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CHAIRMAN: Dr A. NABULSI (Jordan)

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Note: Corrections to these provisional minutes should reach the Chief Editor, Official Records, World Health Organization, Avenue Appia, 1211 Geneva, Switzerland, before 11 July 1966.

1. COMMUNITY WATER SUPPLY PROGRAMME: PROGRESS REPORT: Item 2.12 of the Agenda (Resolutions WHA17.40 and EB37.R32; Documents A19/P&B/8, A19/P&B/Conf. Doc. No. 23 and A19/P&B/Conf. Doc. No. 34)

Dr IZMEROV, Assistant Director-General, introducing the item, said that the question of community water supplies was of concern to developed and developing countries alike. While developed countries needed ever increasing quantities of water and were faced with the problem of pollution by industrial wastes, the developing countries were faced with the task of satisfying human needs for drinking-water. The Director-General's report (A19/P&B/8) was submitted in accordance with resolution WHA17.40 adopted by the Seventeenth World Health Assembly and was the second report submitted by the Director-General since the initiation of the programme in accordance with resolution WHA12.48 adopted by the Twelfth World Health Assembly. In introducing the report he wished to stress a certain number of points which seemed to be of particular importance.

The report consisted of four parts, namely: establishment of the WHO community water supply programme, progress achieved in the programme, types of WHO action most needed today, and financial resources for the programme - past, present and future.

There had been increased recognition that community water supply was essential if there was to be social and economic development in the developing countries. That fact provided strong justification for acceleration of the programme. However, the health aspects remained of paramount importance, and the recent concern of WHO and of health officials over the spread of cholera served as a strong reminder. It was well

known that safe water supplies were essential for the control of certain communicable diseases which caused high morbidity and mortality, especially in developing countries. The improvement and sanitary surveillance of water supplies also needed increased attention in other countries. Hence health agencies in all countries had vital roles to play in the provision and maintenance of safe water supplies.

There were grounds for satisfaction with the community water supply programme from the standpoint of funds invested. Annex 8 attached to the report indicated that loans for water supply from international banks and bilateral programmes in the period 1958 to 1965 totalled \$ 477 million. At the same time, there was reason for pessimism because of the large numbers of people - an estimated 90 per cent. of the population of the developing countries - who were without safe water supplies. The problem was serious in the rural as well as the urban areas.

Much could be learned from the substantial progress made in the Americas. Factors responsible include the relatively early start made, the existence of a trained group of experienced sanitary engineers, the fact that governments had decided that community water supply should have high priority, and recognition by the newly created Inter-American Development Bank that community water supplies could be sound bankable projects.

The report discussed areas in which WHO's past programme had been most active. Those areas included promotion and stimulation, institution building, technical assistance, pre-investment surveys, management studies, training, publications and

co-operation with other organizations. Further attention should be devoted to those fields, plus long-term national programme planning and development, financing of projects, research, data collection and standards.

WHO had mobilized all resources which were available for community water supply, including the WHO regular budget, the Special Account for Community Water Supply, and the United Nations Development Programme. There had been a small but steady increase in the provisions of the regular budget for the programme. On the other hand, the Special Account for Community Water Supply, which had provided a substantial proportion of funds during the first phases of the WHO programme, had not in recent years been sufficient to meet goals.

Finally, he strongly stressed the point that if the construction of community water supply systems was not only to provide for the expanding urban and rural population, but also to make progress against the backlog of needs, it would be necessary for Member States to place greater stress on the programme. He drew the Committee's attention to the draft resolution which the Executive Board had prepared, requesting the Director-General to continue present co-operative activities, intensify assistance to Member States for rural water supply, and report on progress to the Twenty-first World Health Assembly. The draft resolution also contained eight specific recommendations to Member States - the substantial elements of a country programme.

Dr MERRILL (United States of America) expressed his delegation's appreciation of the factual information supplied in the Director-General's report, of the very frank discussion of progress achieved and of the problems remaining to be resolved. The

report emphasized the need for WHO action to advance the programme, including assistance in long-term water resources planning, associated specific community water supply project analysis and planning, institution building, education and training, research and development, data collection and dissemination, and development of standards. The progress reported in developing close working relations with United Nations agencies, including UNICEF, FAO, the International Bank for Reconstruction and Development, the Expanded Programme of Technical Assistance and the United Nations Development Programme was specially noteworthy. Inter-agency co-ordination and support in water resources activities were basic requirements for dealing with those multipurpose resources, and WHO was to be commended for providing leadership in that direction. The United States delegation was also pleased to note the increasing number of countries providing bilateral assistance. The Director-General was to be commended for seeking to obtain data on bilateral assistance programmes in community water supply development. Complete information of that type was essential for an adequate assessment of the whole problem and of resources being applied from all sources. The United States Government had consistently supported the community water supply programme as a high priority activity in WHO and PAHO and had made voluntary contributions to both organizations to assist the development of the programmes. As the chief delegate of the United States of America had stated in plenary session the previous week, the recent outbreak of cholera in areas formerly free of the disease illustrated the need for adequate supplies of clean water. Safe water was an absolute fundamental of public health. An effective community water supply programme generated public interest and often led ultimately to acceptance by the community of other vital public health measures in the field of environmental sanitation.

In October 1965 President Johnson had announced the inauguration of a Water for Peace Programme, a massive co-operative international effort to find solutions to the various problems connected with water supply. In February 1966, President Johnson had stated that the United States Agency for International Development would expand world-wide programmes to ensure safe water supplies, working directly with developing nations and international organizations to reduce the toll of diarrhoeal diseases. The United States delegation hoped that WHO would lead those co-operative efforts and that the Organization's community water supply programme would be kept high on the priority list.

