



THIRTY-EIGHTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Friday, 17 May 1985, at 9h00

CHAIRMAN: Dr D. G. MAKUTO (Zimbabwe)



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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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The final text will appear subsequently in Thirty-eighth World Health Assembly: Summary records of committees (document WHA38/1985/REC/3).

THIRTEENTH MEETING

Friday, 17 May 1985, at 9h00

Chairman: Dr D. G. MAKUTO (Zimbabwe)

1. THIRD REPORT OF COMMITTEE A (Document A38/35)

Mr RUBIO CORREA (Peru), Rapporteur, read out the draft third report of the Committee.

The report was adopted.

2. PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1986-1987: Item 22 of the Agenda (Documents PB/86-87, EB75/1985/REC/1, Part II) (continued)

PROGRAMME POLICY MATTERS: Item 22.2 of the Agenda (Documents PB/86-87, EB75/1985/REC/1, Part II, Chapter II) (continued)

HEALTH SCIENCE AND TECHNOLOGY - DISEASE PREVENTION AND CONTROL (Appropriation Section 4; Documents PB/86-87, pages 200-274 and EB75/1985/REC/1, Part II, Chapter II, paragraphs 57-78) (continued)

Disease prevention and control (programme 13) (continued)

The CHAIRMAN called on Dr BORGONO, representative of the Executive Board, to introduce the second block of programmes under major programme 13, including programme 13.7 (Acute respiratory infections), 13.8 (Tuberculosis), 13.9 (Leprosy), 13.10 (Zoonoses), 13.11 (Sexually transmitted diseases), 13.12 (Smallpox eradication surveillance), and 13.13 (Other communicable disease prevention and control activities).

Dr BORGONO (representative of the Executive Board), introducing the block of programmes, said that they were of considerable importance and had been in progress in the overwhelming majority of countries for several years. Turning first to the programme on control of acute respiratory infections he said that that programme together with the Expanded Programme on Immunization and the programme on the control of diarrhoeal diseases, formed a trio of great importance in relation to childbirth and infant mortality, especially in developing countries.

As the Committee was aware, acute respiratory infections accounted for 25-35% of the infant mortality in developing countries. Their importance was therefore beyond all doubt. For the past two or three years the feeling had been growing in the Organization, as extensively discussed at the Executive Board, that greater impetus should be given to the programme on acute respiratory diseases, which was of fundamental importance. The programme had as its central objective the reduction of mortality, and was founded on two basic strategies. The first was to provide guidance in the handling of cases and their timely and efficient treatment; the second was health education with broad community participation in the programme. The programme had already begun to be implemented in many countries and had been given priority in primary health care, of which it formed an important element and into which it obviously had to be completely integrated. He believed that the programme would take on exceptional importance during the next biennium.

Referring to the programme on tuberculosis, he recalled that the Thirty-sixth World Health Assembly had passed a resolution underlining the fact that tuberculosis still constituted an important health problem in many Member States and that great emphasis should therefore be placed on the tuberculosis programme. Furthermore, tuberculosis was a disease that could be prevented by BCG vaccination in childhood, and could be cured, because treatment at the present time was quite effective provided that there was early detection of cases; such detection was essentially bacteriological in character. Much more time was needed to deal with the problem properly but he stressed that the disease, which was still the cause not only of illness in Member countries but also of death in some of them should not be ignored.

With regard to the programme on leprosy, he reminded the Committee that at the very moment there were between 10 and 11 million cases of leprosy in 80 countries of the world. A disease for which, although much was known about it, control measures were not easy to implement because cases required prolonged treatment, even though new drugs had been introduced permitting the treatment to be either simplified or somewhat reduced in length, must be a source of great concern. Undoubtedly, hope lay in that kind of progress, and in work being done in the field with the new vaccine against leprosy on which the Secretariat would reply at the proper time to the detailed questions which the Committee would no doubt ask.

