COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE NINTH MEETING

Palais des Nations, Geneva
Friday, 17 May 1963, at 10.35 a.m.

CHAIRMAN: Dr V. V. OLGUIN (Argentina)

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Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room A.843, within 48 hours of their distribution.
1. DRAFT SECOND REPORT OF THE COMMITTEE ON PROGRAMME AND BUDGET

Dr SENTICI (Morocco), Rapporteur, read out the draft second report of the Committee (document A16/P&B/17).

**Decision**: The draft report was adopted.

2. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1964: Item 2.2 of the Agenda

**Detailed review of the Operating Programme**: Item 2.2.3 of the Agenda

The CHAIRMAN drew attention to the proposed programme and budget estimates for 1964, contained in *Official Records* No. 121, and to the comments of the Executive Board, contained in *Official Records* No. 125. After reminding the Committee that the budget ceiling had already been dealt with and that the Committee on Administration, Finance and Legal Matters had considered Part I of the programme and budget, he invited the Committee to consider Part II section by section.

**Section 4.1. Offices of the Assistant Directors-General**

There were no comments.

**Section 4.2. Research Planning and Co-ordination**

Dr TOTTIE (Sweden) said that the Sixteenth World Health Assembly had brought out the importance of laying sound scientific foundations for public health activities. The general discussions had produced many instances of the need to develop medical research in countries which lacked the necessary facilities. His own country, which attached the greatest importance to the promotion of medical research as a means of
improving medical care and raising public health standards, had already embarked on a project for helping post-graduate students from the developing countries to obtain education and training in medical research.

As a first step, an international school of medical research was to be set up, under the sponsorship of the Karolinska Institutet in Stockholm, to provide scientific training for graduate students from countries that lacked the resources for training. The training, which would cover a period of between two and three years, would include practical research as well as theory and would cover most aspects of theoretical and clinical medicine. The aim was to give the students a scientific training that would permit them to continue research work independently and initiate and direct research in their own countries. It was important, therefore, that students should have adequate financial resources to continue their scientific activities on their return home.

The WHO medical research programme presented in 1959 had laid down principles for research training and had recommended the provision of grants for senior research scholars and junior research students. The Organization could give invaluable help and encouragement to the Swedish project by providing long-term junior fellowships for post-graduates from the developing countries. He hoped that the Secretariat would consider the possibility.

The CHAIRMAN said that the suggestion would be noted.

Section 4.3 Health Statistics

There were no comments.
Section 4.4 Biology and Pharmacology

Dr FISEK (Turkey), referring to item 4.4.3, Pharmaceuticals, inquired whether any action had been taken since the Fifteenth World Health Assembly to provide governments with information on new drugs, and particularly on their harmful effects.

Sir George GODBER (United Kingdom) was interested in the same point: he had been unable to find any evidence in the proposed programme and budget of an increase in work or staff for investigating the toxic effects of drugs - the existing as well as the new ones.

The DIRECTOR-GENERAL suggested that discussion on the item should be deferred until item 2.8 of the agenda (clinical and pharmacological evaluation of drugs) came up for consideration, when a full explanation would be given of WHO's present and future activities.

It was so agreed.

Section 4.5 Malaria Eradication

There were no comments.

Section 4.6 Communicable Diseases

Dr TOTTIE, observer for the International Union against Venereal Diseases and the Treponematôs, speaking at the invitation of the Chairman, referred to item 4.6.2 and stressed the need for international co-operation on a non-governmental basis to complement the work of WHO. The Union, which had enjoyed official relationship with WHO since 1948, was grateful to WHO for its support and would continue to co-operate fully in the future.
New developments in the sphere of venereal diseases and their recrudescence in many countries had stimulated the need to reorganize the Union's activities to meet the needs of different countries and different regions. Reorganization, which was already under way, would include the establishment of regional offices in addition to the two that already existed for the Americas and for Europe.

Apart from a number of technical and paratechnical meetings, the Union had recently organized a conference in Brussels to study the problems caused by recrudescence of venereal disease and a meeting in Cracow on non-gonococcal infections. The organization's General Assembly in Washington in 1961, the "World Forum on Trypanosomiasis" and the 11th International Dermatological Congress that followed it had provided a useful basis for future work, which would be focused on medical education and research, methods of contact tracing, psychological aspects of human behaviour in relation to venereal disease, and health education.