He had noted that, while a substantial increase was proposed in the regular budget, virtually no increase was proposed for the community water supply programme. He was aware of the very difficult problem confronting the Director-General in setting priorities, and believed it was a function of the Assembly to provide guidance in that respect. It was evident from his report that the Director-General was fully aware of the need for according priority to the programme. The United States Government, for its part, continued to work towards the achievement of the Organization's objectives in that important programme. He proposed that the resolution recommended by the Executive Board be amended by the addition of a new sub-section to be inserted between sub-paragraphs (ii) and (iii) of operative paragraph 3. The sub-section would read as follows:

to give appropriate priority in future regular programmes and budgets for sufficient staff and other resources to enable the Organization to fulfil its leadership role and programme activities, in order to accomplish the goals recommended by the Director-General to the Seventeenth World Health Assembly.

Dr DAELEN (Federal Republic of Germany) commended the Organization's efforts in the field of community water supplies. It was clear that with the existing budget the programme could make only a modest impact on development possibilities, and her delegation therefore welcomed the proposal by the delegate of the United States of America to amend the draft resolution contained in resolution EB37.R32.

The CHAIRMAN drew the Committee's attention to an amendment submitted by the delegation of the Union of Soviet Socialist Republics (contained in document A19/P&B/Conf. Doc. No. 34). The proposal was to substitute the word "attention" for the word "priority" in the new sub-paragraph (iii) proposed by the United States delegation, and to insert the following text after the fourth paragraph in the preamble of the draft resolution recommended by the Executive Board:

Recognizing that the WHO responsibility should lie primarily in the public health aspects of community water supply programmes;

Mr ASSAR (Iran) said that the Director-General's report had been studied with interest and appreciation by his Government, which attached high priority, in its development plans, to the question of community water supplies. During the past decade, over 200 urban water systems had been put into operation, representing an investment of more than \$ 100 million. By the end of 1967, the financial burden imposed by the installation of urban water supply systems would begin to decline and more attention would be paid to rural water supplies in the fourth development plan.

Perusal of the report showed that the progress made in supplying communities throughout the world with water had been rather insignificant when compared with total needs; although the study of water supply needs in seventy-five developing countries

had shown that the greatest needs were in Asia and Africa, 60 per cent. of foreign loans had been concentrated in the Americas, where resided only 15 per cent. of the total urban population not served. Considering the importance of water supplies for child health, UNICEF's participation in the programme was very low, only eleven projects - five in the Americas, one in Europe, one in South-East Asia, two in Africa, one in the Western Pacific and one in the Eastern Mediterranean - being assisted by that organization; the Special Account for Community Water Supply had not provided the answer to the problem, contributions to that account being almost nil in 1964 and 1965. In the opinion of his delegation, other ways and means of financing the community water supply programme would have to be found. Efforts in regions where needs were greatest would have to be intensified. The stimulation of the development of national industries connected with the manufacture of equipment required for water supply systems would promote the speedy development of water supply systems by enabling countries to effect foreign exchange savings. Bilateral assistance should be extended and attention should be paid to staff training.

His delegation fully supported the draft resolution recommended by the Executive Board with the amendments proposed by the delegations of the United States of America and of the Union of Soviet Socialist Republics.

Dr RAO (India) congratulated the Director-General on his excellent report and welcomed Mr Atkins to the headquarters staff. The Indian Government had made a gigantic effort in its first, second and third five-year plans to provide the country with water supplies. There were two sides to the question, one concerned with urban water supplies and the other with rural water supplies.

Regarding the latter, the water supplies of two-thirds of half a million villages were not safe for drinking. Arrangements therefore had to be made to build wells and pumps. The majority of the population of the remaining one-third villages were in remote areas where water was scarce and had to be supplied from different and difficult sources, involving heavy financial outlays and time-consuming work. The cost of the programme was estimated at six billion rupees. There were about fifty districts where cholera-endemic areas were found, and the provision of safe water supplies was a matter of high priority in those areas.

In so far as urban water supplies were concerned, as a result of industrialization and urbanization slums were developing in semi-urban areas, water supplies were scarce and lack of drainage facilities led to the prevalence of filariasis. Investigation teams had been sent to all parts of the country. They had studied the problem and the Government was now in a position to assess and plan development with the assistance and guidance of international agencies, including WHO.

The training of personnel at all levels was extremely important. Maintenance of the piped-water systems to be introduced into the rural areas would necessitate adequate supplies of trained personnel, and under the community development programme an important place had been allocated to staff training. Without the participation of the populations concerned, the provision of piped-water supplies and other technical innovations were difficult. His delegation

felt that WHO should continue to provide assistance for the technical training of all levels of staff and also continue to grant fellowships for staff training. The Government had planned short-term and long-term post-graduate courses for engineers and ancillary staff and hoped that it would be possible to implement the programme of the fourth five-year plan with the available manpower.

There was a central Water Pollution Control Board for both national rivers and inter-state and international waters, and the Ministry of Health had prepared the draft of a bill on water pollution control.

India was grateful for the assistance it was receiving under the community water supply project.

His delegation supported the resolution recommended by the Executive Board and the amendment proposed by the United States delegation.

Professor FERREIRA (Brazil) said that there was pressure for supplies of drinking-water in all parts of the world where communities were forming. Following the Punta del Este Conference, which had resulted in the Inter-American Development Bank providing financial support for the provision of drinking-water, the Americas had been faced with increasing demands from the people for supplies of drinking-water. In Brazil that pressure had led to the emergence of five organizations concerned with drinking-water supplies and to the fact that government contributions to those organizations amounted to approximately \$ 50 000 000 per year. In addition, funds for community water supplies were raised

from the International Bank for Reconstruction and Development, the Inter-American Development Bank, and under bilateral arrangements. An immense amount of money was therefore being allocated to community water supply programmes.

