines from the foot of page 7) where "education" should be inserted between "general" and "plan", and "training of " should be deleted.

Section 5 (Education and training) outlined the surveys that had been undertaken in some twelve states to assess their educational requirements and potentialities. WHO had participated in the sub-committee on education and training of the Administrative Committee on Co-ordination and had prepared for the Conference of African States on the Development of Education in Africa, a working paper on the prerequisites in general education for specialized technical and educational training, and another on the education and training of health personnel in Africa. As members of the Board were doubtless aware, the General Assembly of the United Nations had placed great emphasis on the question of education and training in Africa at its last session. Pages 8 and 9 of the document described how the Organization had helped national teaching institutions and had increased the number of fellowships granted for undergraduate training in medicine. Members of the Board would be happy to know that the Organization in 1961 had had sixty-three students from the newly-independent African states, apart from the Republic of the Congo (Leopoldville) in training in various places. As he had mentioned at a previous meeting, a large number of students had been studying in Dakar (Senegal), some in Israel, some in France, the medical school of Madagascar was also being used, and students had been sent to Switzerland, Italy, Germany, the United Kingdom and Canada. At the present time a total of sixty-three students were receiving undergraduate medical training and a further fourteen fellowships were in the process of negotiations.

He did not need to stress that such activities of the Organization were of the utmost importance for the maintenance and development of health services in the newly-independent states. Clearly the importation of doctors into the countries concerned could be considered as no more than a short-term solution; the long-term solution was to train local personnel and he believed that more and more effort should be devoted to that end. There was a limited number of medical schools in Africa, some of which were not used to their full capacity; and even in those which were, he was convinced that in many cases the capacity could be increased One of the most important aspects of the document before the meeting concerned ways and means of increasing training possibilities.

The main emphasis in education and training was on medical undergraduate training, but the training of many other types of public health workers was required if the public health administrations referred to in section 6 were to be built up.

Turning to section 7 (Environmental health) he stressed the importance of that aspect of public health and referred to the increasingly widespread awareness that the raising of environmental health standards was fundamental in the improvement of health conditions and of making medical care less expensive.

With regard to section 9 (Operational assistance) he referred members to the Conference document No. 1 (annexed to these minutes), and stressed the importance of the subject. It was his duty to bring to the notice of the Board the problems that arose. The shortage of doctors due to the departure of those formerly provided by the metropolitan countries had caused a vacuum which threatened to cripple existing health services or aggravate an already more or less acute shortage of trained medical staff. He referred to the possibility of some operational staff being provided through the OPEX[1] system of the United Nations, but unfortunately the scheme was limited to the provision of administrative key personnel, who were not the type of staff most required by the newly-independent states.

WHO was faced with a problem because under its present policy it provided advisory rather than operational assistance. The UNICEF Executive Board had approved the allocation of a sum to cover the provision of OPEX staff to serve in connexion with UNICEF projects, but UNICEF projects were obviously not limited to health projects.

Conference document No. 1 (see annex) suggested three ways of maintaining health services in the newly-independent states.

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[1] Programme for the provision of operational, executive and administrative personnel.

He did not know the answer to the whole problem and suggested that it be given continued study. A solution might be found outside WHO and another body, such as the Technical Assistance Board, might find it possible to provide the operational staff required. He referred in that connexion to the resolution approved by the General Assembly in relation to the United Nations Development Decade, which would be considered by the Board under item 8.1 of its agenda.

He had considered it his duty to bring the matter to the attention of the Board not only because of existing problems but also because the situation would become increasingly acute as more countries attained independence. The solution might lie in bilateral agreements with other governments or multilateral arrangements with international organizations, or in both.

Dr SYMAN said that the subject of assistance to newly-independent countries was perhaps one of the most important facing the Organization and it would probably continue for some years to come. The report of the Director-General before the meeting illustrated very vividly the great need for medical personnel in the health services of the countries to which it referred. The figures given in the document of the working paper prepared for the Addis Ababa Conference of African States on the Development of Education in Africa showed that there was a need for thousands of doctors. Indeed, the task was staggering and, as the Director-General had said in his report, they were just beginning in a very modest way to solve the problem. It was for the Board to ascertain whether it was possible for more to be done in the future than had been done in the past, but the question was really one of priority: the Board and the Health Assembly must find a common denominator between the basic needs of the new countries in health services and the other activities of the Organization.

As the Director-General had said, education and training was the key problem. The three-fold approach to the improvement of the man-power situation would be: first, immediate assistance - both advisory and operational - by sending out doctors to the new countries to avoid the breakdown in health services to which the first part of section 9 of document EB29/43 referred.

The second, and most important point was the training of as great a number as possible of local personnel to become doctors, nurses and sanitarians (a) by enabling local students to train abroad, and (b) by improving training facilities in the countries themselves so as to provide a solution for the future. Much had been done in the Congo (Leopoldville), but a special fund had been placed at the disposal of the Organization for that purpose and it was difficult to see how the enormous task of improving health services in other new countries could be handled with the meagre means available. One possibility would be to give such assistance top priority within the programme activities of the Organization, channelling as large a proportion as possible of the resources available to increase the number of fellowships for undergraduate studies and increasing the number of advisory and key operational staff sent to the countries. Another possibility was to appeal to all Member States to provide assistance for the newly-independent countries, all such assistance to be co-ordinated by WHO.

The third approach he wished to suggest was the possibility of creating a special fund for medical education and training in the newly-independent countries, particularly those of the African continent, since, as had been mentioned, their number would be increasing in the coming years.

With regard to the question of operational assistance to which the Director-General had referred, the Organization could hardly supply the thousands of doctors required even if they were available. In his view, WHO should devote its efforts to encouraging United Nations sources and others (including OPEX) to increase their endeavours in the field of operational assistance. WHO, with its very limited means should restrict itself to providing advisory assistance, some key operational assistance, but mainly the education and training which was the means of laying the foundations for the true development of the health services of the newly-independent states.

Dr ROBERTSON, alternate to Dr Schandorf, felt that one important aspect of the subject was that it might mean altering the present policy of WHO assistance to the new Member States that had recently joined the Organization.

The assistance of WHO, both before and after they had attained independence, was greatly appreciated by the countries concerned. Unfortunately the training of technical personnel in some of the newly-independent African states had been adversely affected by their accession to independence.