He then commented on some of the more important problems which the Union intended to tackle with a view to bringing venereal diseases under control and eliminating them as a public health problem. An important subject on which studies should be continued and extended was promiscuity in special groups of the population, such as teenagers, immigrants, homosexuals and prostitutes. Since success in combating venereal diseases depended largely on the medical profession and their ability to understand the epidemiological and the clinical problems, it was important to ensure proper teaching of the subject at undergraduate and post-graduate levels. It would be useful if WHO could undertake a study of medical education in that field. The tracing and interviewing of contacts were essential measures in epidemiological control, but in many countries the percentage of contacts traced and treated was very small; despite the effects of rapid modern travel, there appeared to be no effective international arrangements for tracing
contacts and few countries had used the facilities of the 1942 Brussels Agreement relating to seafarers. The time had come for a world-wide review of techniques and practices for contact tracing so that national and international standards could be improved. It would also be useful if a study could be made of legislation in different countries to ascertain how far legal provision was made for action in case-finding. He also suggested that WHO might consider the possibility of establishing an international method of reporting contacts. The Union would also devote attention to research on the laboratory and epidemiological aspects of venereal diseases, for many vital problems were still unsolved.

The Union was ready to give WHO its full co-operation in the fields he had outlined.

The CHAIRMAN thanked the observer for the International Union against Venereal Diseases and the Treponematoses for his statement and assured him that his remarks would be taken into account in connexion with WHO’s future work.

Professor CRAMAROSSA (Italy), referring to item 4.6.3, Veterinary Public Health, said that WHO had conducted valuable and interesting research on the leptospiral infections. Italy had co-operated in studies on the frequency of infections in Ceylon, the results of which had been reported at the present Assembly. There was also serological evidence of a wide diffusion of leptospirosis in Laos. It would be useful if WHO would promote and support similar surveys, particularly in the Asian rice-growing countries, so that with a knowledge of the frequency of infections it might be possible to obtain a picture of the pattern of infectious diseases in those countries. It would thus be possible to reduce the number of unknown fevers and avoid mistakes in diagnosis - for leptospiral infections were sometimes confused with other better-known infections such as malaria.
Dr TURBOTT (New Zealand) asked for information on immunization against leptospirosis, which was a matter of great interest to his own country.

Dr KAPLAN, Chief, Veterinary Public Health, replied that WHO had been studying the use of human vaccine for a number of years, and experiments in the Italian rice fields and in Spain had produced fairly encouraging results. The vaccine had now been recommended for use under control conditions. It was important to use strains of leptospirosis prevalent in the region concerned because of the specificity of the immunity produced. Careful study was needed, with the identification of leptospirosis sero-types in a particular region, which was made possible because the leptospirosis reference centres had a standard procedure for identification and comparison. He would be happy to supply the delegate of New Zealand with more detailed information on the present situation and on methods of preparing vaccine.

Dr CLAVERO del CAMPO (Spain), referring to item 4.6.4, Virus Diseases, stressed the importance of epidemic typhus; it was a subject of concern to many countries and required more fundamental study. Although the Director-General's report indicated that a programme was being prepared on the subject, he could find no reference to it in the proposed programme and budget.

Professor CRAMAROSSA (Italy), also speaking on item 4.6.4, stressed the need for action by other agencies as well as WHO and by the countries concerned to combat trachoma, which was widespread in many tropical and subtropical countries. Efforts were meeting with mixed results, for a serious obstacle was the occurrence of reinfection owing to unsatisfactory local environmental conditions. Small-scale experiments with
anti-trachoma vaccines were being conducted on an increasing scale but it was difficult to assess the results. It would be useful if WHO could conduct a wide-scale field trial to establish the efficacy of vaccines. If the results were satisfactory, people in the danger areas could be protected from the disease.

Dr SUBANDRIO (Indonesia) described how the services for the control of communicable diseases in Indonesia had been integrated into the malaria eradication service. The setting up of a board for the control of communicable diseases, with the director-general of the malaria eradication campaign as its chairman, was a first step towards integrating the public health services in rural areas with the malaria eradication service. In Java, which contained approximately two-thirds of Indonesia's population, the services had hitherto been developed independently, but a start was being made towards integration now that the malaria eradication campaign in Java was reaching the consolidation phase. As a first step it was intended to use the malaria eradication facilities for smallpox eradication in Java and later in the other islands. It was hoped that the entire population would have been vaccinated against smallpox by the end of 1964.

Sir George GODBER (United Kingdom) said he had been unable to find any reference to the development of immunization against measles, although it was clearly going to be one of the important advances in the coming two or three years. He also pointed out that although the references to smallpox control mentioned gamma-globulin, there
appeared to be no mention of the development of a killed antigen against smallpox, which was likely to become important as the smallpox eradication programme using live vaccine progressed. He hoped that the expert committee referred to on page 33 of Official Records No. 121 would keep the point well in mind.