The recommendation in sub-paragraph (ii) of operative paragraph 1 of the draft resolution before the Committee seemed rather weak, and he suggested that it be amended to read as follows:

that wherever necessary the public health authorities should participate systematically in the establishment of local, regional or national bodies to be responsible for water supplies and that these bodies be vested with the legal, fiscal, financial and administrative powers necessary to ensure their proper functioning.

Referring to sub-paragraph (iii) of operative paragraph 1 of the draft resolution, he said that the problem of financing was not so serious in villages which had already attained a certain degree of economic development because loans could be repaid by means of a water tax. There were, however, small villages which had no means of financing water supplies. In such cases, the Ministry of Public Health should be responsible for the implementation and planning of the necessary programmes. There were regions in Brazil in which bilharziasis and diarrhoeal diseases were endemic and where a supply of clean drinking-water was absolutely essential, but which could not be included in national, bilateral or international financing projects because they were unable to refund the money contributed. He suggested therefore, that sub-paragraph (iii) be amended to read as follows:

that ministries of health should continue to encourage and support the efforts of such other national bodies as are responsible for planning and implementation of water supply programmes but that the responsibility for the planning and implementation of such

programmes should remain with the Ministry of Health in all circumstances in which medical and health considerations are paramount and in which it is unlikely that water supplies can be financed satisfactorily on the basis of local resources;

Dr JALLOUL (Lebanon) said that there was no life without water. But water - a necessity - could be either a friend or a foe, and both pure and polluted water were to be found in all countries, developed and developing alike. Awareness of the importance of a sound water supply had led his Government to establish a Ministry of Water and Electrical Resources. That Ministry would work in close collaboration with the Ministry of Public Health, which co-operated closely with WHO. The Government hoped in that way to attain its objective of providing the whole population with safe water.

Dr HAQUE (Pakistan) said that in developing countries there was still confusion as to whether the ministries of health, the ministries of public works or departments of public health engineering should assume leadership in community water supply programmes. In West Pakistan the responsibility had recently been transferred from the Ministry of Health to a new Department of Public Health Engineering. In East Pakistan the responsibility had been transferred from that department to a newly created water supplies and sewerage development authority. Too often there was poor liaison between departments. It was very important to ensure that the right authority organized the community water supply programmes.

Similarly there had been difficulties in Pakistan in co-ordinating action for the siting of wells and other action in implementing water supply programmes.

Regarding the financing of urban water supply programmes, he stressed that it was often hard for countries with a low per capita income to repay loans from international funds, which were repayable at a high rate of interest. He wondered whether it was possible to introduce some system of loans at low rates of interest for those programmes, seeing that they were essential to public health.

With regard to rural water supplies, many tube wells had been sunk in East Pakistan, partly as a measure to control cholera. But it had been found that the water from some such wells was undrinkable because of high iron content, so that people had reverted to using water from the dug wells.

As the provision of water supplies was expensive for developing countries, and as tube wells were found to go out of order rather frequently, research was necessary to develop a new type of well that was both cheap and reliable.

In some areas of Pakistan where tests had been carried out among members of the armed forces whose scientifically regulated staple diets consisted essentially of fresh meat and water, a high incidence of urinary calculi had been detected. In view of the possibility that the high incidence was due to the water, he wished to bring it to the attention of WHO.

Dr GJEBIN (Israel) said that the lack of adequate and safe water supplies was the most serious single menace to health in newly developed urban centres. Those previously having maintained a certain equilibrium with their environment in rural areas were upset by the different conditions of urban life, and inadequate sanitation added to the various threats to health. WHO was fully justified in

redoubling its efforts to initiate community water supply programmes. He noted the slight increase under the regular budget for those activities, but considered that it should be greater to give programmes the required stability and continuity. He also supported the programme of assistance with the development of international drinking-water standards and standard methods of examining drinking-water.

The Israeli delegation supported the amendments submitted by the delegations of the United States of America and of the Union of Soviet Socialist Republics.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that the special merit of the report contained in document A19/P&B/8 was its balance; it underlined that, while the Organization had a primary interest in water supply, the means of meeting requirements had to come largely from governments and other partners in the programmes.

The United Kingdom delegation supported the amendment proposed by the delegation of the Union of Soviet Socialist Republics, which emphasized the correct role of WHO, but had more difficulty in accepting the proposal made by the delegate of the United States, which it did not consider an entirely necessary amendment. He proposed an insertion in sub-paragraph (iii) of operative paragraph 3 of the draft resolution recommended by the Executive Board, so that it would read as follows:

(iii) to report on the progress of the programme to the Twenty-first World Health Assembly, estimating the amount of additional annual expenditure that would be entailed.

Dr OLGUÍN (Argentina) said that water supplies were of paramount importance, since their quality had economic and social consequences and consequences to health. The dearth of funds and personnel constituted almost insurmountable

barriers in some countries. To meet the difficulties, international financial assistance in community water supply programmes was essential, especially in rural areas, since the great mass of rural populations suffered from the lack of safe water supplies.

The development of water supplies in the Americas owed much to the principles established by the Charter of Punta del Este. PAHO had also played an important role based on the decisions taken by ministers of public health in 1963, and taking advantage of the financial assistance of international credit organizations like the Inter-American Development Bank.

In Argentina, the Minister of Public Works was responsible for the programmes, which were supplemented by provincial or community action. Since the decision to initiate activities in accordance with the decisions of the Charter of Punta del Este, the Minister of Public Health had begun a large-scale programme with the co-operation of PAHO and the financial assistance of the Inter-American Development Bank. It applied particularly to villages with less than three thousand inhabitants, and aimed to cover two million of the population in six years at an estimated cost of \$ 40 million, 50 per cent. to be borne by the Government of Argentina, the provinces and local authorities, and the other 50 per cent. to be paid from international loans. That programme required assistance in the training of personnel, education of the population and supply of technicians. It was an example of the importance of the participation of ministers of health in water supply programmes.