The documents before the meeting contained information on the assistance required by some of the newly-independent states, where the heavy demands made on the governments by urgent clinical and public health problems were taxing resources of the country both in money and in man-power. Reference had already been made to the acute shortage of medical personnel caused by the return of doctors to the metropolitan countries. He knew members of the Board would agree with him that the states concerned had to preserve their independence; but it was difficult for them to preserve their political independence and at the same time consolidate their economic and technical independence without assistance from the right sources. The Director-General had referred to the possibility of bilateral arrangements. Such a procedure had been put into practice in certain countries, but there were many drawbacks to such assistance. Assistance from an international source was the only real guarantee of their freedom, since arrangements with other governments could lead to economic and political interference in their internal affairs. It was his conviction that assistance of the type he had described fell within the functions of WHO, since it would help countries in the peculiar circumstances in which they had been placed to establish and maintain their administrative and technical services, thus helping them also to eradicate all types of diseases. Such assistance would no doubt benefit a large number of people and yield tangible results. He believed that that type of assistance would be required as a temporary measure, since those countries were training a large number of students at home and overseas for the needs of their health services. He felt convinced that those physicians and surgeons would be posted to centres where they could train local personnel. In his opinion, therefore, that type of assistance was quite within the field of education and training by the Organization.

He therefore believed that there was every justification for broadening WHO's assistance to include the provision of physicians and surgeons on a temporary basis to newly-independent states where prevailing circumstances justified such action.

As the needs of the requesting countries might vary from simple assistance with recruitment to more complex forms of assistance, it would, in his opinion, be useful if the views of the governments concerned could be sought beforehand and given consideration by the Board.

He thought that Conference document No. 1, in particular the last paragraph, provided a sound basis for the administrative and financial procedures required, at least until better means of providing the required assistance could be found.

Mr CISSÉ DIA wished first of all to thank the Organization in general for the aid it had given newly-independent states, since the Organization would thus in fact assist them in acquiring their technical independence. The three-fold objective which WHO had assigned itself and the method outlined by the Director-General at the twenty-eighth session of the Board received his full acceptance. The method to which he referred was described in document EB29/43, page 3. As regards the malaria pre-eradication programmes and the creation of training centres, he was perfectly satisfied with the objectives stated. The future programme trends in the control of communicable diseases, summarized in section 4, sub-paragraphs (1), (2) and (3), of the same document, also appeared particularly worth-while. With regard to education and training, the problem should be considered objectively. The first step was for the states concerned to ascertain their needs, and for that to make an inventory of all the possibilities. The assistance of the Organization and possibly also bilateral aid would be required to enable the newly-independent states to make such an inventory. Once that had been done, each state would be able to decide on the type of training most needed, and whether such training could be undertaken locally or whether bilateral assistance or the help of the Organization would be required in providing training possibilities elsewhere. Medicine knew no frontiers and the newly-independent states could not allow themselves to have complexes. When they needed the assistance of another government, even if it had previously been their metropolitan country, they had to turn to it or to the Organization. If they turned to the Organization they must be able to obtain financial and administrative assistance more favourable than that furnished through bilateral arrangements with other governments. He stressed that the inventory to which he had referred earlier had to be made by the states themselves, after which they could apply to the Organization for assistance.

Dr JUCHNIEWICZ, alternate to Professor Kacprzak, expressed appreciation of the Director-General's interesting report contained in document EB29/43.

As was well known, the health of the population of newly-independent countries depended not only upon public health conditions but also upon economic and social development. Although the general question of co-operation with the United Nations and other specialized agencies was to be discussed later in the agenda, he considered that it might be useful to discuss co-operation with such agencies as UNICEF, UNESCO, FAO and ILO in their approach to the problems concerning the newly-independent countries. He stressed the importance of the training of national medical staff, in which field the Organization was making a great contribution by sending experts and advisers to the countries concerned and by offering fellowships for training in other countries.

The Director-General had stated that fellowships had been awarded for study in France, Switzerland, Canada and other countries, and he asked whether any of those WHO fellowships had been given for study in medical schools in Africa. He considered that special attention should be given to the establishment of such schools in the countries concerned.

He asked how many experts in the various fields of medicine were at present working in Africa, from what countries they had emanated, and what were the Organization's needs for further experts in the various African countries. Referring to the statement on page 5 of document EB29/43 that the use on a mass scale of immunization, chemoprophylaxis, insecticides and similar means had cleared vast areas of tropical Africa from diseases that had rendered them almost uninhabitable, he asked what diseases other than malaria had been involved, and what methods and drugs had been used.

Dr SHAHEEN said that he had read the Director-General's report with great interest. The question of continued assistance to the newly-independent states, whose disastrous situation was clearly reflected in the report, was of paramount importance, and the Organization must do its utmost to help them by all available means. The position described in the first paragraph of section 9 of the report showed the urgent need for operational assistance that would include the assignment

of physicians and surgeons to perform clinical and preventive services, and the administrative and financial arrangements for meeting the problem had to be urgently considered. He would favour the third possibility mentioned in Conference document No. 1 - the establishment of a system of grants-in-aid to meet the urgent needs for operational staff.

Dr VANNUGLI said that he had been glad to note the general agreement that in the present problem, one of the most important facing the Organization, top priority must be given to the training of personnel. No health programme for basic problems such as that of communicable diseases could be effective without trained personnel. He was in full agreement with Mr Cissé Dia on the need for evaluating requirements and resources. Although the resources were as yet small, they must be organized to maximum advantage. As had been stated earlier, health personnel should as far as possible be locally-recruited staff knowing the country and its people. It was important to remember that a candidate training as a doctor must already have had a primary and secondary education, and that the needs for administrative personnel had also to be taken into account. Moreover, it was not merely a question of training practitioners, but also of establishing the cadres to direct the central services and co-ordinate all the health activities at national level. Under such conditions, and until the problem was eventually solved, it was necessary to rely on doctors from outside the country. There was some difficulty in recruiting them, since the qualified personnel had first to be found and then had to be assured of satisfactory working and living conditions. The part played by WHO in recruiting such personnel had been particularly useful and efficacious. He asked for a more detailed explanation of the three possibilities mentioned in Conference document No. 1.