Dr CHADHA (India) inquired if the smallpox programme would be discussed in detail at a later stage. He welcomed WHO's work on virus diseases, which were a particularly important problem for India, where there were many undiagnosed fevers and infections of virus origin.

Dr LISICYN (USSR) associated himself with the questions asked by the United Kingdom delegate. He welcomed the studies on respiratory virus infections under Contractual Technical Services (No. 87) and inquired if it would be possible to have more detailed information. He was surprised to see no provision under Contractual Technical Services for a study of infectious hepatitis, which was a serious disease and was spreading in many countries, and asked what were the plans for undertaking a study on this important subject.

Professor GERIĆ (Yugoslavia) asked whether there were any plans for research on measles, particularly in the production and testing of vaccines against the disease. Measles was one of the most serious of the infectious diseases and caused many deaths in his country. It also had an adverse effect on the national economy, particularly in countries which were rapidly developing. Widespread efforts were being made to find a satisfactory method of immunization, and in Yugoslavia a live vaccine had been prepared which had produced immunity in 98 per cent. of cases without any serious reaction. The only problem that remained to be solved was the question of reaction.
Some countries, including the United States of America, advocated the simultaneous use of vaccine and gamma-globulin, which to some extent lessened reaction, but gamma-globulin was very costly and often difficult to obtain.

Although WHO was fully aware of the seriousness of the measles problem and had organized a number of field studies, the subject did not appear to be included in the proposed programme and budget. Comparative tests had been made in Yugoslavia using the American vaccine with and without gamma-globulin and also the Yugoslav vaccine with and without gamma-globulin, and results showed that the Yugoslav vaccine, even without gamma-globulin, produced less strong reactions than the American vaccine. Intensive studies were being continued and it was hoped that vaccination would start before the end of the year in the areas where measles was most prevalent, and that in 1964 it would be possible to vaccinate the whole population.

Dr Kaul, Assistant Director-General, Secretary, replied to questions asked during the discussions. With regard to the question of typhus, raised by the representative of Spain, he said that provision had been made for a meeting of scientific experts on rickettsiosis in 1963, which would review the situation and make recommendations for future research and other activities, including the setting up of reference services. In reply to the delegate of Italy, who had asked for large-scale field trials of anti-trachoma vaccine, he explained that the problem was still in the preliminary experimental stage. New vaccines were being studied in several parts of the world and if limited trials gave satisfactory results it would be possible to embark on larger-scale experiments or campaigns. With regard to the comments on an anti-measles vaccine, WHO was at present supporting field studies in Chile, Brazil, Yugoslavia, India, Japan, the USSR and South and West Africa. Studies had produced valuable information on the use of vaccines and on the use of gamma-globulin in association with vaccines. The results
would be published as soon as the reports had been completed. Experiments were also being made with a killed virus vaccine and with a combination of killed and live vaccines. Smallpox was the subject of item 2.4 of the agenda. Provision had been made for an expert committee on smallpox in 1964, which would review the smallpox eradication programme and existing knowledge on vaccines, immunology, epidemiology and research. Several virus diseases, including those produced by arthropod-borne viruses, were being studied by scientific groups and WHO was gradually developing a wider programme, but the number and extent of the diseases was so great that it was necessary to obtain information from field and laboratory research.

With regard to infectious hepatitis experts were visiting a number of countries to investigate the epidemiology of the disease, and an expert committee would be meeting in December 1963 and would review the epidemiological information collected and also the evidence on "candidate" viruses. It was true that at the present WHO was not giving any help for research on the disease, but the Organization was waiting for the expert committee to review the situation before deciding where support was needed for study and research. Epidemiological studies, particularly on respiratory virus infections under Contractual Technical Services (No. 87) had been carried on since 1960 in co-operation with the British Medical Research Council. They included studies on human volunteers and field surveys to find out which viruses affected the upper respiratory tract. A number of viruses had been isolated and identified and efforts were now being made to find methods of controlling them.
Section 4.6.5 Parasitic Diseases

Professor CORRADETTI (Italy), while agreeing that WHO must limit its activity on leishmaniasis at the present stage to the study of epidemiological factors and to experimental research, was nevertheless of the opinion that more needed to be done than was provided for under the 1964 programme. For instance, no provision was made for investigation of the disease in the Mediterranean area. Since it showed a great variety of epidemiological patterns the disease needed to be investigated in the majority of areas where it was endemic. Basic research, such as that being carried out in Jerusalem, in the form of comparative studies of leishmania strains, should be encouraged and extended; present knowledge was not adequate for pointing the way to eradication of the disease.