He recognized that such programmes often involved administrative and legal provisions, and that it was therefore difficult to create international standards governing water supply activities in different countries. The Director-General's report and the draft resolutions recommended by the Executive Board in resolution EB37.R32 rightly attached importance to the role of national authorities.

His delegation supported the draft resolution with the amendments proposed. Any proposals for the intensification of activities would be acceptable to his delegation.

Dr BENGHEZAL (Algeria) said that the Director-General's report echoed the chief preoccupations of the Algerian Government, which had submitted its own report on the situation in Algeria to WHO in December 1965.

A great part of the rain falling on Algeria ran away to the sea, but the dams already built caught some thousand million cubic metres annually; the Government was building more dams. It was recognized that consumer requirements should have priority, but other needs were not to be neglected. That raised the whole question of the inventory of resources, their mobilization, channelling and distribution to ensure their best utilization.

Desalinization tests had been carried out in Algeria, but the results were not yet economically applicable. Water pollution was no great problem in the large towns with sufficient technical means for water filtration and sterilization. But unfortunately the same could not be said of the villages. There had been three typhoid epidemics recently which were attributable to polluted water.

An inquiry had been carried out in 169 towns and villages in 1964, and its results submitted to the Water Board, which included members of the ministries of

public health, public works, internal affairs, agriculture, industry and finance. It emerged from the inquiry that the needs still to be satisfied were considerable although rationing had been imposed on consumers. A forecast had been made for 1970, in particular for Algiers and Constantine. The Government was preparing to spend a total of 238 million dinars in the Algiers region and 225 million dinars in the region of Oran. A quarter of the population of Algeria and its major industrial areas were concentrated in those two towns.

The existing services in Algeria could see their way to providing the scientific and technical means necessary to solve current problems, but they would appreciate WHO's continued assistance, particularly in the training of sanitarians. Algeria was concentrating on the training of senior staff for community water supply programmes, in particular public health engineers. A polytechnic had been established with the help of UNESCO, and it was hoped that, of the thirty to forty engineers leaving the school in 1966 to join the Ministry of Public Works, at least two sanitary engineers could be selected for WHO fellowships, as the sanitary engineer provided the vital link between the Ministry of Health and the Ministry of Public Works.

Dr BAHRI (Tunisia) said that in developing rural water supply programmes it was important to bear in mind the danger of malaria and bilharziasis being introduced in new areas; water supply surveillance should be a part of public health activities in rural areas. He agreed with the delegate of Brazil that close examination should be given to the cost of water supplies, and prices must be kept low both in urban and rural areas to permit its use by all levels of the population.

Dr GALAHOV (Union of Soviet Socialist Republics) said that his delegation had frequently stated its views in previous Assemblies and his present remarks would be confined to concrete suggestions.

He considered that it was essential to make a clear distinction between the public health and the technical and economic aspects of water supplies, in order to avoid the confusion referred to by the delegate of Pakistan with regard to responsibility for water supply programmes.

An interesting and useful point had been made by the delegate of the United Kingdom with regard to the balance needed in the approach to water supply programmes. He would take the point even further: WHO should use its position and authority to promote increasing participation by other organizations, dealing itself only with health aspects, including the training of staff, as requested by the delegates of India and Algeria, and also the training of personnel in the health education aspects, as mentioned by the delegate of Pakistan.

The amendment proposed by his delegation to the preamble of the draft resolution contained in the Executive Board's resolution EB37.R32 reflected the need for concentration of the Organization's activities on those aspects. It proposed the insertion of the following text after the fourth paragraph of the preamble of that resolution:

Recognizing that the WHO responsibility should lie primarily in the public health aspects of community water supply programmes;

The other amendment contained in his delegation's proposal was to delete the word "priority" in the new sub-paragraph (iii) proposed by the delegation of the United States and replace it by the word "attention". If those amendments were approved, he would support the draft resolution with the amendment proposed by the United States delegation.

Dr DOUBEK (Czechoslovakia) congratulated the Director-General on his report. His delegation was glad to note that Member States had responded to WHO's appeal in connexion with the community water supply programme. The work that the Organization was carrying out was useful to developing and developed countries alike. The report emphasized the importance of adequate water supplies, not only for health, but also for a country's economy.

WHO should do more in the way of recommending standards for community water supply equipment for developing countries, and should foster the regular exchange of information on regulations and laws regarding water supplies.

The Czech delegation supported the draft resolution recommended in resolution EB37.R32, with the amendments proposed by the delegation of the Union of Soviet Socialist Republics, and supported the proposal of the United Kingdom delegation.

Dr SOW (Mali) said that his country considered water supply programmes extremely important. In Mali, only the capital - Bamako - had a drinking-water supply system - and that only in one part, because of the rapid expansion of the city. The European Aid Fund had agreed to finance an extension of the system; it was hoped that the Fund would supply 50 per cent. of the finances, and that the Government of the Federal Republic of Germany would provide the rest. In four other towns part of the population had piped untreated water. Approximately 3 per cent. of the total population of Mali benefited from running water, as compared with 25 per cent. in the whole of Africa south of the Sahara, and 25 per cent. of Mali's urban population, compared with 50 per cent. in Africa south of the Sahara. The problems were aggravated by migration from rural areas to the cities.

Plans existed for water storage and for pumping tests in eleven towns. He thanked WHO for having sent a sanitary engineer to assist in developing community water supply. In February and March 1966 a WHO team had visited Mali to study water supplies in the whole country, as well as the sewerage system of the capital. The plans already mentioned had been considered incomplete in view of subsequent developments. The team was to prepare a request to the United Nations Special Fund for the financing of a bipartite plan. The first part was for preliminary studies on a sewerage system and pumping station for Bamako - estimated to take fifteen months and cost \$ 300 000. The second part was for studies on the provision of water supplies for nine other towns - estimated to take two years and cost another \$ 300 000. The request would include provision for four fellowships to permit the training of an engineer, two chemists and a technician.

