



COMMITTEE B

COMMITTEE B

INDEXED

PROVISIONAL SUMMARY RECORD OF THE SEVENTEENTH MEETING

Palais des Nations, Geneva
Thursday, 21 May 1970, at 9.55 a.m.

CHAIRMAN: Dr C. K. HASAN (Pakistan)



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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 3 July 1970.

1. REPORT ON RESERVATIONS TO THE INTERNATIONAL HEALTH REGULATIONS: Item 2.5 of the Agenda (Resolution WHA22.46, Documents A23/P&B/15, A23/B/WP/2 and A23/B/Conf.Doc. No.19) (continued)

The CHAIRMAN invited the Committee's attention to the following draft resolution which had been prepared by the working group of the Committee, and consisting of the delegations of Australia, India, Malaysia and Pakistan, set up on 15 May 1970 to consider the reservations to the International Health Regulations:

The Twenty-third World Health Assembly,

Having considered a report on the rejections and reservations to and comments on the International Health Regulations submitted by governments,

1. ADOPTS the report;
2. REQUESTS the Director-General to transmit it to all governments;
3. REQUESTS the Director-General to prepare, as soon as possible after the entry-into-force of the Regulations, a statement for the information of governments, showing:
 - (1) those governments which are bound by the Regulations without reservation or with reservations submitted by them and accepted by the Health Assembly;
 - (2) those governments which are not bound by the Regulations by virtue of rejection or of a reservation which has not been accepted by the Health Assembly and which has not been withdrawn by the government concerned; and
4. REQUESTS the Director-General to transmit the comments on the text of the Regulations to the Committee on International Surveillance of Communicable Diseases.

Dr SENCER (United States of America) said that in view of the danger of the spread of yellow fever, about which the delegates of India and Pakistan had expressed concern at the previous meeting, it was important that there should be a better definition of infected areas. To ensure that the Organization took action to obtain a more accurate definition of endemic areas, he proposed the addition to the draft resolution of a fifth operative paragraph, which he thought would help governments of countries concerned with yellow fever to accept the new International Health Regulations. It read:

5. REQUESTS the Director-General within the next three years to consult with countries in the yellow fever endemic zones as originally delineated by WHO in the International Sanitary Regulations as well as in the receptive areas in order that the infected areas can be accurately defined.

Dr CAYLA (France) asked what would be the exact position of the second group of Member States mentioned in operative paragraph 3 (2) in the event of the adoption by the Health Assembly of the draft resolution, as amended.

Mr GUTTERIDGE, Legal Adviser, explained that the Director-General would notify the decision of the Health Assembly to all Member States. In the case of a State not bound by the Regulations by virtue of the Health Assembly, not having accepted a reservation or of its acceptance in a modified form not being acceptable to the State concerned, under Article 101, section 5 of the Regulations (Official Records, No. 176, page 55), the Regulations would not enter into force with respect to that State. But any existing conventions, regulations and similar agreements, to which the State was already a party, would remain in force as far as that State was concerned. Those regulations would include the International Sanitary Regulations adopted in 1951 and amended in 1955, 1956, 1960, 1963 and 1965. As States with reservations relating to yellow fever were at present bound by the 1951 Regulations, as amended, those Regulations would remain in force, for any such State, with any reservations already made and accepted by the Health Assembly.

Dr CAYLA (France) thanked the Legal Adviser for his opinion and said that, in the light of that explanation, he would support the draft resolution, as amended.

Dr GRANT (Ghana), Rapporteur of the working group, suggested that, as the definition of the infected area was a matter for the State or States concerned, the countries in the endemic zone should be consulted in order that the infected zone could be accurately defined, the word "zone" replacing the word "areas" in that context.

Dr ROUHANI (Iran), referring to paragraph VIII of the working group's report (document A23/B/WP/2), expressed his regret that the reservations submitted by his Government to Articles 62 to 71 and Article 95 of the International Health Regulations had not been received in time for consideration by the working group. The reservation on Article 95, in particular, was due to a major difficulty involving the national legislation.

In reply to Dr Grant, Dr SENCER (United States of America) explained that his intention was to enable the Director-General to assist Member States, at their request, in actually delineating the infected areas.