The same was true for filariasis and malaria. He could not agree that field investigations should have priority over basic laboratory research; the value of the former was limited to the area involved whereas the latter might lead to results capable of general application and therefore give a better return for the funds expended.

Dr MONTALVÁN (Ecuador) regretted that little provision seemed to have been made under trypanosomiasis studies for investigating the disease in the Americas. That was a gap that should be filled. Field investigations should be carried out as well as general biological studies and investigation of the sensitivity of disease vectors to residual insecticides. A study on chemotherapy was also indicated, as no effective remedy had as yet been found for Chagas' disease.
Dr KAUL explained that limited resources and manpower accounted for the small amount of work being done on such diseases as leishmaniasis. As the possibilities offered, the programme would be gradually expanded and developed. A research centre for leishmania strains found in the Mediterranean area in particular was being established and some consultant studies initiated to survey the position of leishmaniasis.

In regard to filariasis, long-term research was being started with a programme centred in Rangoon, Burma. It was hoped that the information obtained on entomological and epidemiological aspects would lead to the development of appropriate control methods.

In addition to the research activities on Chagas' disease being undertaken by the Pan American Health Organization, a number of physiological studies on trypanosome strains were proposed under the Voluntary Fund for Health Promotion (Annex 4). Although efforts would be made gradually to extend such research to cover other aspects, including chemotherapy, the need at the moment was for more fundamental studies to gain the basic knowledge on which to build a control programme.

Section 4.6.6 Bacterial Diseases

There were no comments.

Section 4.6.7 Leprosy

Dr CHADHA (India) asked whether any work was being done to evaluate the effectiveness of BCG vaccination as a protection against leprosy.
Dr KAUL said that a number of studies had already been undertaken on the matter and more were proposed, both under the research programme and in the form of field investigations. The Secretariat specialist on leprosy would give more details.

Dr BECHELLI, Chief, Leprosy, stated that there were evidences that BCG vaccination might cause the conversion of the lepromin test in persons who were lepromin-negative. Since a positive reaction to lepromin was regarded as an expression of a certain amount of resistance to M. leprae, many doctors, in view of these findings, recommended the use of BCG in the prevention of leprosy. However, certain facts must be cleared up; for instance, it seemed that in a small part of the population (10-15 per cent. of the total) lepromin reactivity remained unchanged after BCG vaccination. On the other hand, extensive testing of the population, before the studies with BCG were started in leprosy, had shown that after 20 years of age, some 80 per cent. of the population were lepromin reactors. Would, therefore, the anticipation of lepromin conversion be useful to the individuals exposed to M. leprae? Would BCG be useful to those who were persistently lepromin-negative? Should BCG mass vaccination be used when only a small part of the population needed protection? Field and other studies were necessary to determine the action of BCG in leprosy prevention. In view of the great interest in solving that problem, WHO had planned and would carry out a BCG trial in Burma which, it was hoped, would provide some of the answers to existing doubts.

Section 4.6.8 International Quarantine

There were no comments.
Section 4.7 Public Health Services  
Section 4.7.0 Office of the Director  
Section 4.7.1 Public Health Administration

There were no comments.

Section 4.7.2 Organization of Medical Care

Professor PESONEN (Finland) assumed that the proposal to add a technical assistant to help to collect and classify information on hospital planning and organization was related to the project to prepare a manual on hospital planning and organization. In the discussion of the 1963 programme and budget, he had expressed the hope that a doctor would be included in the editorial staff for the manual to ensure that the medical aspects of hospital planning were fully covered. In view of the importance and complicated nature of hospital planning, including the need to take account of the social structure and other conditions of the community to be served, he would appreciate information on the progress being made in preparation of the manual.

Dr FISEK (Turkey) said he too would like information on the subject. He would like to thank the Director-General for the recent publication on the cost and financing of health services,¹ which was a work of great value. He hoped that more information on that subject would eventually be made available after further work.

¹ Abel Smith, B. (1963) Paying for health services, Wid Hlth Org. Publ. Hlth Pap. 17
Dr CHADHA (India) said the question of hospital planning was one of great importance for the developing countries. In view of their limited resources, it was important that buildings to be erected for hospitals, dispensaries, health centres and so on should be inexpensive and utilitarian in type. The designs for buildings should also be suited to the climatic conditions. Work on those lines should be undertaken by the Organization.

Sir George GODBER (United Kingdom) said he shared the concern of the previous speakers. Guidance in hospital planning to suit the wide range of conditions throughout the world was a big undertaking but one that might be well worth while; it would need much more provision than was included under the 1964 programme.