The delegation of Mali welcomed the draft resolution and the amendment proposed by the delegation of the Union of Soviet Socialist Republics.

Dr ESPAILLAT (Dominican Republic) said that in his country only about 15 per cent. of the population had running water. The remainder had to use surface sources without sufficient health protection. That situation affected the country's mortality rate and slowed down economic development. It also led to migration from rural areas. To combat that situation, the Government had established various agreements - for example, with the Inter-American Development Bank; it was also receiving assistance from PAHO. A national institute had been established for the development of drinking-water supplies, and carried out its work with the co-operation of the Inter-American Development Bank.

Dr KRUISINGA (Netherlands) stressed that the draft resolution contained in resolution EB37.R32 made it clear that problems connected with water supply were not limited to developing countries. The problems of developed countries arose from the fact that they would have to meet their needs more and more frequently from surface water supplies. Where a river flowed through different countries, solutions were practicable only if based on international agreements. The second operative paragraph of the draft resolution mentioned an "authority"; however, the Netherlands delegation felt that the decision as to how and by whom such agreements were to be executed should be left to the future.

The Netherlands delegation supported the amendment proposed by the United Kingdom delegation.

He drew attention to pages 31 and 32 of document A19/P&B/8, quoting the General Chairman of the Technical Discussions at the Seventeenth World Health Assembly who had stressed the financial inadequacy of the division of WHO responsible for the community water supply programmes. That statement clearly called for action.

Dr EFFENDI RAMADIAN (Indonesia) said that in Indonesia there was a great need for good water supplies. In particular, two new development programmes at the village level demanded safe supplies. In that connexion it was necessary to establish schools of sanitary engineering in the main cities and in the provinces. Public health workers were being trained in environmental sanitation at the Institute of Technology in Bandung, at a health controllers' academy, and in schools for sanitarians. Malaria workers also had to be integrated in public health programmes involving environmental sanitation activities. Responsibility for water supplies lay with the Ministry of Health, the Ministry of Public Works and the Institute of Technology. The Indonesian Government would appreciate the assistance of WHO with the schools.

It was worthy of note that no outbreaks of cholera or diarrhoeal diseases had been reported among the one million people affected by the recent floods in Solo, thanks to the attention accorded to sanitary measures and safe water supply.

Dr SAYCOIE (Laos) said that the water supply system for Vientiane had been completed with the assistance of the Government of Japan in 1965. The plant worked well, and the distribution network was being extended to bring drinking-water to all parts of the capital. Programmes for water supply in villages were being implemented with WHO assistance in Thadeua, where safe wells covered the drinking-water needs of some 10 000 villagers. The United States Agency for International Development was also assisting water supply programmes in villages in nine rural development areas, and in refugee camps.

However, the water supplies of many towns in the provinces left much to be desired, and there were others with no supplies at all. More than 10 000 villages in Laos had no water supplies, or no drinking-water supplies.

The problem of water supply was closely linked with that of the disposal of waste water. The Government of Laos wished to draw the attention of WHO to that problem in Vientiane, where studies had been completed and financial assistance was awaited. He had learnt that WHO and the United Nations had reached an agreement to collaborate in Special Fund projects on housing, environmental sanitation, water supply, and sewerage. Their assistance would be appreciated in Vientiane, where the population increase was creating sanitary problems which would become insurmountable if good water supply and sewerage facilities were not soon provided.

Dr JURICIC TURINA (Chile) congratulated the Director-General on his report which, taken in conjunction with a publication entitled "Facts" published by PAHO, adequately described the work achieved in community water supply. As stated by the delegate of the United States of America, Dr Williams, the setting of ten-year targets in the Charter of Punta del Este had been one of the great achievements of the Pan American Sanitary Bureau. Another had been the success in interesting the Inter-American Development Bank in the subject to the extent that the first loan granted by the Bank had been to a water-supply programme in Arequipa, Peru.

He stressed the importance of assistance to water-supply programmes in rural areas. In Chile an extensive programme of that kind was being carried out with the help of the Inter-American Development Bank, which was providing 50 per cent. of the funds. The rural administrations were collaborating with financial loans and manpower services, but the work must continue for many years if the goal was to be reached. He thanked WHO and UNICEF for their assistance to his country, and hoped that they would continue the work they had undertaken.

Dr KEITA (Chad) said that water-borne intestinal disease was one of the most important public health problems in his country; the morbidity rate was 37 per cent., while mortality was 17 per cent. The problem of community water supplies was of first importance in Chad, which was three-quarters desert, and where in 1965 there had been a very severe epidemic of viral hepatitis. A project assisted by WHO and UNICEF was in operation; WHO had provided a sanitary engineer, and UNICEF had supplied fellowships for twelve students following a public health course. Only the five principal

towns of Chad had rural water-supply systems. In the rest of the country there were 718 wells. There was often a lack of water since there was a shortage of laboratory and maintenance staff and the wells were not constructed to normal standards. The sanitary engineer provided by WHO had, however, started a pilot scheme in a village of 300 inhabitants (Mandelia, fifty kilometres from Fort Lanny) which after four months in operation had resulted in a drop in intestinal infection from a rate of 75 per cent. to 15 per cent. In view of such a conclusive and, indeed, spectacular result, the Government would welcome increased WHO and UNICEF assistance. His delegation congratulated the Director-General on his report and gave full support to the draft resolution contained in resolution EB37.R32 and the proposed amendments.

Dr ALAN (Turkey) said that his delegation attached great importance to WHO's community water supply programme and thanked the Organization for its assistance in the projects in operation in his country, which were listed in Annex 1 to the Director-General's report.