Dr AFRIDI commended Mr Cissé Dia for having given the problem concrete form. What was needed was a detailed survey of requirements and an inventory of needs, on the basis of which decisions could be taken. With regard to the training and fellowships programme, emphasis should be given to developing local institutions with the utmost urgency.

With regard to operational assistance, since the scheme outlined by Mr Cissé Dia would take some time to establish, the possibility might perhaps be considered of allocating a sum of money expressly earmarked for dealing with, say, epidemic conditions or with a possible breakdown in operational work. He asked at what stage of its development a newly-developed country ceased to be considered as such. He appreciated the needs and difficulties of the newly-developed countries since his own had just emerged from that category, but the Organization should not be committed to a programme which it might later find itself unable to fulfil.

Dr MURRAY expressed appreciation of the excellent and clear presentation of the health problems of newly-independent states and the plans to cope with them, and welcomed in particular the stress laid by the Director-General and other speakers on education and training. He would unhesitatingly accept all sections of the report with the exception of that on operational assistance. In his opinion the medical supply position should not be dealt with in isolation, and any plan for assistance should cover operational assistance of all types. Such a plan should be worked out as a joint operation with other international bodies, and he would be particularly in favour of action under the proposed Development Decade of the United Nations. Even if done jointly, however, the provision of such services would have large financial implications for WHO, and would need to be considered by the World Health Assembly, particularly since their effect would be to turn WHO into a supply organization. While the Board might suggest a definition of the circumstances in which that type of assistance might be given, and its resultant financial implications, that could more easily be done if the extent of the demand were known, and Mr Cissé Dia's proposal for establishing inventories might usefully be followed. It could not be assumed that the Health Assembly would necessarily agree to provide such operational assistance. He proposed that the Director-General be authorized to establish inventories as suggested by Mr Cissé Dia, and that the Executive Board transmit document EB29/43 to the Health Assembly endorsing the views expressed in its other sections and requesting the Assembly to consider the main issue of policy concerning operational assistance. To assist the Assembly in its decision the Director-General should submit his proposals, indicating the type and extent of the

operational assistance which might be called for, and an estimate of the cost, with its possible repercussions on the balance of the existing programme. The Director-General's views should also be given on the co-operation he would seek with other international bodies. He would present a draft resolution on the subject if the Board so desired.

Dr ALAKIJA said that he was glad to note the stress that several members had placed on the question of co-ordination, which had also been mentioned during the meeting of the Regional Committee at Brazzaville. His country had received offers from various countries, but had been unable to accept quite a number of them, sometimes for political reasons and sometimes because they did not relate to the type of assistance the country was seeking. He suggested that the Organization might send survey teams to the countries concerned to determine their requirements in the clinical, preventive and teaching fields, for example. It should then determine the possibilities of meeting them from other countries, and the means of financing.

A meeting of representatives of various African countries was taking place in Nigeria to discuss future co-operation not only in health matters but in other services as well. It had been the experience of a number of those countries that there had been a great deal of talk in the more advanced countries about the assistance they were prepared to offer without any real intention behind it. He suggested that they might make known through the Organization exactly what type of assistance they were prepared to give, so that such assistance could be fairly distributed. His own country was finding it increasingly difficult to place its young medical staff for training overseas, and was constantly met with the excuse that there was no room for them.

Dr van Zile HYDE said that Dr Murray had been particularly helpful in his analysis of the position and he looked forward to seeing his proposed resolution, which might help the Board to find a line of action to take in that difficult matter. As had been pointed out, the provision of such operational services would have very real policy implications. The policy with regard to supply had been established in 1948. One of the functions of the Organization stated in Article 2

of the Constitution was "to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments". The word "emergencies" had always been taken to refer to catastrophic events such as floods, earthquakes, etc., and independence could scarcely be considered as falling in that category. Paragraph (e) of Article 2 of the Constitution, however, described one of the functions of WHO as being: "to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of trust territories", and he understood the Congo operation to have been carried out under those terms. The existence of OPEX and the policies underlying its creation were an outcome of the United Nations' acceptance of its responsibility for meeting the crisis accompanying independence. No serious policy issue would therefore arise if the Organization were to be invited by the United Nations to provide health services and facilities to those countries as special groups. He therefore proposed, in addition to Dr Murray's suggestions, that the Director-General be asked to inform the United Nations of the needs of the situation and consider with them the possibility of assistance through OPEX. He agreed with Dr Murray's suggestion that the matter should be referred to the World Health Assembly as a policy issue and, if it were meanwhile discussed with the United Nations and OPEX, the Assembly might be put in a better position to deal with it.

Dr ROBERTSON, alternate to Dr Schandorf, said that the present needs of the newly-developed countries were special needs which had not existed when the Organization had started to function, since WHO had been set up by states that were economically, medically and socially well founded. The special assistance being requested by the newly-developed countries was to fill the vacuum created when the services of the administering countries had been withdrawn upon attainment by the former countries of their independence. The Director-General's proposal was in direct conformity with resolution WHA14.58, which had been accepted by all governments represented at the last Assembly. That resolution had requested the Director-General "to make all possible efforts to provide . . . assistance to Member States having newly attained independence and to co-operate with them in the training of local medical personnel technically qualified to undertake the responsibility of

combating infectious and parasitic diseases and of improving national health services". The countries concerned were not asking for assistance that would convert the Organization to a supply organization, but merely assistance to enable them to train personnel more quickly and effectively. He asked how the assistance so vitally needed could be obtained when, as Dr Alakija had pointed out, universities in the more developed countries refused to accept students for training. What was being asked for was temporary assistance to bring the countries concerned to the position where they could provide their own services, and such assistance should not have to await a policy decision by the United Nations.

Dr van Zile HYDE said that Dr Robertson appeared to have misunderstood his remarks. There was no question about the assistance that WHO should give and was giving in training and education, and that constituted the major recommendation in the Director-General's document. The question at issue was that of the provision of physicians to carry on the day-to-day medical care of individuals, which was an operational function of the governments concerned and which raised certain policy issues. His suggestions had been made in an attempt to find some way of circumventing the difficulties pending a change in policy by the World Health Assembly. The United Nations had already accepted the policy that it would provide that type of service and could call upon WHO's assistance in the health field. His intervention had been aimed at providing a means of meeting requests rather than at delaying their fulfilment.

