COMMITTEE ON PROGRAMME AND BUDGET

SUB-COMMITTEE I.

SUMMARY RECORD OF THE FIRST MEETING

Sheraton-Boston Hotel, Boston, Massachusetts
Tuesday, 22 July 1969, at 9.20 a.m.

CHAIRMAN: Professor B. REXED (Sweden)

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Note: Corrections to this provisional summary record should reach the Chief Editor, Official Records, World Health Organization, 1211 Geneva 27, Switzerland, before 20 September 1969.
1. TRIBUTE TO THE LATE DR FARID ALI, REPRESENTATIVE OF QATAR

The CHAIRMAN said it was with deep regret that he had to inform members of the death of Dr Farid Ali, representative of Qatar, and a valued member of the Committee on Programme and Budget. He was sure the Committee would join him in sending a message of condolence to the Government of Qatar on the loss of its Director of Public Health Services and a message of sympathy and regret to his family.

2. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1970: Item 2.2 of the Agenda (Official Records Nos 171 and 174; Document A22/P&B/6) (continued)

Detailed Review of the Operating Programme: Item 2.2.3 of the Agenda (Documents A22/P&B/6, A22/P&B/15 and A22/P&B/20) (continued)

FLUORIDATION AND DENTAL HEALTH: Item 2.7 of the Agenda (Document A22/P&B/Conf.Doc. No. 1)

HEALTH PROBLEMS OF SEAFARERS AND HEALTH SERVICES AVAILABLE TO THEM: Item 2.6 of the Agenda (Document A22/P&B/5)

Section 4.5 Environmental Health

Dr TOTTIE (Sweden) said that, in the light of item (8) of section 4.5, of the Proposed Programme and Budget Estimates for 1970 (Official Records No. 171), WHO had a special part to play in preparing for the conference on the human environment to be held in 1972 under the auspices of the United Nations.

He hoped that the Division of Environmental Health would include pollution by noise as part of environmental pollution under section 4.5.2; and that, in co-operation with other appropriate bodies, it would focus attention on the health problem of traffic accidents.

Dr BLOOD (United States of America) said that his Government was deeply concerned about the deterioration in the quality of the human environment. The United States President had recently set up an Environmental Quality Control Council at cabinet level and an Advisory Committee on Environmental Quality; and a proposal was at present before the United States Congress to adopt an international policy for the environment which would recognize the fundamental and inalienable right of each person to a healthy environment.

The growing national and international concern about environmental quality was reflected in the programmes of the United Nations, UNESCO and other organizations. Environmental ecologists and health scientists were beginning to realize the relationship between environmental quality and man's health as defined by WHO. The Organization would be expected to lead the way in identifying the health implications and in giving guidance to international organizations and Member Governments in order to ensure that priority was given to those elements of the environment which were related to the advancement of human health.

He would like to know what steps the Director-General was taking to develop a policy and to co-ordinate the WHO programmes that had a bearing on environmental quality.

Professor PACCAGNELLA (Italy) said that one of the most important present-day problems was environmental pollution by pesticides. A number of countries were investigating the subject in relation to water, soil, air and food pollution and the effects on human health and on ecological systems. Several governments were considering new legislation on the production and use of pesticides.

In Italy, a cross-sectional and a prospective epidemiological study had been started six years earlier with the support of the WHO Division of Environmental Health, to ascertain the long-term effects on human health of agricultural pesticides.
The use of pesticides in phyto-pathology and in preserving vegetal products was entirely different from their use for vector control in human prophylaxis - both in quantity and quality of chemical compounds and in methods used. While chloro-organic and phospho-organic compounds, carbamates and other substances, which were used regularly over the same areas, were useful to mankind because they raised food production, they also gave rise to problems that should be carefully studied.

The cross-sectional study in Italy was based on the determination of environmental pollution by chloro-organic compounds in soil, water, vegetables, fruit and animal fats, and of the determination of those compounds in the human fat of people living in two different polluted areas. Similar experiments had been carried out among people living in towns. The prospective investigation was based on the clinical follow-up evaluation of pathology and symptomatology in two random samples of populations living in the same areas where environmental pollution evaluation was performed, and included blood analyses.

The results of investigations, which were still in progress, showed that the storage of chloro-compounds in human fats was reaching similar levels in the whole population, and that the concentrations of stable compounds in human fat were similar to the concentrations registered in people of other countries. The mechanism and the rate of the storage process were not yet known. The prospective study had shown some evidence of association between pathology, symptomatology and intensity of exposure to pollutants, but the functional and metabolic troubles had to be distinguished from the influences of other pathogenic factors, nutritional, behavioural and social, that might also play an important role.

The need for co-ordinated research on the environmental problem was very evident, as the subject was linked with other programmes. His delegation believed that the research programme of the Division of Environmental Health on environmental pollution by pesticides and on the effects on human health should be maintained and expanded. A progress report by the Director-General to the Twenty-third Health Assembly would be appreciated.

Dr SIDERIUS (Netherlands) said that, while concentrating on the problem of community water supply, WHO should also pay more attention to other environmental health matters such as air and water pollution, sewage and solid wastes disposal. Those activities should be directed primarily towards the establishment of criteria for health protection, including safe limits for pollutants discharged into the environment, and assistance to Member States on specific problems. Fundamental environmental health activities also included determination, stimulation and support of research, collection and dissemination of results and help in training. His delegation supported the development of reference centres and of community water supply research and development centres as reference centres on waste disposal. It would also like information on the possibility of setting up a monitoring centre for air pollution control, which could co-operate with national centres. The Netherlands had already developed an automatic system for measuring certain air pollutants.