With regard to the responsibility for community water supplies, some delegates had said that the competent authority should be the Ministry of Health, while others had said that it should be the Ministry of Public Works or some other body. In his opinion, it was for the government of each country to determine which authority should deal with water supplies, in view of the differences in constitution and administrative structure from country to country. The Executive Board had been well advised to take the alternatives into account in its resolution and to include in

operative paragraph 1 important recommendations, such as that contained in subparagraph (iv) "that direct communication be established between planning and community water supply authorities and ministries of health in order to ensure due consideration of health implications in the planning of community water supply projects". If that recommendation were followed the problem could be solved within the country.

Congratulating the Director-General on his excellent report, he drew attention to the words of the General Chairman of the Technical Discussions at the Seventeenth World Health Assembly, quoted at the end of the report, to which reference had already been made by the delegate of the Netherlands. The Director-General had said that he was willing to do more but that he did not have the necessary resources to meet all requests for assistance. The Assembly must do what it could to ensure that the Director-General was given an opportunity to extend his activities in the field of community water supplies. He would therefore support the amendments proposed by the delegations of the United States of America and of the United Kingdom. He would also support the proposal by the delegation of the Soviet Union to add a new preambular paragraph. He was not clear, however, as to the meaning of the proposal of the Soviet delegation to substitute the word "attention" for "priority" in the new subparagraph (iii) proposed by the United States delegation. It would seem more appropriate to call for "appropriate priority" for staff and resources to enable the Organization to accomplish its goals.

Dr ALDEA (Romania) welcomed the directives on community water supplies given in operative paragraph 1 of the draft resolution recommended by the Executive Board. Those recommendations were almost all reflected in his country's programme. The close co-operation between his Government's Water Committee and sanitary inspectorate was governed by laws and regulations and by the standards established for drinking-water. The development plans, including the Five-Year Plan which would continue until 1970 and provide for 30 000 kilometres of new water supply systems, also took into account the recommendations and studies of the health authorities. The Water Committee controlled river basins and the use and treatment of water, while the health authorities controlled the quality of water in the towns.

In order that the efforts being made by WHO and the United Nations Special Fund could be continued and intensified, his delegation considered that WHO should plan model projects and produce technical documentation, and increase assistance in finding and evaluating methods for the most effective use of available resources so that their development could be planned. The Organization should continue to give the necessary assistance in training technical supervisory staff who could, after training, deal with the problem in their own countries. It should also increase the number of monographs it prepared on the various specialized aspects of drinking-water supplies and waste disposal.

His delegation would support the amendment proposed by the delegation of the Soviet Union, and the amendment proposed by the delegation of the United States, together with that proposed by the United Kingdom delegation.

Dr KENNEDY (New Zealand) suggested that the word "mainly" might be more appropriate than "primarily" in the new preambular paragraph proposed by the delegation of the Union of Soviet Socialist Republics.

Dr GALAHOV (Union of Soviet Socialist Republics) accepted that suggestion.

Dr AL-WAHBI (Iraq) thanked the Director-General for his report and the Executive Board for its resolution. His delegation supported all the amendments proposed, and in particular that proposed by the United Kingdom delegation: it was very important to clarify the situation, and he would like to see how the funds would be allotted.

It had already been said in the discussion on the budget that sanitation projects, and particularly water supply projects, were especially suitable for loans from the United Nations Special Fund. He would request the Director-General to keep in mind the importance of assisting developing countries, including his own, by means of consultants or otherwise, to formulate and plan requests for assistance from the Special Fund and the International Bank for Reconstruction and Development for community water supply programmes. The magnitude of the funds needed was such that assistance must be sought from all possible sources.

Dr HSU (China) expressed his delegation's satisfaction with the activities of WHO as described in the Director-General's report. It also appreciated the fact that the report took the Republic of China, Taiwan, as a good example of WHO assistance for pre-investment surveys and instruction programmes. The Government

had accepted WHO's recommendations and had initiated in 1963 a five-year development plan for community water supplies. The aim was to increase the proportion of the population served with piped water to 41.5 per cent.; in 1964 the proportion was 32.17 per cent. An expenditure of US\$ 22 000 000 was required. Moreover, to obtain and improve water resources a large dam had been completed in the north two years ago, supplying about one million people; the construction of another much bigger dam had been started in the southern part of the province.

To improve rural water supplies, a five-year plan had been started in 1963 with assistance from UNICEF. Five hundred simple water supply systems would be constructed for two million people living in rural communities with less than 2500 inhabitants. The construction of sixty-six systems had been completed in 1965, and ninety-six were under way for 1966. Despite those efforts, it was realized that progress in the development of community water supplies was still far from satisfactory and that there was need for assistance from outside.

The Director-General had said in his report that, at the present rate at which safe and adequate amounts of water were being made available to the peoples of developing countries, there was very considerable doubt as to whether the realistic goal proposed by WHO could be achieved unless the efforts of all parties concerned were accelerated. That statement could well illustrate the world situation in regard to the problem, and for that reason his delegation would support the resolution recommended by the Executive Board.

Dr IZMEROV, Assistant Director-General, said that the Secretariat had followed the discussion with great interest and satisfaction. Governments were devoting ever-increasing attention to the community water supply problem and realized the harmful effect of water-borne diseases on the health of the population and the economic life of the country. The Organization did not deal with the actual construction of water supply systems in countries. WHO's responsibility was to provide technical assistance by means of consultants and staff to advise governments on their problems of community water supply. An expert committee established international standards for drinking-water which it recommended to Member States.