Mr SAITO, alternate to Dr Omura, welcomed the decisions of the Fourteenth World Health Assembly in resolutions WHA14.37 and WHA14.58. He agreed with Dr Murray's remarks concerning the necessity of ensuring that ways of financing were available before a programme was embarked upon and supported his proposal to submit the matter to the Assembly. He also agreed with Dr Hyde's proposal for dealing with the matter through the United Nations and avoiding a situation where the Organization became a bank producing credits. He asked whether the Secretariat, in conjunction with the Regional Directors, could evaluate the needs. Mention had been made of a vacuum created by the withdrawal of the former administering countries and he asked in what newly-independent countries, other than the Congo, such a situation existed. He raised that question in order to get a clear picture of what was involved.

Dr HOURIHANE said that he had been particularly struck by Dr Afridi's remark that the Organization should not be committed to a programme which it might not be able to complete. One of the previous speakers had suggested the creation of a special fund to deal with the matter. He did not consider that the Organization's experience of such funds justified the hope that that would provide a solution. He asked whether it was envisaged as a voluntary fund and, if not, in what way it would differ from other funds.

If such operational assistance had to be provided at speed as circumstances might dictate, it would inevitably upset the balance of the Organization's existing programmes. A matter with such wide implications should be decided by the Health Assembly rather than by the Executive Board.

He fully supported the whole of the Director-General's report, with the exception of that part relating to operational assistance.

The DIRECTOR-GENERAL thanked the members of the Board for their comments. The two points that had evoked most discussion had been those of education and training and of operational services. In the former field there was general agreement about the need for extending the education of the nationals of the various countries. Dr Afridi's question as to the point at which a state ceased to be newly-independent was always a problem for the Organization. He had stated on various occasions in the World Health Assembly that when assistance was given to the newer states, the help being given to the older-established ones with similar technical problems must not be sacrificed. Board members would realize that the newly-independent states not only needed the Organization's assistance, but also had to face their problems, often without having had enough previous experience, and the ones that had been accustomed to having a well-established medical service would, of course, wish to have it maintained. The Congo was an example of a country which had had a large number of doctors from outside, whose departure had caused a critical situation in its health services, and it was necessary to attempt to give to the population the services to which they had been accustomed. If the situation was allowed to become worse after independence than it had been before, it contributed to political instability and it was important to the United Nations family that stability should be maintained. It was quite clear that the only long-term solution was the training of local personnel.

Replying to Dr Juchniewicz, he said that there were the following schools of medicine in the African Region, excluding South Africa. French-speaking schools existed in the Congo (Leopoldville), one in Leopoldville, which was at present working to full capacity, and one in Elisabethville, which was at present closed; there was one at Dakar in Senegal, where a large number of fellows had been sent for training and which it was hoped would receive more; and one in Madagascar, which was receiving some WHO fellows. English-speaking schools existed as follows: one in Nigeria, which was being used to capacity for training local personnel and some from neighbouring countries; and one in Uganda, Makerere College, which was also being used to capacity to train students from Uganda and neighbouring countries. It was hoped that other medical schools would be fully functioning very soon, including one in Ghana and possibly one in the Federation of Rhodesia and Nyasaland. The number of them would depend upon the professional staff available to organize them. Unless it could be foreseen that local staff would be available in a few years' time to fill the teaching posts, it was impossible to plan on a permanent basis. There had been examples of foreign countries providing the complete training staff for a medical school - for instance the Union of Soviet Socialist Republics had provided all the original staff for the medical school in Tirana, Albania, until the Albanians were able to take over - but in those cases there had been a nucleus of the medical profession in the country from which to build up a teaching staff when the foreign staff had left. It was, however, often difficult to bring staff in large numbers from outside because teachers did not like to leave their home countries for long periods.

The training of local staff would take a number of years and the problem arose of how to maintain the existing situation during that time. He fully realized that the suggestions made concerning operational staff for the newly-independent states constituted a change in the Organization's policy. He did not think that those countries could be considered as a special group to be served by WHO under a request from the United Nations. They were Members of the Organization requesting assistance directly from it, and they had a right to do so.

Referring to Dr van Zile Hyde's proposal, he said that he had tried to make clear to the Executive Board that he had already consulted OPEX about a request from one of the newly-independent states in Africa for sixteen posts for medical officers, entomologists and some other medical specialists. The reply he had received read in part as follows:

> "As you know, the OPEX programme which has been set up by the General Assembly has limited financial resources. Although these appropriations have been considerably increased for the coming year, they do not permit the appointment of more than 80 officers throughout the world. About 40 of these are already in the field and most of the others are under recruitment or 'in the pipeline'. These special conditions have made it necessary to operate under a policy whereby the programme would provide to requesting countries only key positions that will enable the countries to develop national services. In the present case, for example, we could provide one or two OPEX posts to assist the government in developing, organizing and managing their medical services. By the same token, however, it is evident that the programme does not have the wherewithal to supply large groups of purely operative personnel of the type requested here.
>
> You may recall that a similar point was raised by Mr Binay R. Sen at the last meeting of the ACC when he inquired into the possibility of financing 40 OPEX posts in the general field of agricultural development and water resources; on that occasion we attempted to explain the criteria applied in the OPEX programme because of its financial limitations . . ."

The CHAIRMAN suggested that Dr Murray, Dr Alakija and Mr Cissé Dia should consult with the Rapporteurs and the Secretariat in order to draw up a draft resolution.

The CHAIRMAN announced that the draft resolution on that subject had been distributed in Conference document No. 5. It would be given consideration at a later meeting of the Board, since he had been informed that some members might wish to put forward amendments.