In reply to the delegate of Iran on the legal aspects of his difficulty, Mr GUTTERIDGE, Legal Adviser, said that, in international law, when a State was bound by an international instrument, it was expected to bring its national legislation into line with its international commitments.

- Decisions:
- (1) The amendment proposed by the United States delegation was approved.
 - (2) The draft resolution, as amended, was approved.

The CHAIRMAN thanked the Chairman and members of the working group for their work.

2. DISINSECTION OF AIRCRAFT: Supplementary agenda item 1 (Documents A23/P&B/12 and Add.1 and A23/B/Conf.Doc. No.20)

The CHAIRMAN invited the Committee's attention to the Director-General's report which was contained in document A23/P&B/12 and brought up to date by Addendum 1. The proposal was to postpone for one year the effective date of the installation of the vapour disinsection system and to accept the "blocks away" disinsection method as an interim measure in addition to disinsection on the ground on arrival, as the "blocks away" method had not been fully practicable and effective in large aircraft.

Introducing the item at the CHAIRMAN's request, Mr WRIGHT (Vector Biology and Control) informed the Committee that seventy-four Member States had so far accepted the recommendation by the Twenty-first World Health Assembly, in resolution WHA21.51, that the only methods approved by WHO for the disinsection of pressurized aircraft in international passenger and freight traffic should be vapour disinsection in flight or aerosol disinsection on the ground on arrival. But, in view of the difficulties referred to in the second paragraph of the Director-General's report, there seemed to be no alternative but to recommend postponement of the effective date for perhaps a year. It was essential, however, that an interim measure be recommended and the Director-General had made the suggestion mentioned by the Chairman. The International Air Transport Association (IATA) and some national air transport associations, fully recognizing the importance of aircraft disinsection in the prevention of the spread of disease vectors, were prepared to do everything possible to ensure that the "blocks away" method would be applied conscientiously during the interim period. WHO would work closely with governments, the International Civil Aviation Organization (ICAO), aircraft manufacturers and airline operators towards finding a solution to the technical and administrative problems as soon as possible and would submit a further report to the Twenty-fourth World Health Assembly. A draft resolution, reading as follows, was suggested for the Committee's consideration:

The Twenty-third World Health Assembly,

Having considered the difficulties which have arisen concerning the installation of the vapour disinsection system in operating aircraft in terms of the resolution of the Twenty-first World Health Assembly, WHA21.51 of 24 May 1968,

Reaffirming the advantages of the vapour disinsection system,

1. URGES that action be taken to resolve these difficulties as soon as possible;
2. DECIDES that the effective date for implementation of vapour disinsection be postponed by one year, i.e. to 31 December 1971;
3. RECOMMENDS to Members

(i) that in the interim period the "blocks away" disinsection method and aerosol disinsection on the ground on arrival be the approved methods for aircraft disinsection;

(ii) that every effort be made by health administrations to ensure that during this interim period the "blocks away" method is applied as effectively as possible.

The CHAIRMAN informed the Committee that the delegations of the Federal Republic of Germany, India, Kuwait, New Zealand, Pakistan, Sweden, the United Kingdom of Great Britain and Northern Ireland and the United States of America had prepared a draft resolution which read as follows:

The Twenty-third World Health Assembly,

Having considered the difficulties which have arisen concerning the installation of the vapour disinsection system in operating aircraft in terms of the resolution of the Twenty-first World Health Assembly, WHA21.51 of 24 May 1968;

Reaffirming the advantages of the vapour disinsection system,

1. URGES that action be taken by the Organization in collaboration with the International Civil Aviation Organization to resolve these difficulties as soon as possible and report back to the Twenty-fourth World Health Assembly;
2. DECIDES that the effective date for initiation of implementation of vapour disinsection be postponed by one year, i.e. to 31 December 1971; and
3. RECOMMENDS to Members

(i) that in the interim period the "blocks away" disinsection method and aerosol disinsection on the ground on arrival be the approved methods for aircraft disinsection;

(ii) that every effort be made by health administrations to ensure that during this interim period the "blocks away" method is applied effectively.

Dr SENCER (United States of America) said that, having considered the views of ICAO as contained in the addendum to the Director-General's report, the United States delegation would support the draft resolution proposed by the delegation of the Federal Republic of Germany and others, which differed little, in any case from the one suggested by the Director-General.