Dr TURBOTT (New Zealand) said he was most doubtful about the value of the proposed manual. Each country had to investigate for itself the type of structure that would best suit its own peculiar needs; otherwise the result would be merely to copy what was being done elsewhere and that, as his own country's experience had shown, was highly unsatisfactory.

Dr CHADHA (India) said that the whole object of his request that WHO prepare designs for use in tropical regions was to avoid following unsuitable examples. Any research needed to determine the most appropriate kind of structure should be undertaken by WHO.

Dr ADENIYI JONES (Nigeria) was also convinced of the value of collecting material and evaluating the usefulness of different types of hospitals. In that way, the developing countries would gain the benefit of experience elsewhere and avoid making
the same mistakes. An attempt should be made to ensure that hospital designers included facilities for the practice also of preventive and social medicine. That would be one means of obtaining the integration of services so generally desired.

Dr TORRES BRACAMONTE (Bolivia) also thought it would be valuable to the developing countries if WHO were to study the planning of hospitals for integrated curative and preventive services.

Dr TRAN DINH DE (Viet Nam) said that, given the great variety of climatic conditions and level of development throughout the world, there could be no single standard hospital that would be suitable everywhere. However, minimum standards could be laid down for such matters as air-space per bed, number of doors and windows, and width of corridors. He accordingly supported the provision to developing countries of consultants in the matter. It would be important that experts appointed for that task should either have previous experience of the type of country they were assigned to or else should stay sufficiently long to learn about local conditions and needs before attempting to give advice.

Dr AMMUNDESEN (Denmark) said she was doubtful of the value of spending too much money on a study of hospital planning. Even within the territory of a small country like her own, the needs to be fulfilled varied so greatly that no two hospitals were alike. The same applied to other countries.

Mr FERAA (Morocco) supported the work being done by WHO in the matter. Experience in his own country had shown that mistakes could be made in the absence of guidance. Priority had been given under the five-year plan to improving
dispensaries and health centres for preventive work. Work was now going to begin on hospitals to cover the curative aspect, and the authorities were experiencing difficulties in deciding upon the type of functional unit to adopt, both for individual services and the hospital as a whole. It would therefore be of great value to have information on designs adopted in different countries. The study might be carried out by a committee which would investigate all aspects, taking account of the organizational structure of the countries concerned, morbidity rates, and different trends in the health structure.

Professor SANGSINGKEO (Thailand) endorsed the views expressed by the delegate of Viet Nam. The time was ripe for full integration of medical and public health services and a group of experts should be formed to consider hospital planning in that context.

Professor GORNICKI (Poland) pointed to the need for providing teaching facilities within hospitals. That aspect should not be lost sight of.

Dr GUNARATNE (Ceylon) suggested that a hospital architect be provided for each region, since the climatic conditions varied so widely. After hearing from the individual countries the requirements to be met, he would be in a position to design a building suitable to their needs.

Dr GRUNDY, Assistant Director-General, remarked that it was plain from the discussion that there was some apprehension about the role WHO was playing or might assume in relation to hospital architecture. He could reassure the Committee that there was no intention of trying to produce manuals on hospital planning giving
detailed guidance on the type of structure needed for different parts of the world. That was a matter largely for national architects. Instead, WHO was trying to concentrate on the principles underlying hospital functions as a guidance to the planning of the hospital structure. In other words, it was concerned with the methodology of planning. The small group undertaking that work had been composed of three doctors, a medical administrator, a medical specialist in laboratory work, a psychiatrist (to cover mental hospital aspects), a nursing expert and an architect. The manual prepared was again under consideration by an expert group and before publication would be submitted to members of the Expert Panel on Organization of Medical Care for comment.

The relatively small provision of $2000 included in the 1963 budget and not repeated was to provide for the obtaining of hospital blueprints for inclusion in the manual.

The Secretariat appreciated the point made about the importance for the developing countries in particular of considering hospital planning in conjunction with planning for the health services in general. Increasing attention was being given in investigations to the functions of the general practitioner and of health units in relation to health services as a whole and in particular to hospital requirements.

The additional post of technical assistant was not directly associated with the manual on hospital planning; his task would be to help in collecting and classifying information on hospital planning and organization in connexion with study of the cost and financing of health services. A preliminary study on that matter had been
undertaken in six countries and it was planned to extend the scope of the inquiry. The main purpose was to get definition of and uniformity in systems of accounting, with the ultimate aim of getting comparable hospital and cost statistics for publication, as had been done in respect of vital statistics.

The meeting rose at 12.25 p.m.