Concerning the programme on zoonoses, he stressed that it was one of the block of programmes to which the most available extrabudgetary funds had been allocated, representing for the biennium 1986-1987 an estimated US\$ 16 717 000. In addition the regular budget for the programme had been increased by about 21%, giving a figure of approximately US\$ 3 500 000 for the current biennium. The programme was concerned basically with such diseases as rabies, leptospirosis, some parasitic zoonoses such as echinococcosis, and problems arising from food poisoning as a result of the consumption of foodstuffs derived from infected animals. Some regional or subregional centres were being set up, although with considerably difficulty; in Africa one had already been established and it was hoped to establish another; but he drew attention to the fact that those centres were associated with difficulties of a technical and administrative order which had to be taken into account if frustration or failure were to be avoided.

He also pointed out the importance of the Organization's coordinating role in the research being carried out under the programme. Many problems demanded research, especially applied research, which in addition required large-scale international collaboration and discussion especially between developing countries.

Moving on to sexually transmitted diseases, which had so far been a low-budget programme, he said that the question of AIDS had obviously been discussed at length in the Executive Board; the Organization had a leading role to play, based on the current state of knowledge, in providing guidance to countries. The matter was an important one, not only because of the increasing number of cases but also because in the immense majority of them the outcome was fatal, and all governments and people in general were extremely concerned about the problem. A meeting had been held in Atlanta, Georgia, the previous April, and some progress had been made, so that certain diagnostic methods such as techniques for detecting the antibodies or the virus in blood donors, for example, were available. The situation would undoubtedly arouse much anxiety in the Committee, and the Secretariat would be able to respond to that concern much more effectively than he himself was able to do so in so brief an introduction.

Finally, he referred to two points concerning the programme on other communicable disease prevention and control activities. The first referred to the new programme for the development of new or improved vaccines. He considered that initiative by the Director-General and its presentation in the budget as of outstanding importance since it could have a major effect in increasing the availability of efficient methods of immunization. The research being carried out to improve the polio and rabies vaccines and to develop a vaccine against hepatitis A and to improve that already available for hepatitis B were examples of the important developments in progress. The Board believed that the application of modern biotechnology and monoclonal antibodies to disease control so as to provide countries with effective tools for that purpose was of the highest importance.

A second aspect of that programme was the integration of the prevention and control of communicable diseases, of whatever kind, into primary health care. That was also highly important and should be further developed. It was also necessary, therefore, to be able to evaluate programmes, with regard not only to their specific functions and objectives, but also to the process of integration into primary health care. It was thus of outstanding importance to develop the methodology of monitoring and evaluation.

Professor MATTHEIS (Federal Republic of Germany), commenting on the programme on zoonoses, said that in recent years zoonoses and related foodborne diseases had become of growing importance, not only from the point of view of human health but also from that of the economic aspects, in both developing and industrialized countries. Her delegation fully supported the programme targets.

In the situation analysis given in paragraph 7 of the programme statement, it was mentioned that, in the Federal Republic of Germany, a 10-fold increase in the number of cases of human salmonellosis had been recorded during the last decade. The main reason for that increase, however, was an improvement in the recording system, which was now more complete.

In support of the programme, the Federal Republic of Germany had hosted a number of WHO working groups and conferences dealing with zoonoses control, economic consequences and preventive aspects. The main aim was to improve the surveillance system, especially with regard to salmonellosis, by measures adapted to practical needs and with little increase in cost.

As had already been mentioned in the discussion on the food safety programme, a close linkage between the two programmes was absolutely indispensable.

The importance attached to the programme by the Federal Republic of Germany was also shown by the fact that five WHO collaborating centres with zoonoses-related terms of reference were being supported in the Federal Republic; they included the Rabies Surveillance and Research Centre, the Collaborating Centre for Food Hygiene and Zoonoses, and the Centre for Research on Neurological Zoonoses.

In view of the importance of that part of the programme, she regretted that there was a decrease in the appropriation at intercountry level in the African, South-East Asian and European regions. It seemed somewhat surprising that, in the descriptive part of the budget, increased importance was ascribed to zoonoses, while in the financial part the appropriation was decreased.

The Mediterranean Zoonoses Programme, in which many countries had invested considerable financial input for several years, was no longer mentioned, and she asked for information on the future of that Programme.