The draft resolution read as follows:

The Executive Board

1. NOTES the report of the Director-General on continued assistance to newly-independent states;

2. TRANSMITS the report, together with the record of the discussion on this item at the twenty-ninth session of the Executive Board, to the World Health Assembly and, subject to the comments made below on the question of operational assistance, fully endorses the views expressed in the report and its conclusions;

3. REQUESTS the World Health Assembly to consider, as regards operational assistance, the main issue of policy as to whether and to what extent operational assistance to newly-independent territories should be a responsibility of the Organization;

4. REQUESTS the Director-General to obtain from states concerned information on:

(a) the present structure and staffing of their medical services and the capacity of the available means of training to supply the necessary personnel for existing services;

(b) the number and categories of medical and allied personnel required to maintain existing health services where shortages of such personnel may occur upon the gaining of independence;

(c) estimated needs and training facilities for personnel in the above categories in successive phases of the implementation of national development plans;

5. REQUESTS the Director-General, with a view to assisting the Assembly to reach a decision, to submit to it his plans and proposals, as he sees them as a result of the information obtained under paragraph 4 above, and to include:

(a) the nature and type of the operational assistance he may be called upon to give;

(b) an estimate of the sum which might fall upon the budget of the Organization for this purpose;

(c) a forecast of the effect this would have on the balance of the programme;

(d) the co-operation he would propose to seek from the United Nations and its specialized agencies (including the OPEX programme and the Expanded Programme of Technical Assistance) and also with other international agencies and bodies such as the League of Red Cross Societies, to ensure that the assistance was part of a joint plan;

(e) the co-operation he would also seek to secure from bilateral sources of aid and other appropriate sources of help;

6. RECOMMENDS that, if the World Health Assembly decides to accept responsibility for operational assistance, as an interim measure and until detailed arrangements can be worked out, a limited sum be set aside to enable the Director-General to participate in the provision of operational assistance if there is a grave threat to existing national health services.

7. REQUESTS the Director-General also to provide information on the ways in which the planning and development of health programmes of newly-independent states can be brought into line with the aims and scope of the resolution of the General Assembly on the United Nations Development Decade, indicating as appropriate the technical and financial resources that need to be made available for the purpose;

8. DRAWS attention to the provisions of its resolution EB28.R22, particularly paragraph 3;

9. CALLS attention to the necessity for WHO to advise countries, at their request, on surveys to determine needs for the development of national health plans.

Dr ALAKIJA said that the draft resolution, as it appeared in Conference document No. 5, bore his name among others, as he was one of its sponsors. The subject matter was of great importance to his country and to certain others and he wished to make it clear that he could accept no responsibility for any amendments that might be submitted by other members at the time of discussion of the draft resolution.

The CHAIRMAN said that any amendment or counter-proposal made to the resolution would bear the name of the sponsor of that counter-proposal. The final decision would be the Board's.

The CHAIRMAN drew attention to the draft resolution before the Board in document EB29/WP/10; it replaced the two earlier proposals,[1] which were now withdrawn.

[1] The original draft resolution submitted by Dr Alakija, Mr Cissé Dia and Dr Murray (see minutes of the seventh meeting, section 7) and an amended draft resolution submitted by Dr van Zile Hyde, in the form of a working paper.

The resolution (submitted by Dr Alakija, Mr Cissé Dia, Dr van Zile Hyde and Dr Murray) read as follows:

The Executive Board,

Having studied the report of the Director-General on continued assistance to newly-independent states;

Recalling resolutions WHA14.37 and WHA14.58 of the Fourteenth World Health Assembly and resolution EB28.R22 of the Executive Board; and

Taking into account the fact that the Director-General has reported that he has not been able to meet all the requests of the newly-independent states within the resources available to him,

1. NOTES the report of the Director-General;

2. TRANSMITS the report, together with the record of the discussion on this item at the twenty-ninth session of the Executive Board, to the Fifteenth World Health Assembly, and, subject to the comments made in Part II below on the question of operational assistance, fully endorses the views expressed in the report and its conclusions;

I. Long-term plans

3. REQUESTS the Director-General to provide information on the ways in which the planning and development of health programmes of newly-independent states can be brought into line with the aims and scope of the resolutions of the General Assembly of the United Nations on the United Nations Development Decade, on the Economic Development of Africa, and on African Educational Development, indicating as appropriate the technical and financial resources that need to be made available for the purpose;

4. DRAWS ATTENTION to the provisions of resolutions WHA14.37 and WHA14.58 and reaffirms its decisions in resolution EB28.R22;

5. CALLS ATTENTION to the necessity for WHO to advise countries, at their request, in the development of national health plans, including surveys to determine their needs;

II. Transitional arrangements

6. REQUESTS the Director-General to study the question further and to submit a report to the Fifteenth World Health Assembly on:

(a) the establishment of criteria on the extent, form and nature of the assistance which the Organization might provide to newly-independent states in the form of operational staff, bearing in mind the necessity of WHO's maintaining a balanced programme, and the fact that operational assistance differs from the type of assistance usually provided by the Organization;

(b) the financial provisions which would need to be made to provide assistance under the suggested criteria, including information on the provisions which the newly-independent states themselves should make from their own resources and the assistance the Director-General believes may be available from sources other than the World Health Organization;

(c) an estimate of the length of the period of transition during which operational staff would need to be provided, on a decreasing scale;

7. REQUESTS the Fifteenth World Health Assembly to consider as a matter of policy the extent, form and nature of the assistance which the Organization might provide to newly-independent states in the form of operational staff, limited to assistance for ensuring that the level of health services which existed at the time of independence can be maintained.

Dr MURRAY, introducing the resolution of which he was one of the sponsors, paid a tribute to the spirit of co-operation that was a feature of the Executive Board. The draft resolution was the result of long discussions, both in a working party and elsewhere, in the course of which points of principle had been conceded in a desire to reach an agreed text. It incorporated the views expressed in the Board and would not, he believed, create insuperable difficulties for the Director-General. He thought it was a resolution that faced facts as they were, was far-seeing in regard to future needs, and placed the responsibility for policy where it belonged, namely, with the Health Assembly.

Dr SYMAN thought the new draft resolution was an improvement on earlier drafts; it covered a wide field and recognized the importance of the policy aspect. He regretted, however, that there was no specific mention of education and training, to which attention had been drawn when the Director-General's report had been discussed, and which was of paramount importance. He proposed the insertion in paragraph 3, after "development of health programmes" of the words: "with emphasis on education and training".

Dr MURRAY said that, for his part, he would gladly accept Dr Syman's amendment.

Mr CISSE DIA, as one of the sponsors of the draft resolution, endorsed Dr Murray's remarks. The agreed text was a logical consequence of the discussion that had taken place in the Board. He had at first feared that the original text would be toned down so much that only a set of pious hopes would go forward to the Health Assembly; but that was not so. The views expressed at the Board would doubtless be taken up again at the Health Assembly; the resolution should, and in fact did, reflect those views.