Dr FERREIRA (Brazil) said that there were only two main influences on health: genetics and environment. Hence the problem of environmental health was a very vast one, embracing physical, biological and mental health.

The pollution of water, air and soil was a particularly serious problem for the developing countries. The forms of pollution effecting the more industrially advanced countries were not quite the same as those under discussion.

He was becoming increasingly concerned about the gradual removal of the responsibility for basic environmental health services, such as water supply and waste disposal, from the public health authorities to the municipal and state authorities, with the result that they were considered from the financial rather than the health or medical point-of-view. In some cases the provision of water supply was neglected as not sufficiently high among financial priorities.
Dr URATA (Japan) said that control of environmental pollution was particularly important to a densely populated country such as Japan. He hoped that WHO would concentrate on its programme for research and the establishment of standards in respect of environmental pollution.

Section 4.5.1 Wastes Disposal

Section 4.5.2 Environmental Pollution

Section 4.5.3 Sanitation Services and Housing

There were no comments.

Section 4.5.4 Community Water Supply

Dr HEMACHUDHA (Thailand) stressed the vital importance and the magnitude of the community water supply problem in his country. About 60 per cent. of all morbidity and 40 per cent. of all mortality were due to waterborne diseases; and over 90 per cent. of the rural population — which comprised about 80 per cent. of the total population — suffered from intestinal parasitic infestation. It was estimated that less than 10 per cent. of the total population had piped water supplies, and even polluted water from ponds, lakes and streams was scarce in the dry season.

The Government had launched a national community water supply project with the aim of installing pure drinking-water supplies in all the provinces, involving some 50,000 communities. The work was being carried out jointly by the Departments of Health, Mineral Resources, Public and Municipal Works and Local Administration. Technical assistance had been received from WHO in the form of an adviser to assist in planning and design; UNICEF was expected to make an annual contribution for the years 1969 to 1971; and help had also been received from the US Agency for International Development in commodities, training and technical advice. His country was extremely grateful for the assistance given by those organizations.

Dr de COSTA (Portugal) said that he had observed some of the activities of the UNESCO Co-ordinating Council of the International Hydrological Decade and had noted that it was concerned only with quantity of water supplies. He wondered whether WHO could draw the attention of the Co-ordinating Council to the fact for public health that quality of water was far more important than quantity.

The CHAIRMAN said that the United States delegate had emphasized an important point, namely the need for the work of the different agencies to be co-ordinated. In Europe, for example, the Council of Europe, the Economic Commission for Europe, the Organization for Economic Co-operation and Development, FAO and UNESCO were all working on different aspects of the problem, but without co-ordination. He agreed that it would be normal for WHO, as the principal agency involved in the health aspects of environmental problems, to take the lead in co-ordination.

Dr IZMEROV, Assistant Director-General, said that co-ordination of international health work was the first of WHO's functions under Article 2(a) of the Constitution. Aspects of environmental health with which WHO was concerned included air pollution, water pollution, town and country planning, food sanitation, general sanitation, etc. In recent years considerable progress had been made in co-ordinating research. International and regional reference centres had been created. Reference centres had been set up in Zurich on wastes disposal, in London on air pollution and in the Netherlands on community water supply. It was hoped to establish a centre for co-ordination of research, exchange of information between countries and the publication of monographs and technical articles to keep Member countries informed of progress.
In reply to the delegate of Italy, he said that the WHO expert committees had devoted considerable attention to the questions of evaluation and the determination of standards for environmental quality—a difficult subject because it involved a combination of factors.

In reply to the delegate of Sweden, WHO and the Division of Environmental Health were in direct contact with the United Nations, the other specialized agencies and intergovernmental organizations on problems of environmental health. The Organization would, of course, play its part in the 1972 conference. Meetings of directors of divisions had been held early in the year to discuss WHO's participation, and a report on WHO's work on environmental health had already been sent to the United Nations Economic and Social Council.

With regard to the comments of the delegate of Portugal, he said that international standards for drinking water had been established in 1958. WHO conducted a periodic review of standards and was expected to carry out a new review in 1971.

Dr ATKINS, Director, Division of Environmental Health, thanked delegates for their valuable comments and suggestions which would all be taken into account in future activities. He shared the concern expressed by the Brazilian delegate at the removal of control of water supplies and other public health services from the health authorities. The subject was a matter of concern to many countries, especially in view of the great importance of the health aspects of water supply and pollution. An expert committee sponsored by WHO had met in June to establish guidelines and principles for inter-agency relationships. Health agencies should have sufficient participation in the leadership and co-ordination of environmental activities to ensure that the health aspects were properly taken care of. The expert committee had stressed that aspect.

He welcomed the progress being made in Thailand in planning a national water supply programme and stressed the importance of planning national programmes and implementing them project by project as and when feasible. The UNICEF Executive Board and the UNICEF/WHO Joint Committee on Health Policy had expressed the hope that UNICEF aid would be used on a project basis with the object of ultimately leading to a national programme on water supply and sanitation.

With regard to the Portuguese delegate's comments on UNESCO's activities on water supply, WHO participated as an observer in meetings on the International Hydrological Decade. Although the project was primarily concerned with quantity, a sub-committee on water pollution had recently been set up, with WHO acting as secretariat.