In view of the epidemiological situation, which did not justify any decrease in allocations, the Federal Republic of Germany would continue its support for the voluntary fund for the zoonoses control programme and was willing to cooperate in any way that would promote it.

Professor COLOMBINI (Italy), referring to the zoonoses programme, said that a WHO collaborating centre had been established at the Istituto Superiore di Sanità in Rome, which received considerable funding from the Italian Government. The centre concentrated on the control of zoonoses and food-borne diseases in Mediterranean countries. The Italian delegation considered that particular attention should be given to the control of salmonellosis and other food-borne diseases, taking into account the complexity of the chain which began with animal feedingstuffs and ended with human food. Intersectoral cooperation was essential in tackling the problem. It was to be hoped that the Veterinary Public Health unit and other WHO units would be able to stimulate activity in that area.

Dr TIDJANI (Togo) said that the programmes described in sections 13.7-13.13 of the proposed programme budget were fully in line with Togo's major health concerns. Acute respiratory infections (programme 13.7) took a high toll in his country, especially of babies and children. However, facilities for diagnosis and early treatment were limited. More epidemiological and clinical research into such diseases was essential.

Tuberculosis was a major public health problem in Togo, and the health authorities were attempting to integrate tuberculosis control into primary health care. The national tuberculosis programme was based on prevention, early diagnosis and treatment of all diagnosed cases. As far as possible, children were systematically vaccinated, as part of the Extended Programme on Immunization. For 2¹/₂ years, Togo and WHO had conducted a field study on the efficacy of BCG vaccinations on children who had been in contact with the disease. The study would soon be completed, and its results would be widely disseminated. His delegation was pleased to note that WHO and the International Union against Tuberculosis were to continue their training course on the epidemiology of the disease, held annually in Paris and Algeria.

Dr VIOLAKI-PARASKEVA (World Federation of United Nations Associations (WFUNA)), speaking on the sexually transmitted diseases programme, said that acquired immune deficiency syndrome (AIDS) deserved special attention. The syndrome, with its high and cumulative mortality rate, had destroyed the confidence of the population in the public health services. Etiological and epidemiological studies had been carried out by various groups of research workers, but there was a need to coordinate research and to publicize the diagnostic and preventive measures available. In some countries, more than 70% of AIDS victims were homosexuals, intravenous drug users and recipients of contaminated blood transfusions, whereas in others they were mainly heterosexuals. WHO should support research on simple, practical diagnostic measures and on development of an effective vaccine and help to set up a network of collaborating centres. The Weekly Epidemiological Record already disseminated information on AIDS; WHO should continue that task and place greater emphasis on health

education. The Organization had already published a public information fact sheet entitled "In point of fact". Her organization would welcome any draft resolutions calling for international collaboration in that area.

Dr MULLER (Netherlands) said that the acute respiratory diseases programme was hampered by the lack of preventive and therapeutic techniques. All that could be done at the moment was to define criteria for referral of cases, case management and health education. However, the first two measures might lead to an undesirable increase in the use of antibiotics. When appropriate vaccines had been developed, immunization should be dealt with under the Expanded Programme on Immunization. In view of its modest budget and its emphasis on acute respiratory diseases in childhood, the programme under discussion should perhaps be incorporated into a wider programme, such as maternal and child health.

The goals of the tuberculosis programme - a reduction in morbidity and a reduction of 2% per annum in the risk of infection by 1989 - would be difficult both to achieve and to quantify. Notification systems were inefficient and base-line risks were unknown in most countries. The 12-month standard treatment was often preferred to short-course chemotherapy because it was cheaper, but the short course reduced the probability of failure to continue treatment and would be more effective in reducing transmission if used in all smear-positive cases. The Netherlands provided a great deal of financial and technical support to tuberculosis control programmes in developing countries through both governmental and nongovernmental channels.

The goal of the leprosy programme, namely for 90% of multibacillary cases to be under effective treatment by 1989, would also be difficult to achieve and quantify. The Netherlands could provide economic and technical support to the programme.