Since the major aircraft manufacturer, mentioned by ICAO in section 4 of its statement of views was situated in the United States of America, he would like to comment on the ICAO doubts regarding the safety, from the airworthiness and toxicological points of view, of the use of dichlorvos as proposed.

As regards airworthiness, a study had been carried out by a single manufacturer, under laboratory conditions that did not simulate actual situations. The manufacturer had reported some pitting of unprotected aluminium surfaces but that had not been confirmed in other laboratories and, in fact, there had been no evidence of it in an aircraft that had been equipped with the vapour disinsection system.

As regards the toxicological safety of the use of dichlorvos as proposed, he suggested that ICAO was probably not aware of the very considerable amount of published information available. He expressed his surprise that ICAO, having been represented at WHO meetings from 1967 onwards where that information had been provided, had not made known its doubts before 11 May 1970. Similarly, its concern over the publication of engineering specifications (section 7 of the ICAO statement) was also belated since they had been distributed to Member States for their guidance in 1968.

In the light of past experience of the working of the "blocks away" method and of its shortcomings in practice, he thought that if health authorities were to take advantage of ICAO's assurance that it would "do all in its power to ensure the optimum application of this technique in international air transport", by notifying ICAO of the many instances in which that did not take place, the many hundreds of such notifications which ICAO would then receive would incline that organization to greater sympathy for problems of health and less preoccupation with inter-organizational jurisdiction.

The United States airworthiness and health authorities had already started the work needed to satisfy any doubts about the safety of the vapour disinsection system and his Government would supply the Organization and ICAO with the results promptly, in line with the first operative paragraph of the second draft resolution before the meeting.

He appealed for prompt action by all bodies as the risks of spreading vector-borne diseases would admit of no delay.

Dr CAYLA (France) said that his delegation welcomed the draft resolution since his Government would have been obliged to make reservations to the International Health Regulations if the problems that had arisen with regard to the vapour disinsection system had not been discussed.

Turning to the text of the resolution proposed by the delegation of the Federal Republic of Germany and other delegations, he noted that by operative paragraph 2, the application of the vapour disinsection system was to be postponed for one year, although, under operative paragraph 1, action to resolve the difficulties that had arisen concerning the system was to be taken "as soon as possible" and a report was to be made to the Twenty-fourth World Health Assembly. In the circumstances he wondered whether it was wise to set a definitive date and whether operative paragraph 2 should not be amended to suggest that more than one year - perhaps even two or three years - might be needed to resolve the difficulties that had arisen.

Dr BOXALL (Australia) said that his delegation would accept the dichlorvos in-flight disinsection system only when it became a practical proposition. In the meantime Australia would apply spraying of aircraft on arrival. His Government could not accept the "blocks away" method as supervision by trained health personnel was required to ensure its effective application.

Dr KENNEDY (New Zealand) expressed his disappointment at the circumstances which made it necessary to postpone the effective date for starting implementation of the decision by the Twenty-first World Health Assembly regarding in-flight vapour disinsection. His delegation was confident, however, the close co-operation between WHO and ICAO would resolve the current difficulties as it had done others.

Professor GIANNICO (Italy) recalled that, during the detailed discussions at the Twenty-first World Health Assembly of the methods to be recommended by WHO for aircraft disinsection, doubts had been expressed about the introduction of the system which - it was held - was advantageous from the point of view of efficacy, but had not been sufficiently tested for safety.

As ICAO had requested a postponement of the application of the WHO recommendations for vapour disinsection, on account of the possible corrosive action of dichlorvos and misgivings about its toxicological safety, his delegation was also in favour of postponements for as long as was necessary to dispel any such misgivings.

As regards the text of the draft resolution proposed in the Director-General's report, he fully agreed with the substance but pointed out that there was no indication in the first operative paragraph of the body or bodies that were to take action to resolve the difficulties. On that point he preferred the wording of the draft resolution sponsored by the delegation of the Federal Republic of Germany and others. He also agreed with the delegate of France that it would not be wise to decide on a date for implementation, since time had to be allowed not only for further study but for the actual installation of the system in pressurized aircraft. He therefore suggested postponement without mention of any date.