In connexion with the co-ordination of work by the different agencies, the Regional Committee for Europe had requested the Regional Director in 1968 to examine the desirability of a long-term programme on environmental pollution. A ten-year programme had been prepared in co-operation with the United Nations Economic Commission for Europe and other bodies and would be discussed at the forthcoming meeting of the Regional Committee.

Professor PACCAGNELLA (Italy) asked if there were any research projects on environmental pollution by pesticides.

Dr IZNEROV, Assistant Director-General, recalled a project carried out at one of the Italian universities.

Section 4.6 Public Health Services

Section 4.6.1 Public Health Administration

There were no comments.
Section 4.6.2 Health Laboratory Services

Dr GOMEZ (Ecuador) said that the National Health Institute was Ecuador's public health laboratory. It was responsible for the diagnosis of communicable diseases, quality control of food and drugs and the production of vaccines and immunizing agents. His Government was extremely grateful to WHO and to the Regional Office for the Americas for their valuable assistance, particularly in equipment and training.

Section 4.6.3 National Health Planning

Dr HEMACHUDHA (Thailand) said that his country was keenly interested in national planning and had been greatly helped by WHO and the United States Agency for International Development (USAID). Thanks to WHO, two health administrators from Thailand had attended an orientation course on economic planning at the Asian Institute for Economic Development and Planning in Bangkok in 1968, and had visited certain Latin American countries to observe national health planning practice there; another, with a fellowship from USAID, had attended a national health planning course at Johns Hopkins University. The orientation courses had convinced the authorities in his country of the vital importance of national health planning for developing countries, as a means of making the best use of limited resources. He hoped that it would enable the health authorities to defend their interests in the health sector and convince the economists of the value to health of proper economic planning.

With the help of the WHO Regional Office for South-East Asia and the Asian Institute for Economic Development and Planning, thirty senior health officials had been trained and it was hoped in the near future to establish a health planning unit at ministerial level. With WHO assistance, too, a start was being made on a health manpower study.

He wished to record his Government's deep appreciation to WHO and USAID for their valuable assistance, and its hope for continued support and advice in the future.

Dr IMAM (United Arab Republic) said that his country was interested in studies on methods of evaluating health services at the various levels and establishing parameters for ascertaining the degree of efficiency of the services in promoting health among the population. It was also interested in establishing performance rates for work done by technicians in health units in order to evaluate their work and determine the number of technicians required in the different health units.

Section 4.6.4 Organization of Medical Care

Dr BAUHOFER (Austria) said that the lack of integration of preventive and curative health services, which his delegation had mentioned at the Twenty-first Health Assembly, was still a problem in his country. He therefore welcomed the inclusion in the 1970 programme and budget of a joint ILO/WHO expert committee on personal health care and social security. The role of social security institutions in preventive medicine, and their co-operation and co-ordination with public health services was a major problem in many countries and a basic requirement for integrated health services. He looked forward to the results of the meeting of the expert committee.

Section 4.6.5 Nursing

There were no comments.
Section 4.6.6. Health Education

Dr ANOUTI (Lebanon) said that WHO and national health authorities were making great efforts to raise the level of health and, in so doing, had recourse to health education. He wondered, however, how far it was possible to explain health programmes to millions of people in developing countries and to convince them of the need for such programmes; and whether health education was really an effective means of promoting public health. The persistence of endemic foci of communicable diseases in a number of countries, the increases in the rates for infant mortality, food poisoning and accidents, indicated that health education was far from achieving its purpose among the mass of uneducated people. The failure was due to the people's ignorance.

It was constantly said that health education must precede and accompany all health measures involving co-operation by the population; it was also true that education should precede and accompany health education, in order that the latter should be fully understood. In that connexion he quoted from the section on health education in the Director-General's report for 1968 (Official Records No. 172, page 54), referring to the importance of schools in health promotion and WHO's activity in improving health education in schools.

Schools were important as the place for educating the new generation and offered the simplest and most suitable means of introducing the idea of public health to the population; WHO was invited to appeal to all developing Member States to increase their educational activities, and also to ask for the active participation of UNESCO and UNICEF in promoting the cultural development of those countries. While, however, it was difficult to promote health education among certain populations because of illiteracy it was also difficult to interest the health authorities of certain countries in health education because they were concerned with other matters that they considered more important.

The health services would be able to take their proper place in national development once the national authorities realized that public health was the basis of economic and social development. Hitherto the only factor that would arouse the interest of people and authorities was fear of epidemics. But that was only ephemeral and disappeared with the epidemic itself. A lasting understanding of health measures could only come from better education.

He commended the Director-General on his excellent report which was a source of inspiration and guidance on public health.

Dr AUJOUULAT (France) said that he had listened with keen interest to the delegate of Lebanon. He supported his views but did not fully share his concern and pessimism over the future of health education. It was undoubtedly difficult to devise methods of health education suitable for the mass of people, particularly where they were illiterate. Research was needed to find suitable forms of education for the different countries and the different regions of a single country. Nevertheless, he had the impression that considerable progress had been made in recent years, chiefly due to the support and initiative of WHO.

In 1968 a scientific group had met in Geneva to consider research in health education, and in particular methods of reaching people who could not be reached by the printed word, and who would have to be contacted either direct in small groups or by mass media, such as radio and television.

The delegate of Lebanon might be interested to know that the seventh conference on health and health education organized by the International Union on Health Education in co-operation with WHO, would shortly be held in Buenos Aires, the subject being problems of communication and their effect on behaviour. The purpose of the conference was precisely to determine the factors of active participation by the population in the defence and promotion of their own health, to ensure that the public cared for their own health instead of waiting for health to be brought to them.
He agreed that health education should be introduced in schools; in that respect considerable progress had been made in many countries.