Zoonoses (programme 13.10) affected both humans and livestock and were thus a double cause of suffering. Where wildlife formed the reservoir of infection, control and eradication were almost impossible. Zoonoses were also a great problem for impoverished urban populations who lived in slums infested with rats and stray dogs. There was a need for well-equipped control services and diagnostic laboratories, and for international collaboration to standardize laboratory methods. Training and education should not be ignored; zoonoses should be given a larger place in the medical curriculum.

Programme 13.13, other communicable disease prevention and control activities, covered many serious diseases, including meningococcal meningitis and viral hepatitis. The programme rightly emphasized the development of vaccines and simple methods of diagnosis. The development of a safe pertussis vaccine and a more stable measles vaccine was particularly important. WHO should continue to provide training courses in developed countries on the production of conventional vaccines and encourage the installation of production facilities in developing countries.

Dr LUVIVILA (Zaire) said that, as mentioned in paragraph 5 of the programme statement for programme 13.12, human monkeypox had occurred mainly in Zaire, 37 cases having been confirmed in 1982 and 80 cases in 1983. Zaire had signed bilateral agreements with the Government of Japan aimed at increasing efforts to control the disease, but it was disquieting to note that no budgetary resources had been allocated to the control of monkeypox. If assistance to the programme were cut off, the success already achieved would be jeopardized. The Government of Zaire hoped that its collaboration with WHO would continue.

Dr KOINUMA (Japan), referring to the prevention of viral hepatitis in the context of programme 13.13 on other communicable disease prevention and control activities, said that hepatitis B and chronic liver disease (including primary liver cancer) were a major health problem in Japan. The HBs-antigen-positive rate among the population had been estimated at 2.4%; 18% of HBs carrier women of child-bearing age also carried the HBe antigen. A total of 300 million yen (US\$ 1.5 million) had been allocated from the national budget for the prevention of maternal-infant transmission of the hepatitis B (HB) virus. Under the proposed scheme, all pregnant women would be tested for the HBs antigen, and those found to be positive would then be tested for the HBe antigen. The estimated 10 000 babies born to HBe-antigen-positive mothers would be treated at public expense with HB immunoglobulin and HB-plasma-derived vaccine, which was now available and authorized for use.

Japan's preventive approach to hepatitis B and primary liver cancer was the most cost-effective in the long run. WHO should increase its preventive activities aimed at controlling those diseases, especially since primary liver cancer was a preventable condition.

Dr HOPKINS (United States of America), referring to programme 13.8 (Tuberculosis), said that the proposed activities in the programme budget, which, except for research, had been given an increased share of regular budget funds, were described in rather general terms. His delegation believed that the programme reflected a realistic appraisal of the global tuberculosis situation and was moving in the right direction. Careful consideration should be given, however, to specific activities directed against that disease.

With regard to sexually transmitted diseases (programme 13.11), the Fogarty International Center of the United States National Institutes of Health intended to support the convening of two regional meetings, one in South-East Asia and the other in Africa on the problem of endemic treponematoses. Those two meetings were intended as a follow-up to the International Symposium on Yaws and Other Endemic Treponematoses, held in Washington, D.C., in 1984, and to Health Assembly resolution WHA31.58, adopted in 1978, and also to a resolution adopted by the International Union against the Venereal Diseases and Treponematoses (IUVDT) in June 1984. All of those conferences had pointed to the alarming resurgence of yaws and endemic syphilis in several West African countries and to the need to improve relevant primary health care services for the affected populations.

His delegation commended the speed and quality of WHO's response to the grave and unprecedented challenge presented by the acquired immune deficiency syndrome (AIDS) and the proposed plan of action for 1986-1987. It was indeed ironic that, just as the Thirty-third World Health Assembly in 1980 was celebrating the eradication of smallpox, unknown to all at that time another deadly virus was beginning to affect mankind. Only the previous week, the cumulative number of cases of AIDS reported in the United States had reached 10 000 and cases were also occurring in several developing countries.