Dr BULEY (International Civil Aviation Organization) said that the views of ICAO had been fully explained in the addendum to the Director-General's report.

In reply to the delegate of the United States of America, he informed the Committee that it was only within the past few weeks that ICAO had been able to take an interest in the technicological aspects of vapour disinsection. Previously its interest had been in facilitation only.

He paid tribute to WHO and all concerned for their helpfulness to ICAO on the problems it had felt obliged to raise at an admittedly late stage. Personally and as representative of ICAO, he fully supported the draft resolution proposed by the delegation of the Federal Republic of Germany and others. If it was adopted by the Health Assembly, his organization would work with WHO and others to overcome the difficulties at the earliest possible date and find a way to introduce the vapour disinsection system in a manner satisfactory to all concerned.

Mr BONHOFF (International Air Transport Association) recalled that the dichlorvos system had been developed by WHO over a number of years with the co-operation and assistance of the airlines. So long as there was any doubt as to the technical acceptability of dichlorvos for use in aircraft, there could be no support for its application. Consequently, the International Air Transport Association (IATA) considered it essential, before setting a date for application, to develop a safe and automatic disinsection system, to evaluate all the technical aspects and to secure the opinion of medical and technical experts as to the time needed to install the system in new and existing aircraft. Only then should target dates be defined. He assured the Committee that IATA fully appreciated the importance of aircraft disinsection and would do its utmost to ensure that the blocks-away method was conscientiously performed in accordance with the standards laid down by WHO.

Dr AL-WAHBI (Iraq), associating himself with the United States delegate's remarks, recalled that the International Committee on Quarantine had laid stress on the need to find a speedy and effective solution to the problem of aircraft disinsection. Also, as members would have heard during the discussion on item 2.5 of the agenda, some of the reservations expressed with regard to the International Health Regulations had been directly concerned with disinsection. He could not therefore agree to the deletion from the draft resolution of the reference to a time limit. The Committee, in his view, was duty-bound to take a decision on the matter as soon as possible.

Dr SENCER (United States of America) remarked that the introduction of effective health measures of the type proposed had been postponed on more than one occasion in the past. Now, as one who spent a great deal of time on aeroplanes and therefore had a special interest in their safety, he was anxious to see a target set for installing the dichlorvos system of disinsection. The Twenty-fourth World Health Assembly could always change the date if necessary but, in the meantime, the Committee should clearly declare its intention by formally agreeing a date for the introduction of the system, on the understanding that the report thereon confirmed its safety. After all, there was no guarantee that the "blocks-away" method would be correctly applied.

Dr ALAN (Turkey) recalled that, at the Twenty-second World Health Assembly, his delegation had been assured that any country having difficulty in applying aircraft disinsection measures could apply to WHO for a postponement of the date of application. The matter had nonetheless been brought before the Health Assembly again.

Since there was a certain degree of risk involved in the method proposed, he considered it essential, before deciding on the date of application, to make further studies with a view to ensuring that there was no danger either to the passengers, or particularly to members of the crew who would perhaps be the most exposed.

Dr AVILES (Nicaragua) said that, in Central America, aircraft were disinsected in flight approximately ten minutes before landing. He had noted, however, that as a result some passengers suffered from allergic reactions - such as inflammation of the eyes, shortness of breath and anxiety symptoms - to such an extent that, on occasions, he had had to come to their assistance personally. The in-flight disinsection measures applied in Central America did not appear to be effective and he considered that they should be discontinued until an insecticide that did not provoke such reactions was available. The need for aircraft disinsection was nonetheless fully recognized in his country.

Dr OLGUÍN (Argentina) said his delegation attached the greatest importance to aircraft disinsection in view of the present situation with regard to international traffic. Since doubts had arisen as to the safety of the vapour method of disinsection in flight, he suggested that detailed research be carried out to ascertain whether dichlorvos did indeed cause adverse reactions and, if so, whether some other method could be found that did not produce such reactions. That dichlorvos was highly effective had been shown in technical reports on the matter, so there was every reason for developing its use. He therefore supported the draft resolution proposed by the delegation of the Federal Republic of Germany and other delegations, setting a new date for the implementation of the vapour disinsection system and calling for co-operation in the meantime between WHO and other responsible agencies. The fixing of a time limit would reinforce the provision of the first operative paragraph and ensure quick action.