Dr SCHANDORF expressed his support of the draft resolution and of the amendment proposed by Dr Syman. When the preliminary amendment had been proposed by Dr van Zile Hyde he had been rather apprehensive that any new proposals might make it more difficult for the Director-General to carry out the resolution of the Fourteenth World Health Assembly. His fears had proved unfounded, however, and he accepted the draft resolution before the meeting without reservation.

Dr SIGURDSSON, Rapporteur, read out the resolution, with the amendment made by Dr Syman.

Dr ALAKIJA proposed, and the co-sponsors of the resolution accepted, a drafting amendment to paragraph 6 (a): the words "the necessity of WHO's maintaining a balanced programme" to read "the necessity for WHO to maintain a balanced programme".

Decision: The resolution, as amended, was adopted unanimously (see resolution EB29.R32).

PART 3

WHO PROGRAMME FOR ASSISTING NEWLY-INDEPENDENT AND EMERGING STATES IN AFRICA AND ELSEWHERE IN NATIONAL HEALTH PLANNING

1. WHO programme for national health planning

The programme of the World Health Organization envisages the elaboration of a national health plan in each of the newly-independent and emerging states, related to the current and projected socio-economic development of each country. This planned development of basic health services acquires even more fundamental significance in Africa than elsewhere since, in that continent, the biological and other environmental factors affecting health have been traditionally so inimical to the well-being of the African people and have considerably hampered their agricultural and economic development.

Such a plan would involve the study and investigation of health needs in terms of building facilities, equipment and personnel, with a view to determining the priorities for action and the most economic and efficient ways for implementing it. The main purpose of a national health plan, of course, is to utilize resources as efficiently as possible for solving the most pressing health problems of the people. The plan serves as a guide for developing or strengthening the necessary health services, for making the required adjustments in its implementation and for eventually assessing achievements. It will also provide the necessary information, not only for the personnel concerned in its execution, but also for the government and the communities involved. Moreover, it would help international and other outside agencies to concentrate their assistance on nationally established priorities, thus ensuring that the resources available have a maximal benefit.

The method necessary for national health planning will undoubtedly have to be adapted to the needs and conditions of each country. It is envisaged that a twelve-month period of planning is necessary and this will be devoted to a detailed survey to determine the needs, the pattern of development and health services that best suit each country.

The costs of this national health planning would include that of assigning personnel at the country level, both full time and part time; the expenses involved in providing them with suitable equipment and transport, the neglect of which might hamper operations considerably and increase costs proportionately; the costs of supportive regional action and the necessary administrative costs. To be realistic, such planning must be combined with a modicum of local training and, for this purpose, financial provision must be made for giving stipends and for organizing courses at the country level and facilitating the provision of equipment and for within-country travel.

In global figures, it is estimated that the national health planning for a medium-sized country in Africa would cost around $ 50 000 and the related training another $ 40 000, bringing the total cost of a national health plan year to about $ 90 000. Assuming that this scheme is extended to some thirty countries, as soon as funds and the appropriate personnel are available, the total cost involved would be approximately $ 2.7 million.

When the tremendous significance of national health planning in Africa is taken into account and its impact is assessed, not only in terms of human well-being and welfare, but also economically, it will be realized that such expenditure should pay tremendous dividends in making possible an accelerated socio-economic growth of the African people, to which the world today rightly attaches such great importance.

2. National health planning in African countries (unit to be used for costing)

National health survey and planning

Item	Costs US$	US$
Public Health Adviser - assigned locally for 12 months	17 500	
Secretary - assigned locally for 12 months	4 500	
Part-time staff assignments of Public Health Nurse, Sanitary Engineer, Epidemiologist, etc.	15 000	
Supporting regional action (mostly travel)	3 500	
Equipment and supplies, including one car	5 000	
Total operational costs	45 500	
Administrative costs (about 10 per cent.)	4 500	
		50 000
Education and training activities related to national health survey and planning		
Teaching staff for 12 months	17 500	
Visiting staff	10 000	
Local stipends and salary supplements to local trainees for in-service training during survey and planning	3 000	
Inter-country exchange of personnel for administrative and training purposes	6 000	
Total cost of education activities	36 500	
Administrative costs (about 10 per cent.)	3 500	
		40 000
Total aggregate costs per country per year		90 000

PART 4

AN OUTLINE OF THE WHO EDUCATION AND TRAINING PROGRAMME FOR NEWLY-INDEPENDENT AND EMERGING STATES

1. An expanded and accelerated education and training programme

Until recently, with very few exceptions, the nations south of the Sahara have largely depended on expatriate medical personnel, especially at the higher level. With independence such personnel is no longer provided from the same sources and the need for education and training of local personnel at all levels has become one of the most urgent problems.

In view of the current medical man-power situation in most of the newly-independent and other states of Africa, the remedy for the situation must ultimately lie in the training of nationals of each of these countries, at home and abroad, in order to enable them to meet their own staff needs. Any assignment of foreign staff must be regarded as a stop-gap, expensive procedure, warranted only for tiding over emergencies.

2. The problem

The newly-independent and emerging countries present education and training problems which vary considerably from country to country owing to the different stage of development of the education programme as a whole and of health services in particular. It is necessary to base education and training programmes on a national health plan which has determined the number of hospitals and other institutions that will be required to cover adequately the country concerned with the barest network of essential health services for the population. It is only on this basis that an estimate of personnel needs of all categories can be realistically determined and it is therefore proposed that the World Health Organization combine the planning of the education and training programme of the individual countries with their national planning of health services.

It has been estimated that the newly-independent and emerging states in Africa alone will require something like 1100 physicians every year for 20 years in order to meet their needs at the minimum level of one physician per 10 000

population. However, when the situation is viewed in the context of the relatively small number of secondary school graduates that, itself, determines the number of undergraduates that can be recruited yearly for medical studies, it will be seen that such an annual target is hard to achieve, apart from the consideration of the lack of facilities for university training.

In the next 10 to 15 years, the programme of education and training has, therefore, to be considered at two levels, one for the professional and technical medical staff and another one for the auxiliary medical personnel of all types. Also, the training programme must concentrate on priority types of personnel, namely physicians, nurses, midwives and sanitarians, while, at the same time, not neglecting the need for dentists, sanitary engineers, pharmacists, health statisticians, veterinarians, entomologists, laboratory technicians, etc., again with corresponding auxiliary categories.