The first problem was to persuade governments to give health education the necessary priority in their health programmes or their general planning. That was a more difficult task in the advanced than in the developing countries, since the advanced countries were accustomed to concentrating on medical care and hospitalization and were slow to adopt the idea of preventive medicine and public health. It was difficult to persuade them of the value and efficacy of health education and its value in bringing about a reduction in morbidity and consequently in public expenditure. The difficulty was to produce statistical proof, to quantify the value of health education. To that end a study on health education in the economy was being undertaken in a number of European countries, under the auspices of the European Health Education Committee, with a view to demonstrating the value of health education in bringing about the long-term savings at relatively small cost.

Dr TAYLOR (New Zealand) agreed with the delegates of the Lebanon and France on the importance of health education in schools. The subject was not an easy one, but it was often the best way of helping people to solve their health problems.

Dr IMAM (United Arab Republic) said that he, too, agreed with what the Lebanese and French delegates had said on health education. He would like to see a programme for public health trainees including the science of training and modern evaluation techniques; and a training programme for technicians on operation and maintenance of equipment and supplies in hospitals and public health laboratories, especially in the developing countries.

Section 4.6.7 Maternal and Child Health

There were no comments.

Dr KAREFA-SMART, Assistant Director-General, said that the ultimate aim of all WHO programmes was to provide the best facilities for the health of the people of the Member countries. All that had been said during the discussion would be taken carefully into account in planning programmes. He greatly appreciated the support expressed for the 1970 programme.

Section 4.7 Health Protection and Promotion

Section 4.7.1 Dental Health

Dr KAREFA-SMART, Assistant Director-General, suggested that item 2.7 of the Agenda - Fluoridation and dental health - be considered at the same time as the proposed programme and budget estimates for dental health.

Dr AUJOULAT (France) said that, after consultation with the sponsors of the draft resolution, the amendment proposed by the delegations of the Central African Republic, France and Italy had been withdrawn when the text of the draft resolution had been appropriately amended. The draft resolution before the meeting had been proposed by the delegation of the United Kingdom of Great Britain and Northern Ireland and was co-sponsored by the following delegations: Argentina, Australia, Brazil, Canada, Central African Republic, Ceylon, Chile, Cyprus, Czechoslovakia, Federal Republic of Germany, France, Ireland, Iran, Italy, Jamaica, Japan, Kuwait, Mexico, Netherlands, New Zealand, Norway, Panama, Poland, Romania, Sierra Leone, Singapore, Sweden, Switzerland, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Republic, United Republic of Tanzania, United States of America, Venezuela and Yugoslavia.

The text of the draft resolution was as follows:
The Twenty-second World Health Assembly,

Having considered the report of the Director-General on the fluoridation of water supplies presented in accordance with resolution EB43.R10;

Bearing in mind that dental caries is a widespread disease in many populations, and is becoming increasingly prevalent in many others;

Recalling that studies in several countries have consistently shown the prevalence of this disease to be markedly low whenever an optimal concentration of fluoride occurs naturally in water supplies;

Accepting the reports now coming from countries with experience of the procedure indicating that the adjustment of the fluoride content of water supplies to an optimal level is a practicable, safe and efficient public health measure;

Noting that other equally effective means are not available for conferring on whole populations the beneficial effects of fluoride on dental health;

Emphasizing that in the extensive scientific literature on the subject no valid evidence has been forthcoming of any ill effects on human health from the use of water supplies with an optimal concentration of fluoride;

Recognizing that several authoritative and independent inquiries conducted in a number of countries have all reached similar conclusions to the above; and

Recognizing further that for many populations the provision of potable water supplies is a first consideration,

1. THANKS the Director-General for his report;

2. RECOMMENDS Member States to examine the possibility of introducing and where practicable to introduce fluoridation of those community water supplies where the fluoride intake from water and other sources for the given population is below optimal levels, as a proven public health measure; and where fluoridation of community water supplies is not practicable to study other methods of using fluorides for the protection of dental health;

3. REQUESTS the Director-General to continue to encourage research into the etiology of dental caries, the fluoride content of diets, the mechanism of action of fluoride at optimal concentrations in drinking water and into the effects of greatly excessive intake of fluoride from natural sources and to report thereon to the World Health Assembly, and

4. REQUESTS the Director-General to bring this resolution to the attention of all Member States.

Decision: the draft resolution was approved unanimously.

Section 4.7.2 Occupational Health

The CHAIRMAN suggested that item 2.6 of the agenda - Health problems of seafarers and the health services available to them - should be considered at the same time as the proposed programme and budget estimates for occupational health. A report by the Director-General had been circulated in document A22/P&B/5.

Dr KAREFA-SMART, Assistant Director-General, said that one of the programme functions of the Occupational Health unit was to service the Expert Advisory Panels on Occupational Health and the Health of Seafarers. Following the leadership of the Scandinavian countries
particularly, considerable interest had been shown in the special problems of the health of seafarers, which had been discussed at various sessions of the Health Assembly and Board. Resolutions on the subject appeared in the Handbook of Resolutions and Decisions, tenth edition, pages 78-80. In resolution WHA21.23 the Twenty-first World Health Assembly had requested the Director-General to continue his study on those problems and the health services available to seafarers, with a view to finalizing the selection of at least two ports for the establishment of pilot centres for the health of seafarers; consulting with the authorities in the countries concerned and developing definite proposals for the operation of the pilot centres, including financial arrangements; and presenting specific recommendations to the Board and the Twenty-first World Health Assembly. The Director-General's report on that study had been discussed by the Executive Board at its forty-third session and was now transmitted to the Health Assembly, in Annex I of document A22/P&B/5. The summary record of the Board's discussion was reproduced in Annex II to the same document.