Dr BOXALL (Australia), referring to the draft resolution proposed by the delegation of the Federal Republic of Germany and other delegations, suggested that, to meet the concern expressed by certain delegations, the words "subject to the solution of the technical difficulties" be added after the words "DECIDES that", in the second operative paragraph.

Dr CAYLA (France) agreed on the need for further studies before taking a decision: the Health Assembly should not commit itself to the use of any procedure whose safety was still in the least doubt. He therefore supported the amendment proposed by the delegate of Australia, which clearly indicated that the postponement was only temporary and that the question would be re-examined. If further studies did not result in a solution by the time the Twenty-fourth World Health Assembly met, then the date of application of the system would have to be postponed again but at least the Assembly would be in a better position to take a decision.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) proposed, as a further amendment to that proposed by the delegate of Australia, namely that, for the sake of clarity, the second operative paragraph of the draft resolution be reworded to read:

2. DECIDES that the effective date for initiation of implementation of vapour disinsection be postponed and, subject to the solution of the technical difficulties, shall be 31 December 1971; and

Dr BOXALL (Australia) accepted that proposal.

The CHAIRMAN said that, in the absence of any objection, he took it that the amendment proposed by the delegate of Australia, as further amended by the United Kingdom delegate, was acceptable to the sponsors of the draft resolution.

He then put the draft resolution to the vote.

Decision: The draft resolution, as amended, was approved by 73 votes to none, with one abstention.

3. GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD: Item 2.15 of the Agenda (Resolution EB45.R15; Official Records No. 181, Annex 7; Document A23/B/Conf. Doc. No. 21) (continued)

The CHAIRMAN invited consideration of the following draft resolution which had been prepared by the working party set up at the previous meeting and composed of the delegations of the Netherlands, Norway, Poland, the Union of Soviet Socialist Republics, the United Kingdom of Great Britain and Northern Ireland, and the United States of America:

The Twenty-third World Health Assembly,

Having considered the stage reached in the preparation of the fifth general programme for a specific period and the recommendations of the forty-fifth session of the Executive Board on the subject:

Recalling the conclusions of the technical discussions at the Eighteenth World Health Assembly on the necessity for long-term planning of health programmes;

Confirming resolution WHA21.49 on long-term planning in the field of health, resolution EB43.R19 on the importance of the integration of national, regional and global planning in the development of the programme of the Organization on a long-term basis, and resolution WHA22.53 stressing that realistic long-term planning of WHO's programme is dependent in large measure upon methodical health planning at the national level and recognizing the necessity of preserving flexibility to adjust programmes in the light of changes affecting the needs of the Organization and its Members;

Recalling also WHA22.53, part I, operative paragraph 9, requesting the Director-General to ask Member States to send to WHO their observations and recommendations on questions of long-term planning in the field of health and the establishment of a new general programme of work of WHO; and

Taking into consideration that these observations and recommendations will be considered by the regional committees in September 1970,

1. DECIDES to extend by one year the fourth general programme of work of WHO;
2. DEEMS it necessary to prepare the fifth general programme of work of the Organization covering the period 1973-1977 inclusive, taking into account the changes of priorities in national and international health problems and possible new trends in WHO's work which have emerged in recent years;
3. DEEMS it also necessary to proceed to the extent possible to prepare long-term projections and forecasts of the work of the Organization covering a more protracted period, with due regard to the forecast of scientific, technological, social and economic development up to the end of the twentieth century being prepared by a number of countries and international organizations, also to the desirability of defining the most probable lines of development of medical research and practice and of the possible role of the Organization in resolving major world health problems in the future;

4. DRAWS special attention to the following important functions of the Organization laid down by its Constitution and in the decisions of previous Health Assemblies, which must be taken into account in the preparation of the fifth general programme and of long-term projections and forecasts for the work of the Organization;

(a) analysis and evaluation of information on the state of health of the world population and on environmental health (the preservation and improvement of which is vital to the health and life of the present generation and of future generations) with a view to identifying general trends in the world health situation and to evolving a strategy in regard to the most promising ways of developing health services and medical science;

(b) study of the methodology of the planning, organization and socio-economic analysis of different health systems and services of different countries and the preparation of realistic recommendations on the best ways in which they might develop, taking into account the importance of the development and use of cost effectiveness and cost benefit analyses in the field of health;