3. Training of physicians

The Director-General believes that there is an urgent need for an analysis of the task ahead of the African physician, and for a somewhat different emphasis on various subjects from the practice in other places. Africa requires a large number of physicians who have been educated to become medical practitioners, but with a marked bias towards the prevention of disease on a mass as well as on an individual scale. It is therefore essential that in pre-medical and medical studies, the African student should be prepared for the role he will be called upon to play in his emergent nation. WHO is assisting in designing courses of study so oriented and in appointing teachers able to inculcate into the student the idea that the best possible medical service must be given where it is most needed, i.e., in the front-line attack on disease. This service should be the task of every general practitioner during whose training the epidemiological approach to the study and control of disease must be stressed. Meanwhile, the Organization will go on studying the problems related to the creation of new medical schools which pose a large number of technical, administrative and financial problems, and which deserve the highest priority.

4. Training of nurses

As in the case of African doctors, it is particularly important that the nurse who is to serve in Africa, receives a training with a public health bias. In training nurses, WHO will go on putting the main emphasis on strengthening the overall planning for nursing services and nursing education at national level, on improving nursing services in hospitals and in public health by establishing national and regional facilities for post-basic nurse training and on improving basic nursing education by incorporating in it public health nursing. It is also essential that senior staff be trained in the supervision of auxiliary nursing and midwifery personnel.

5. Training of health auxiliaries

The lack of professional personnel in the medical and paramedical fields has brought about a great need for trained auxiliaries as substitutes for qualified doctors, nurses, public health inspectors and other categories. In Africa, the success, or otherwise, of health programmes often depends on auxiliaries who work at some distance from their professional supervisor, so that supervision is very infrequent. It is expected that the training of such auxiliaries within the next decade will constitute one of the important factors of local health services.

This special situation and the problems it involves will often necessitate the advancement of auxiliary staff through proper training to the professional level. Wherever possible, therefore, health administrations will have to select the more talented medical assistants for entry into a medical school and afford them every facility to enable them to complete their professional studies.

6. The elements of the programme

The education and training programme for the newly-independent and emerging states would be evolved along the following main lines. An initial fact-finding survey would endeavour to determine the situation with regard to the general education and therefore the potentialities for training personnel and also to establish targets for each category of staff to be trained in the light of the number of medical and health establishments that are estimated to be required by the individual countries.

The training itself, would be to the greatest extent possible organized in the countries themselves and oriented to their particular health problems. However, inevitably, in many of these countries, for the supervisory category of staff it will be necessary to envisage training abroad.

Post-basic training should be reserved for countries which already have some physicians and paramedical staff from which to select those who have special aptitudes for more specialized work.

Furthermore, international assistance can further supplement the efforts of the countries in educating and training their own staff through action at the inter-country level as well as at regional level. Thus, the Organization would continue to advise countries in assessing their education and training needs and their staffing resources and on the most efficient ways for upgrading their medical schools and facilities for training of professional, paramedical and auxiliary staff. Meanwhile, for key personnel and potential tutors and teachers, fellowships will be awarded.

Since it will not be possible for several decades for each of the countries in Africa to have their own university facilities, the Organization will seek to establish inter-country facilities for the training of those with common cultural, socio-economic patterns and language. Furthermore, the organization will continue to promote inter-country seminars and workshops for the exchange of experience of health workers from different countries.

In this international effort, WHO will continue to collaborate with other international agencies, particularly with the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Organisation (ILO) and the Food and Agriculture Organization of the United Nations (FAO), with a view to enabling countries to carry out their medical and education programme within the realistic context of other needs in the socio-economic field.

7. The WHO-assisted training programmes (costing)

The activities in developing the training programmes, outlined above, can be summarized as follows:

7.1 Fact-finding and planning: General surveys and studies of particular institutions, with a view to stocktaking and assisting to elaborate plans for orderly improvement or development of education and training facilities, within which indigenous efforts and assistance from outside are brought to bear.

Estimated costs, 4 teams of 2 consultants each, 3 months each	$ 38 400

7.2 Assignment of visiting professors to specific institutions for the purpose of filling deficiencies or of establishing adequate conditions and training local personnel to take over later.

Estimated costs, assignment of 8 doctors and 12 nurses for 24 months each	$ 512 000

7.3 Sending for a short period advisory and demonstration groups of professors in one or several scientific disciplines.

Estimated costs, 3 teams of 2 consultants each, for 2 months	$ 19 200

7.4 Limited supply of literature and teaching equipment, in so far as this is part of a more inclusive plan of assistance.

Estimated costs of education and training equipment (purchase of books, clinical, laboratory and other equipment)	$ 80 000

7.5 Organization of, or assistance to, teaching institutions in organizing courses for new, evolving or neglected subjects of study.

Estimated costs of 2 seminars/training courses 2 consultants - 2 months each) 24 participants, organizational expenses -) 4-5 weeks)	$ 60 000

7.6 Fellowships and travel grants for advanced studies and observation abroad (exceptionally also for basic professional studies whenever not available in the country of origin), and grants to permit attendance at educational meetings, organized by WHO for the exchange of scientific information among participants.

(The importance of this aspect of WHO's activities is shown by the fact that, from 1947 until the end of 1960, 11 833 fellowships were granted for the benefit of 166 countries and territories in all parts of the world.)

Estimated costs of fellowships

36 post-graduates (doctors and nurses) 12 in Africa, 24 abroad	1 year	$ 114 000
36 undergraduate doctors 12 in Africa, 24 abroad	6 years	$ 684 000
36 undergraduate nurses 12 in Africa, 24 abroad	3 years	$ 342 000

7.7 Obtaining and making widely available collective expert opinion on matters of education and training of medical and allied personnel, by organizing meetings of expert committees and study groups.

Estimated costs of 2 conferences

(Organizational expenses, participants travel and per diem)	$ 30 000

7.8 Collection and publication of information on teaching institutions and on the teaching of individual subjects.

Estimated costs (consultants and supplies) $ 8 400

In summary, this initial phase of the expanded and accelerated education programme for the newly-independent African states would involve the following costs:

	Activity	Cost $
Education and training		
1.	Surveys of institutions	38 400
2.	Assignment of teachers	512 000
3.	Demonstration teams	19 200
4.	Education and training equipment	80 000
5.	Seminars/training courses	60 000
6.	Fellowships	1 140 000
7.	Conferences	30 000
8.	Collection of information	8 400
		$ 1 888 000

These costs include earmarking of funds for the entire duration of the fellowships. The funds required to continue such a programme, say, on a biennial basis, after the initial two years, would be somewhat less and, for the most part, would be affected by the number of fellowships awarded and of teachers assigned.