The report contained details of the ports which had been considered as possible sites for the establishment of pilot health centres for seafarers. The Executive Board had considered that WHO's assistance to any of the centres should not involve either capital or recurrent expenditure, but should be limited to consultant services and/or fellowships, or possibly a very modest grant if research activities were to be carried out. In the light of those discussions and of the situation in the countries studied, it was suggested that the ports of Auckland (New Zealand) and Gdynia (Poland) might appropriately be selected as being suitable to fulfil the objectives of the Assembly and because no financial obligations would be incurred by WHO.

Dr Marianne SILVA (Nigeria) said that, as could be seen in the report, the port of Lagos had been selected as one of the suitable sites for the establishment of a pilot health centre for seafarers. The consultant who had visited the other ports had been unable to visit Lagos because of the disturbances but the Chief of the WHO Occupational Health unit, who had attended a seminar in Lagos had been able to visit the port and make a recommendation. She noted that both the ports recommended for selection in the report of the Director-General were in developed countries. It would surely be advantageous that one of the two ports should be in a developing country. The siting of a pilot health centre for seafarers in Lagos would entail both capital and recurrent expenditure but it was likely that financial assistance could be obtained from shipping companies and other sources. She hoped, therefore, that consideration might be given to the possibility of selecting Lagos. She did not believe that a health centre for seafarers should provide medical services to dockers since the problems of the former only were of an international character.

Dr N'DIAYE (Senegal) said that the port of Dakar was an important centre of international traffic and it would be of great interest to his Government if a pilot health centre for seafarers could be sited there.

Dr SANDMO (Norway) said that the chief importance of the item under discussion arose not from the large number of seafarers but from the fact that they had no access to normal health services. As the size of ships increased and the ports of call became fewer, it was likely that there would be an increase of health problems amongst seafarers and, particularly, of mental health problems. If a seafarer wished to seek medical advice, particularly in the field of mental health, language could become an insurmountable barrier. In view of the large numbers of Norwegian merchant seamen, his Government had established health centres for them in Rotterdam, London, and Liverpool. Since seamen were usually young and in good physical health, they were not especially prone to disease but the risk of exposure to disease in foreign ports was inherent in their calling. He therefore supported the proposals of the Director-General.
Professor PENSO (Italy) said that he recognized the value of health centres for seafarers but, he reminded delegates, radio-medical stations of the type sponsored by his Government were able to give medical advice day and night in response to radio requests. The establishment of three or four more such stations throughout the world would be of great benefit to all seafarers on ships that did not carry doctors.

Dr LEMBREZ (France) said that his delegation was happy to express its satisfaction with the report of the Director-General. It would be extremely interesting for all maritime countries to receive information as soon as possible from the pilot health centres. There had been, for some time, considerable disquiet in maritime circles that seafarers were unable to have access, like other workers, to health services. He therefore had pleasure in supporting the proposals of the Director-General.

Dr KAREFA-SMART, Assistant Director-General, said that the Director-General was very much in sympathy with the views expressed by the delegates of Nigeria and Senegal regarding the desirability of siting a pilot health centre for seafarers in a port of one of the developing countries. However, it was the expressed wish of the Health Assembly that new projects involving capital and recurrent expenditure should not be undertaken without grave consideration. Information on the experience gained in the pilot centres would be made available to all, but the establishment and running costs of centres located in Auckland and Gdynia would not require any financial commitment on the part of WHO.

Dr HASAN (Pakistan) said that, as he understood it, an offer from any country to establish a pilot health centre for seafarers from its own resources would probably be accepted.

Dr N'DIAYE (Senegal) said that he would like to make it clear that he was not advancing the claims of Dakar to be a suitable site for a pilot health centre to the detriment of Lagos.

Dr AASHI (Saudi Arabia), Rapporteur, read the text of the following draft resolution;

The Twenty-second World Health Assembly,

Having considered the report of the Director-General on this subject pursuant to resolution EB43.R23 the Executive Board at its forty-third session,

1. THANKS the Director-General for his report, and

2. REQUESTS the Director-General to assist in the establishment of pilot centres for the health of seafarers in the ports of Auckland (New Zealand) and Gdynia (Poland) as recommended in the report.

Dr KOUROUMA (Guinea) asked whether a text of the draft resolution was available.

Dr BERNARD, Assistant Director-General, Secretary, said that the draft resolution had not been circulated but he would read the French text of it.

Dr KOUROUMA (Guinea) thanked the Secretary. He asked whether he had understood correctly that WHO would have no financial commitment in respect of pilot health centres located in the sites mentioned in the draft resolution.

Dr KAREFA-SMART, Assistant Director-General, said, in reply, that the commitment of WHO would be limited to the provision of consultative assistance and fellowships for training purposes. In reply to the observation made by the delegate of Pakistan, he said that if any country wished to establish and run, from its own resources, a pilot health centre for seafarers in one of its ports, the name of that port could also be included in the draft resolution.

Decision: The draft resolution was unanimously approved.
Section 4.7.3 Mental Health

There was no comment.

Section 4.7.4 Nutrition

Dr DAS (Nepal) said that the incidence of goitre amongst the population of the mountainous parts of his country created a grave health problem. He expressed gratitude to WHO for having sent a survey and research team to investigate the problem and looked forward eagerly to receiving its report.