(c) preparation of international agreements, conventions and regulations on the most important health problems, including questions of environmental health, the importance and implications of which go beyond individual countries or groups of countries and have a direct bearing on the protection and promotion of health in all the countries of the world;

(d) formulation of recommendations on the establishment of standards, norms, uniform technical specifications and nomenclatures for chemical, physical, immunological and other substances, compounds and preparations used in international and national health programmes;

(e) co-ordination of the research on the most urgent and important problems of biology, medicine and public health being carried on by national and international scientific institutions, with a view to making that research as effective as possible;

(f) identification of the most rational and effective ways of helping Member States to develop their own health systems and first and foremost to train national health personnel at all levels, provision of such assistance within the organizational and financial framework of the Organization and its Constitution, and participation in the co-ordination of such assistance from all sources; and

(g) aiming at securing the greatest participation possible of the countries of the world in the work of the World Health Organization;

5. REQUESTS the Director-General, taking into account both the debates during the Twenty-third World Health Assembly and the guidance of this resolution, and drawing upon such consultant services as he may deem advisable, to prepare a report for the forty-seventh session of the Executive Board for its consideration in the preparation of the fifth programme of work and the long-term projects;

6. REQUESTS the Executive Board:

(i) in preparing the fifth general programme of work, to consider inter alia the desirability of devoting more attention to standards, in the light of Article 21 of the Constitution;

(ii) to consider machinery for the formulation and discussion of proposals on the establishment of long-term projections and forecasts of the work of the Organization;

(iii) to report on these matters to the Twenty-fourth World Health Assembly.

The DIRECTOR-GENERAL said that, before the Committee proceeded to vote on the draft resolution, he wished to place on record his interpretation of operative paragraph 4(g) thereof, namely, that in the absence of directives from the Health Assembly and in accordance with the practice followed by the United Nations Secretary-General, he would assume that the paragraph referred to Members of the United Nations or the specialized agencies, or to Parties to the Statute of the International Court of Justice.

Professor PACCAGNELLA (Italy) expressed his support for the draft resolution.

Referring to the need to define lines of development in medical research and practice with a view to adapting long-term programmes to new strategies, he said that his delegation would like a progress report to be submitted to the Twenty-fourth Health Assembly on the activities of the Division of Research in Epidemiology and Communications Science over the past four to five years.

The CHAIRMAN, noting that there were no further comments, then put the draft resolution to the vote.

Decision: The draft resolution was approved by 77 votes to none, with one abstention.

4. EIGHTH REPORT OF THE COMMITTEE (Document A23/B/10).

Decision: The Committee's eighth report (document A23/B/10) was adopted without comment.

5. CLOSURE OF THE SESSION

The CHAIRMAN congratulated the members of the Committee on the successful outcome of their work. He thanked the Vice-Chairman, the representatives of the Executive Board, the Rapporteur, the Secretary, and the Director-General, the Deputy Director-General and the Assistant Directors-General for their assistance. He also thanked all the members of the Secretariat who had helped the Committee.

Dr AL-WAHBI (Iraq) thanked the Chairman, on behalf of all the members of the Committee, for the admirable way in which he had conducted proceedings. The new system of work and apportionment of agenda items between the committees, introduced for the first time at the present session, had made the chairmanship of Committee B a more onerous task. He also thanked the Vice-Chairman, the Rapporteur and the Secretariat for helping to bring the Committee's work to a successful conclusion.

Dr de CONINCK (Belgium) expressed his warm appreciation to the Chairman and the officers of the Committee.

Dr KOUROUMA (Guinea), Rapporteur, said that the new working arrangements had given the Committee a number of important items not normally on its agenda, which had been the subject of intense and frank discussion with a view to achieving better understanding and greater efficiency for the benefit of the people whom the delegations represented. He appreciated the atmosphere of understanding and friendship that had prevailed in the Committee - particularly in respect of the problems of the developing countries which were so eager to make up for lost time. Although delegations might have differing points of view, they were united in pursuing the aims of WHO.

Dr TARCICI (Yemen) endorsed the comments of the representative of Iraq. He congratulated both the Committee and the Chairman on his election.