PART 5

OPERATIONAL ASSISTANCE

1. The problem

As can be seen from Part 1 of this document, the Director-General reported to the Executive Board at its twenty-ninth session on the problem of operational assistance. He drew attention to one feature of the accession to independence of some of the newly-independent states that affected their health status: namely the departure of doctors formerly provided by the metropolitan country and the consequent vacuum created which threatened to cripple existing health services. This more or less sudden depletion of health services staff gives rise to administrative problems of recruitment and to financial difficulties in that most of these young countries lack foreign exchange wherewith to pay the salaries that would attract the right kind of staff.

The Director-General, therefore, believed that, in the light of the potential benefits from maintaining pre-existing health services and the deleterious effect of their being abolished, the situation justified, on occasion, accommodating requests from governments for operational staff in the form of assignment of physicians and surgeons to perform essential clinical and preventive services.

2. The nature of operational staff

Operational staff assignments are characterized by two features: first, while it is not necessarily excluded that such staff combine some advice and training as to function with their operational duties, they are meant essentially to ensure continuation of the day-to-day medical care services to individuals rather than to render technical assistance in the organization and strengthening of health services; and second, as to status, operational staff are expected to perform their medical care duties as civil servants of the government concerned and not as international staff members of the Organization. The bulk of such staff would normally be made up of doctors, but under certain specific conditions, nurses, public health engineers, sanitarians and possibly other health workers would need to be included.

3. Extent and form of operational assistance

It is difficult to generalize about the extent and form of the assistance that WHO should render to newly-independent states in this field. It is obvious that each country's needs would require individual study. The Director-General would propose that the main criterion for meeting requests from governments for operational staff be the threatened crippling of a pre-existing health service.

The Organization could not envisage the appointment of operational staff on a large scale but the minimum necessary to maintain a skeleton of essential physicians, surgeons or paramedical personnel to ensure, as the Executive Board indicated "that the level of health service which existed at the time of independence can be maintained".[1] It follows that for the most part, operational staff would, in all probability, be assigned as heads of clinical departments, e.g., surgical, medical, obstetrical and gynaecological, etc., or to equivalent key posts. In some cases, a chief nurse and possibly other key paramedical personnel would have to be considered. In short, essentially, the role of WHO would be one of filling gaps in the maintenance of a minimum skeleton staff essential for tiding over a critical situation threatening to cripple essential health services existing at the time of independence.

4. Duration of assistance

Again, no general rule can be laid down for the length of time during which assistance in the form of operational staff may be needed by the countries concerned. The duration of assistance will vary with the degree of availability of national staff and with the extent of the resources available to national health services, as well as with the degree of development of the latter. It is taken for granted that countries would make every effort to achieve self-sufficiency in the shortest possible time, but this type of assistance would necessarily be, in most cases, of a long-term nature - perhaps five to fifteen years.

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[1] Off. Rec. Wld Hlth Org. 115, 20, resolution EB20.R32

5. Financial arrangements

The Executive Board, in its resolution EB29.R32, requested the Director-General to submit a report to the World Health Assembly which would, inter alia, indicate "the assistance the Director-General believes may be available from sources other than the World Health Organization". It has not yet been possible to ascertain whether other sources may be prepared to provide such assistance.

5.1 Responsibility of the government and of the Organization

If the Health Assembly decides as a matter of policy that the Organization should provide assistance to newly-independent states in the form of operational staff, it will wish to consider the financial responsibility which the Organization should undertake. The Director-General suggests that, since such staff would be carrying out functions normally the responsibility of an employee of the government concerned, the government should make the same financial provisions towards meeting the cost of the staff as it would do if the staff were a national of the country. If this suggestion is accepted by the Health Assembly, the Organization's financial responsibility would be limited to the difference between what the government would provide and the amount necessary to meet the salary and allowances of internationally-recruited staff.

5.2 Order of magnitude of costs to WHO

In view of the different levels of development of the health services of newly-independent states and the fact that the number of metropolitan staff which may or may not remain in the service of a particular country on its attainment of independence is unpredictable, it is not possible at this time to give any precise estimate of the funds required for the Organization to render operational assistance to newly-independent states, on the basis of the criteria recommended in this document. Furthermore, any precise estimate of the costs could be made only after the Health Assembly has decided the question of criteria and would have to be made on the basis of country-by-country surveys of the needs which should be met in the light of those criteria. It would also be necessary to know the amounts which the governments would pay towards the cost of the

operational staff. However, judging from the experience of requests so far received and from the limited fact-finding that has been possible since the Executive Board studied this matter at its twenty-ninth session, it is estimated that the Organization would require, in order to render effective operational assistance, some $ 700 000 to $ 1 000 000 in 1963. The Director-General would expect to make more precise estimates for 1964, based on more complete data than is now available.

5.3 Method of providing staff

It is suggested that WHO could help newly-independent states with the problem of obtaining adequate operational staff in sufficient numbers to maintain the health services by either:

(1) the recruitment by WHO of the staff required and their secondment to governments. It would be necessary to define the nature of the responsibilities that WHO and the government should have or share with regard to the staff concerned; or

(2) the establishment of a system of grants-in-aid for the purpose of meeting urgent needs for operational staff. Under this arrangement the requirements for operational assistance could be met more uniformly and with greater flexibility and adaptability, the appointments and the financial arrangements to be governed by the terms of an agreement between WHO and the country concerned, under which WHO would retain adequate controls, commensurable with its financial investment.

6. Conclusion

Although the provision of operational staff is different in nature from the assistance usually given by WHO, its aim would be the same - to strengthen the national health services and help the countries concerned towards self-sufficiency in the shortest possible time. Training would be implicit in it, and the period during which such assistance would be needed would be greatly influenced by the present concentration on developing education and training programmes in WHO's regular programme on behalf of countries which are short of medical and health staff.

In some cases, newly-independent states may be in a position to finance completely the recruitment of some foreign staff required for their health services and yet lack the necessary administrative machinery. This administrative problem could best be met by the Organization providing recruitment service to newly-independent states requesting it. In fact, the Organization has provided such service in the past to requesting governments.