Dr KOUROUMA (Guinea) said that nutritional problems which were of grave concern to his country had been the subject of an intergovernmental seminar organized by the United States of America in co-operation with the Government of Senegal. The conclusions of the seminar which were being studied by a scientific and technical committee in his country, would probably form the basis for a request for assistance from WHO and other agencies such as FAO.

Dr NALUMANGO (Zambia) said that malnutrition was a grave problem in his country which was being tackled with the assistance of WHO, UNICEF, FAO and the United Nations Development Programme.

Mrs SELLAMI (Algeria) said that a food substance, rich in proteins, had been developed in her country with the aid of UNICEF and FAO. It was called superamine and, when used at weaning, had given very good results. Her delegation would be prepared to give fuller information on request.

Section 4.7.5 Radiation Health

Section 4.7.6 Cancer

Section 4.7.7 Cardiovascular Diseases

There were no comments.

Section 4.4.6 Smallpox (continuation of the discussion started at the Committee's twelfth meeting)

The CHAIRMAN drew attention to the text, which had now been circulated, of the following draft resolution proposed by the delegation of India on the smallpox eradication programme:

The Twenty-second World Health Assembly,

Having considered the report of the Director-General on the smallpox eradication programme;

Noting that while very significant progress is being made in the eradication effort, not all endemic countries are proceeding at the pace necessary to assure the success of the eradication programme; and

Recognizing the need for full and active participation by all endemic countries, for the maximum of co-ordination, and for more complete and prompt reporting and improved surveillance techniques,

1. REITERATES the need for all countries to give the highest possible priority to the provision of funds and personnel to achieve eradication;

2. EXPRESSES appreciation to Member States for continuing support to the programme including the supply of vaccine and bilateral aid to the endemic countries;
3. REQUESTS

(1) all countries with endemic smallpox to strengthen their programmes, surveillance, case investigations, active containment measures in each outbreak, and assessment activities; and

(2) all countries, especially those neighbouring endemic countries, to continue their vaccination programmes and surveillance;

4. REQUESTS the Director-General:

(1) to continue to take all necessary steps to assure the maximum co-ordination of national efforts as well as support provided through international and bilateral agencies with the objective of achieving smallpox eradication as quickly as possible; and

(2) to report further on the progress of the smallpox eradication programme to the World Health Assembly and to the Executive Board.

Dr FELKAI (Hungary) proposed the inclusion of the word "next" before the words "World Health Assembly ..." in paragraph 4 (2) of the draft resolution.

The SECRETARY said that, if the purpose of the amendment was to ensure that a progress report was made to the Twenty-third Health Assembly, the sub-paragraph in question would have to be redrafted since such reports were submitted to the Executive Board before being submitted to the Health Assembly.

Dr KOUROUMA (Guinea) said that his Government was most grateful for the assistance provided by WHO and UNICEF in the establishment of three vaccine-producing centres for Africa in Nigeria, Kenya and Guinea. He wondered whether the delegation of India would be prepared to insert some recognition of this assistance in the preamble to the draft resolution.

Dr NOVGORODCEV (Union of Soviet Socialist Republics) asked the delegate of Hungary whether he would agree to change slightly his own proposed amendment to paragraph 4 (2) of the draft resolution to read:

(2) to report further on the progress of the smallpox eradication programme to subsequent sessions of the World Health Assembly and the Executive Board;

Since it was in the process of development, the programme should be considered not merely at the Twenty-third World Health Assembly, but at all Health Assembly and Executive Board sessions during the next few years.

Dr AL-AWADI (Kuwait) said that he would like to see some reference in the text of the draft resolution to the problems created by nomads.

At the request of the CHAIRMAN, Mr SAKASEMA (India) said that he would meet with the delegates who had proposed amendments to the draft resolution in order to try to prepare a finalized draft which would take their observations into account.

Dr N'DIAYE (Senegal), referring to the remarks of the delegate of Guinea, said that the Institut Pasteur of Dakar was also a vaccine-producing centre for Africa.

Dr LEKIE (Democratic Republic of the Congo) said that he did not think there was any need to list the vaccine-producing centres in Africa.
Dr OBAME NGUEMA (Gabon) agreed with the previous speaker.

Dr KOUROUMA (Guinea) said that he would not insist on the inclusion of a list of vaccine-producing centres for Africa; he simply wished to focus attention on the international assistance provided to Africa which was an endemic area of smallpox.

It was agreed to defer further consideration of the proposed resolution until a later meeting.

Section 4.4.8 Veterinary Public Health (continuation of the discussion started at the Committee's twelfth meeting)

The CHAIRMAN invited consideration of the following draft resolution on socio-economic consequences of the zoonoses which had been proposed by the delegation of Indonesia at an earlier meeting and was now available in writing:

The Twenty-second World Health Assembly,

Considering that the zoonoses are recognized as one of the major health problems in most countries of the world, affecting the health and well-being of millions of human beings, preventing the efficient production of food and impeding economic development,

Considering that the zoonoses affect all peoples and result in a great waste of resources, both human and animal, much of which could be prevented by modern technology,

Considering that the socio-economic consequences of continued losses due to the zoonoses may prevent normal growth, development and improvement; and

Considering that all countries are concerned with the control and prevention of the zoonoses, and that the countries themselves have to determine the magnitude and socio-economic consequences of the problem,

1. RECOGNIZES the importance for each Member State of surveying and evaluating the importance of the zoonoses and the relative priority which that group of diseases should receive in national planning for socio-economic development;

2. CONSIDERS it desirable that WHO and FAO should collaborate in preparing methodology and criteria to be used by Member States in carrying out the necessary surveillance and evaluation; and

3. REQUESTS the Director-General to consult with the Director-General of the Food and Agriculture Organization concerning this proposed joint endeavour, and to report his findings and recommendations on the matter to the forty-fifth session of the Executive Board.