The comments of members of the Committee would be most valuable to the Secretariat in the development of its work and the direction it should take. The most important aspect, as had been stressed in the discussion, was the training of supervisory staff, who could be divided into two categories: the engineers who would find and tap the water supplies, of particular importance in rural areas where the best possible use must be made of the local resources; and the staff responsible for supervising the quality of the water who must, of course, also be well versed in health education. People should be made aware of the precautions they should take in regard to water. Although the development of laboratory services was important for the testing of drinking-water, it would be idle to contemplate at the moment the establishment everywhere of laboratories with highly qualified staff and costly equipment. WHO was thinking of recommending

governments to set up simple laboratories which would allow simple but effective testing. In the future, the Organization intended to study the water situation in all countries and to circulate information on it, and to recommend establishment of national standards for drinking-water.

He would call on the Director of the Division of Environmental Health to answer the technical questions which had been asked.

Mr ATKINS, Director, Division of Environmental Health, expressed his appreciation of the discussion and of the constructive suggestions made by delegates which would be given full consideration as guidance in carrying out the programme.

The delegates of Iran and Tunisia had referred to the fact that only eleven UNICEF-assisted projects were listed in annex 1 to the Director-General's report. There were, in fact, some thirty additional UNICEF-assisted projects which included water supplies but were not listed in the report, which included only those projects the major components of which were water supplies. He was glad that attention had been called to the matter; UNICEF assistance had been very valuable in carrying forward the community water supply programme and they looked forward to even greater assistance in that area.

With reference to the need for more research and development, mentioned by the delegate of Pakistan, the Secretariat believed that the designs for both urban and rural water supply systems must be improved and simplified to bring them to a level at which safe water could be produced, and at the same time the maximum amount of available local material could be used. It was also necessary, of course, to simplify the operation. In addition it was necessary to encourage the manufacture of certain materials, such as plastic piping. Full attention would be given to that area in the future.

With regard to the question of which body should be responsible for water supplies, the varying situations in the countries dictated different forms of organization. It would, however, seem to be a basic principle that the highest use of water was that for human consumption, in which there were certain inherent hazards if it was not properly protected. Recognizing the great toll of water-borne disease in the world, it must be concluded that health agencies had a primary role to play in the field of water supply. It must also be recognized that urban water supplies were very complex, involving many interests and agencies, but if water for human consumption was to be a priority, the health agency should have a role of real leadership in the development of water resources as well as in getting water to the people and supervising its quality, so that not only was there an adequate quantity, but what was supplied was not transmitting disease.

The CHAIRMAN said that the general discussion was closed, but delegates might comment on the amendments which had been submitted by the delegations of Brazil, the Union of Soviet Socialist Republics, the United Kingdom, and the United States of America.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) said that he hoped the delegation of Brazil would withdraw the amendments it had proposed, which appeared to tell governments how to organize their internal administration. He did not feel that was a proper function of WHO.

Professor GERIĆ (Yugoslavia) endorsed that view.

Dr AL-ADWANI (Kuwait) considered that the amendments proposed by the delegation of Brazil were unduly restrictive. It was not only the public health authorities who were concerned with community water supplies.

Dr SOW (Mali) said that he could not support the amendments proposed by the delegation of Brazil.

Dr ALAN (Turkey) repeated that it was for the country itself to decide which was the competent authority. He could not therefore support the amendments proposed by the delegation of Brazil.

Dr MERRILL (United States of America) accepted the amendment proposed by the delegation of the Soviet Union. If it would simplify procedure, he would be glad to incorporate the United Kingdom amendment into the United States amendment.

Mr ASSAR (Iran) said that his delegation was unable to support the amendment proposed by the delegation of Brazil, since in Iran there were separate ministries for water and power. With regard to the amendment proposed by the delegation of the United Kingdom, he wondered whether the progress report envisaged could not be made to the Twentieth World Health Assembly instead of waiting until the Twenty-first.

Professor FERREIRA (Brazil) regretted that he was unable to withdraw his proposed amendment for two reasons. The first was that he failed to see why a resolution that advised that bodies responsible for health should have the responsibility for sanitation, including water supplies, should be considered as an interference in the internal affairs of States. Advice was often given by the Health Assembly, but such advice did not compel governments to change their constitution or their structure.

Secondly, he was speaking as the representative of a country that had given him particular recommendations on the subject, so that it was not merely a personal matter. Bodies responsible for water supplies independently of the ministry of health controlled them badly from a public health point of view, so that water supplies should become the responsibility of the health authorities. That responsibility became particularly important in the case of small, isolated communities, on whose behalf there was a lack of interest because provision of supplies was uneconomic.

Dr HAQUE (Pakistan), supporting the amendment proposed by the delegate of Brazil, said that everyone must agree that community water supplies could not be administered without the active participation of the health authorities. There were administrative difficulties in some countries, however. The idea of the delegate of Brazil was that it should be made quite clear to those responsible for community water supplies that the health authorities should take an active part. He could not understand why objection should be made to putting that suggestion to governments, who would be free to take it up or not, as they thought fit.

Dr KEITA (Guinea) supported the amendment proposed by the delegation of the United Kingdom. In his country there was a ministry concerned with water problems which had good relations with his own department, and he was therefore unable to support the amendment proposed by the delegation of Brazil.

The CHAIRMAN reminded the Committee of Rules 65 and 66 of the Rules of Procedure of the Health Assembly, which stated that the vote should be taken first on the proposal deemed to be furthest removed in substance from the proposal first presented. He would therefore put to the vote the amendment presented by the delegation of Brazil.

Decision: The amendment was rejected by 51 votes to 11, with 17 abstentions.

The SECRETARY, speaking at the invitation of the CHAIRMAN, said that the proposal by the delegation of the Soviet Union comprised two amendments. The first - the amendment to the proposal of the delegation of the United States of America - had already been accepted by that delegation, and therefore did not require to be voted upon.