Dr AUJOULAT (France) said that he had no comments to make on the substance of the draft resolution since he fully agreed with the importance of its subject but he had some doubts with regard to the phrasing of operative paragraph 2. He was not clear as to what evaluation was meant. If it related to the means of surveillance used, the same methodology and criteria might be valid for both, but if the evaluation had a wider scope such as the magnitude of zoonoses and the value of the preventive measures taken against it, it might be desirable to alter the drafting in order to cover that. He further pointed out that the French version of operative paragraph 3 should be amended to read:

"Demande au Directeur-General d'entreprendre des consultations avec. . .""

Professor PENSO (Italy) supported the draft resolution but said that it was necessary to be quite clear as to what exactly was meant by zoonoses. The draft resolution appeared
to refer only to diseases of domestic animals but zoonoses covered all diseases of animals which were communicable to man. The draft resolution should therefore specify to which type of zoonoses it referred.

Professor KOSTRZEWSKI (Poland) said that he had been about to ask the same question as the delegate of Italy. Zoonoses was a very broad field and he wondered whether the Indonesian delegate intended the draft resolution to cover the entire field or to be limited to domestic animals. Such a limitation might be undesirable because of the importance of rabies in wild animals. He suggested that some more specific term such as anthropozoonoses might be employed.

Dr DAS (Nepal) said that he thought the drafting of the third considerandum might be improved.

Dr KOUROUMA (Guinea) said that history had demonstrated that viruses previously limited to animals might eventually after a lapse of some centuries become transmissible to man. It was therefore necessary to be cautious in the use of neologisms such as anthropozoonoses.

The CHAIRMAN suggested that the delegate of Indonesia should consult informally with the delegates who had made comments on the draft resolution so as to produce a revised text.

It was so agreed.

Section 4.8 Education and Training

The CHAIRMAN suggested that section 4.8 on Education and Training should be considered as a whole.

Dr KOUROUMA (Guinea), speaking on the policy to be followed in professional education and training said that he would like to stress the new orientation which should be given to the education of middle-grade health personnel in African countries. He referred to the recommendation on the subject adopted by the Rural Health Seminar held at Enugu in 1963. The problem was that the public health institutes of public health which had been set up functioned generally in the socio-economic context of developed countries. Hence, the technicians from developing countries trained in those institutes either did not return to their own countries or returned with a training which did not adequately prepare them for the situation they had to face in a less developed country. What was required by the developing countries was on-the-spot training for auxiliary personnel and to achieve that was not always easy in view of the difficulties of bilateral intergovernmental co-operation.

In his view, the provision of suitable training facilities would be rendered easier by the adoption by WHO of a new modernized definition of public health, stressing its economic aspects, so that technical personnel would not devote the majority of their time to training in unnecessary specialities. The time had come for WHO to reconsider those key questions. Another vital question which required further study was that of children's protection and the age to which it should be extended. In conclusion, he emphasized that the African countries needed clarification on questions of health doctrine which were essential to the training of auxiliary personnel.

Dr AL-AWADI (Kuwait) expressed his country's gratitude to WHO for the assistance which had been given in establishing a medical school. He drew attention to the difficulties arising as a result of the constant changes in theories of medical education and suggested that WHO should set up more co-ordinated programmes, subject to periodic revision, to assist countries with recently established schools of medicine.
Dr ALAN (Turkey) said that in Turkey two universities had already adopted a programme for teaching integrated medicine which was different from the classic educational method and was designed to train medical students for the tasks which would await them, and expressed gratitude to WHO for the support it was giving to the new programme. The second faculty of medicine of Istanbul University which had recently established a Chair of Public Health, was experiencing difficulties in finding teachers who could teach the new system of integrated medicine. He therefore urged that WHO should devote more consideration to the question of training such teachers. There was also, in Turkey, for post-university studies, a School of Public Health which had been in existence since 1958. Much still remained to be done to develop the School so that it might become a research as well as a teaching institution and he thanked WHO for its support in that connexion.

Dr AUJOULAT (France), referring to the delegate of Guinea's remarks, said that he did not quite understand why a new definition of health should be necessary to re-orientate medical education and teaching methods. The present definition of health adopted by WHO had required considerable effort to perfect, it appeared quite adequate, and was widely quoted.

He agreed with the desirability of training as many doctors as possible in the developing countries themselves. It was well recognized in European universities that the training provided to African medical students was not an adequate preparation for practice on their return to their countries. However, the fact that such doctors received their medical education abroad did not mean that large numbers of them remained abroad. He had recently done a survey for the WHO Regional Office for Africa on what became of African students who had trained in France and found that the figures so frequently cited did not correspond to the reality. Many such students took up to ten years or even longer to complete their medical studies but in the end the vast majority of them returned if not to their native country at least to some part of Africa.

Commenting on the assistance which WHO might give to university and educational institutes in the developing countries, he pointed out that the fact that old-established universities in the more advanced countries were currently obliged to re-examine and adjust their teaching methods and programmes meant that there was a wonderful opportunity for the newly independent countries to experiment with new educational systems better adapted to their needs. It must be remembered that present and future generations of doctors would be called upon to fulfil a new social function and to act not so much as individual practitioners but as members of the health teams which would constitute the basis of medicine in the future.

Dr N'DIAYE (Senegal) said that, as a result of the wave of student unrest in May 1968, his Government, like many others, had been compelled to undertake educational reform. It had set up a commission for the reform of medical education which had defined the type of doctor required in that part of the world, namely, a highly competent general practitioner capable also of working in hospital and of teaching at university level. The commission had also emphasized the need for training sanitary engineers and auxiliary personnel. Education and training were a subject of vital importance to the developing countries, since they were the only thing which would enable them to achieve their full development potential. Some difficulties had, however, arisen in the case of young persons educated abroad whose qualifications were sometimes not recognized even in the countries in which they had been trained. While he did not wish at that stage to discuss the equivalence of medical degrees in different countries, he would urge the countries which were good enough to help in training personnel from the developing countries to ensure that they were given a really suitable education.

Dr BEDAYA N'GARO (Central African Republic) said, in connexion with section 4.8.3 on the training of auxiliary personnel, that he had been particularly impressed by the Turkish delegate's remarks concerning the importance of the training of medical teachers. The task of the teaching staff was rendered particularly difficult because of the new ideas and new
teaching methods which had emerged since they had been trained. Thus considerable difficulties arose, particularly in the case of auxiliary health personnel who often had a very low standard of general education. There was an increasing trend among the African countries to train staff at home, but that would involve a risk that the standard of education would not be so high and that teaching ideas and methods current in the more advanced countries would be disregarded. He therefore suggested that it would be useful if WHO could organize more frequent seminars for those responsible for the training of auxiliary health personnel to familiarize them with new ideas in the field of public health.

Dr BAHRI (Tunisia), referring to section 4.8.2 on undergraduate education, directed attention to the lack of French-speaking teachers in preventive medicine and asked whether it would not be possible for the French-speaking countries, with WHO assistance, to make available larger numbers of such teachers.

Dr UGARTE (Chile) said that the discussion which had taken place on the training of medical and auxiliary staff had been extremely valuable. His delegation agreed with the definition of health adopted by WHO but pointed out that it was difficult to apply in evaluating the level of health of a population, since it was almost impossible to measure the concept of well-being.

One of the greatest problems involved in professional training arose from the fact that it was in a state of permanent change. Those teaching medicine at present had been trained by a generation which had had different health problems and concepts and the same would apply to those now being taught when they came to teaching in their turn. In his country, the concept of integrated medicine was considered fundamental and no distinction was made between private and public health. In private health, the patient was an individual or a family group, while in public health the patient was the whole community. In Chile in recent years, emphasis had been placed on training outside the hospitals and students were taken out into the field to study the family group and see the effects of the patients' background and economic and social circumstances on disease. He therefore believed that WHO should help to stimulate the teaching of integrated medicine, not only to doctors, but to all other health technicians.

Dr KOUROUMA (Guinea) said that the French delegate's remarks in connexion with his previous statement had beenoccasioned by a slight misunderstanding. When he had said that a new definition was necessary, he had meant a definition not of health but of public health. Public health had been defined many years previously, even before the establishment of WHO, by Dr Winslow, and another definition had been proposed in 1963 at the seminar on rural health in Enugu, but the time had now come to reconsider those definitions.

He could not agree with the statement by the delegate of France that the majority of health personnel trained abroad returned to their countries with adequate training.

His country had made great efforts to train middle grade personnel and had met with some success in that field but it was suffering a critical shortage of doctors. A medical school had recently been set up in Guinea and it was hoped that it would eventually produce an adequate supply of personnel trained to the conditions existing in their country, but in the meantime there were many Guinean students who had been abroad for more than ten years and who had completed their medical training, but who had not returned to Africa. It was not true that in the majority of cases doctors returned to their own countries after training. There were, however, considerable benefits to be derived from the exchange of personnel for medical training. In that connexion, he enlarged upon the example of co-operation and assistance met by Europe and the United States of America in which many American doctors had gone to Europe for training at the beginning of the century and had subsequently returned there after the second world war to bring the benefit of their experience in social paediatrics to Europe. There was no doubt that the African countries would eventually emerge into a stage of much greater development; in the meantime they were appealing for aid in medical training to their friends from the affluent countries.
Dr DAS (Nepal) said that the education and training of medical personnel was of paramount importance. In Nepal, there was only one doctor per 40,000 inhabitants. His Government was therefore grateful to WHO for its aid in training the auxiliary health workers and auxiliary midwives upon whom its health services had to rely. The number of nurses in the country was also very small and not enough girls were coming forward for training since the standard of female education was very low. A third training school for auxiliary nurse midwives had recently been opened with WHO's aid.

Dr MARTÍNEZ (Cuba) said that in the last decade the emphasis placed on the teaching of medicine in his country had changed. Preventive medicine was now being taught as an integral part of clinical subjects and from the beginning of his studies the student was brought into contact with the social problems which he would meet in the practice of his profession. The establishment of the rural medical service had constituted a tremendous advance since service therein helped to consolidate the social conscience of the newly graduated doctors. Doctors were sent from Cuba to all parts of the world to complete their medical training. There were currently nine doctors per 10,000 inhabitants in Cuba and it was hoped that by 1975, the ratio would be one doctor per 750 inhabitants. In the last ten years more than 20,000 professional health personnel had been trained but in increased training facilities numbers would be required to meet future needs.

The meeting rose at 12.30 p.m.