The second amendment was for the insertion of a new paragraph after the fourth paragraph of the preamble of the draft resolution contained in resolution EB37.R32. With the amendment by the delegation of New Zealand, which had been accepted by the Soviet Union delegation and affected only the English text, the new paragraph would read as follows:

Recognizing that the WHO responsibility should lie mainly in the public health aspects of community water supply programmes;

The CHAIRMAN put that amendment to the vote.

Decision: The amendment was adopted by 75 votes to none, with 2 abstentions.

The CHAIRMAN put to the vote the amendment proposed by the delegation of the United States of America, as amended.

Decision: The amendment was adopted by 76 votes to none, with no abstentions.

The CHAIRMAN put to the vote the amendment proposed by the delegation of the United Kingdom of Great Britain and Northern Ireland.

Decision: The amendment was adopted by 76 votes to none, with 3 abstentions.

The CHAIRMAN put to the vote the draft resolution contained in resolution EB37.R32, as a whole and as amended.

Decision: The draft resolution, as amended, was approved by 82 votes to none, with 2 abstentions.

2. REPORTS OF EXPERT COMMITTEES: Item 2.16 of the Agenda (Resolution EB37.R8; Document A19/P&B/1) (continued)

The CHAIRMAN said that the Committee now had before it the following text of an amendment proposed by the delegations of Australia, Ecuador, Iraq, Netherlands, Pakistan and the United Kingdom of Great Britain and Northern Ireland to the draft resolution contained in document A19/P&B/1:

"Substitute the operative paragraph by the following text:

'SUGGESTS that Member States ensure that wide dissemination be given to recommendations of expert committees and make the best possible use of such recommendations in the context of the development of their national programmes, as they deem appropriate'."

That text replaced the three separate amendments that had previously been submitted.

Dr SOW (Mali) said that the text before the Committee showed a better approach to the problem than had been apparent at the previous meeting when the delegate of the United Kingdom had introduced his amendment.

He would like to know, however, why the idea of national expert panels that had been recommended in resolution EB37.R8 had been omitted.

The DIRECTOR-GENERAL said that the draft resolution to which the amendment had been submitted was that contained in document A19/P&B/1. The Executive Board had not in fact recommended a resolution. The relevant paragraph to which the amendment had been proposed read as follows:

"SUGGESTS that Member States establish a national expert panel to give due consideration to the recommendations of the expert committees in the context of the development of their national health programme."

Dr SOW (Mali) said that he would nevertheless like to ask the co-sponsors of the amendment why the idea contained in resolution EB37.R8 had been dropped.

Dr EVANG, representative of the Executive Board, thanked the delegate of Mali for his remarks, but stated that the intention of the Board in inviting the Health Assembly to pass a resolution would be fully met by the text now put forward as an amendment.

Dr JOHNSON (Australia) said that the word "health" between the words "national" and "programme" in the last line of the proposed amendment had inadvertently been omitted. He considered that it would be of advantage to include it.

Dr KEITA (Guinea) said that he could not agree with the explanation of the intention of the Executive Board as given by its representative. When the Executive Board had discussed the problem it had introduced the idea of setting up national expert panels. Countries were not obliged to take the recommendations of experts designated by WHO as sacrosanct, and it was for that reason that it had been decided to suggest that countries set up national expert panels. For example, governments should not feel themselves bound by recommendations based on theoretical knowledge

by WHO expert panels composed solely of representatives of countries that had no experience of onchocerciasis of malaria. It had therefore been suggested that in each country a national expert panel be set up to examine the decisions of WHO experts and make recommendations to the government. The text of the proposed amendment was not in keeping with the recommendations of the Executive Board, operative paragraph 2 of whose resolution EB37.R8 read:

"RECOMMENDS to the World Health Assembly that it adopt a resolution suggesting to Member States that they establish, wherever possible, a national expert panel, to consider the recommendations of the expert committees."

Dr JALLOUL (Lebanon) supported what had been said by the delegate of Guinea. It had been his experience that WHO expert committees had produced documents without giving any recommendations to the ministry of public health on what should be done. A national expert panel would be of benefit to the ministry and to the country as a whole.

Dr BENGHEZAL (Algeria) said that the amendment under discussion did not accord with operative paragraph 2 of resolution EB37.R48, which was clear, brief and precise. His delegation would vote against the amendment, which it considered paternalistic.

Dr KRUISINGA (Netherlands) emphasized that the situation differed greatly from one country to another. Words had different meanings and were liable to misinterpretation. A national expert panel as mentioned in resolution EB37.R8 might in fact in some countries prove a hindrance. He did not consider that all countries necessarily needed special machinery proposed by WHO for carrying out the procedure

of bringing expert committee reports to the knowledge of interested groups. That should be left to the country concerned. His delegation would not like to suggest to the national health administration a specific national expert panel, since such a suggestion could easily be misunderstood. What was needed was the maximum diffusion of reports and the best possible use of recommendations.

His delegation had preferred the amendment that had been proposed by the delegation of Ecuador, but could agree to the combined amendment now before the Committee.

Sir George GODBER (United Kingdom) agreed with what had been said by the delegate of the Netherlands. In raising the point originally he had only been concerned that people should not be told how to do something that they themselves knew best how to do in their own countries. His intention had in fact been the reverse of paternalism. The draft resolution contained in document A19/P&B/1 was tied to the setting up of an expert panel, and he had not thought that that would be the mechanism everybody would want to use. He would have been prepared to accept an amendment that had suggested an expert panel or otherwise, but to limit the suggestion to an expert panel was too restrictive.

Dr MONTALVÁN CORNEJO (Ecuador), speaking as one of the co-sponsors of the proposed amendment, said that the recommendation made in resolution EB37.R8 for setting up expert panels was an excellent one. However, the main idea behind the recommendation was to make the maximum and best use of expert committee reports, and the feeling of the co-sponsors of the amendment had been that the best way to do so was to leave each country free to study them, disseminate them as widely as possible and use to best advantage the recommendations made.