It was now clear that AIDS was an actual or potential threat to both developing and developed countries. Reference to the disease, in document PB/86-87, page 246, paragraphs 4 and 7, as a problem of the industrialized countries was thus inaccurate. Directly or indirectly, that disease was already, or would soon be, virtually every nation's problem. It was also apparent that the virus could be transmitted heterosexually to partners of infected persons, whether male or female, by an unlucky blood transfusion; and congenitally from an infected woman to her infant. Moreover, it was now known that for each person with AIDS, as many as 30 or 100 more persons might be infected but asymptomatic. It appeared that an uncertain proportion of the latter might remain constantly or intermittently infectious indefinitely. Thus, while much progress had been made, much remained to be done. The programme statement was correct in pointing out that neither a cure nor a vaccine would soon be available. Meanwhile the only weapons for control were voluntary serological testing, counselling of high-risk persons, education of persons in affected communities, including health professionals, and the screening of donated blood. Unfortunately, the disease was likely to be a topic of discussion at many more World Health Assemblies to come.

Mrs GREWAL (India) said that her country attached great importance to family welfare and family planning programmes delivered through a package of health services related to maternal and child health, immunization, health education and family planning. Her country believed that that package would support its strategy for health for all by the year 2000.

To that end, India had, in its Seventh Plan, set as targets a birth rate of 21 per 1000 and an infant mortality rate of 60 per 1000 by 1990. By that date, there should be total coverage of the population by the Expanded Programme on Immunization and effective management of diarrhoeal diseases.

In addition to the family welfare programme, the highest priority had been accorded to leprosy, tuberculosis and blindness. A Leprosy Commission, under the chairmanship of the cabinet minister concerned, and a Leprosy Board, consisting of administrators, technical and social experts, had been established. Multidrug therapy in hyperendemic areas had been started and it was hoped before long to cover all the districts of the country in which leprosy existed at a rate higher than 5 cases per 1000. Her country had also authorized the field testing of the leprosy vaccine. Large amounts of anti-leprosy drugs would, however, be needed, together with continued WHO support. She noted that, because of continuous health education, leprosy no longer had the stigma formerly attached to it, and that more people were therefore voluntarily coming forward to take advantage of the medical services available. It was hoped that, with that change in attitudes, the leprosy control programme would proceed at a faster pace.

With regard to tuberculosis, the situation was still rather difficult. While India had considerably increased its resource allocation for the control of tuberculosis, drug treatment was very costly and the nature of the disease was such that there was a large percentage of drop-outs, so that alternative strategies would have to be developed. Like other delegates, she stressed the need for long-acting drugs so as to break the transmission cycle.

India was well aware that acute respiratory infections (programme 13.7) caused a large amount of morbidity and were responsible for much infant and child mortality. It had already started pilot studies to study the logistics and the outcome of interventions. WHO's support in that respect would be highly appreciated.

Diarrhoeal diseases (programme 13.6) represented another area of importance. From time to time her country suffered from outbreaks of acute illnesses, such as gastroenteritis, dysentery and salmonellosis. It appreciated WHO's efforts to combat those diseases and would be grateful for further help in guarding against other micro-organisms, which were liable to appear suddenly. Constant vigilance on that front would pay high dividends.

With regard to zoonoses (programme 13.10), India was very much alive to the high incidence of rabies in the country. It was trying to develop better and more effective human as well as animal vaccines against that disease.

At present, India had a high incidence of both communicable and noncommunicable diseases, but was concerned that, once communicable diseases were controlled, the incidence of noncommunicable diseases would increase, particularly in view of the increasing numbers of older people. The country was preparing for the future by reorganizing and reorienting its health services and the training of its health manpower. Pilot projects for in-depth studies had been started and it was hoped that the country would be able to meet the emerging needs in those areas. The main emphasis, however, had been on the prevention of disease through health education.

Dr KLIVAROVA (Czechoslovakia) said that, while diarrhoeal diseases were not a particular problem in her country, acute respiratory diseases were one of the main causes of absence from work and of illness, especially in children. Czechoslovakia was, therefore, particularly interested in programme 13.7 (Acute respiratory infections) and in more rapid methods of diagnosis, more effective therapy, and timely information as to the nature of the pathogen, usually a virus, and its sensitivity to antibiotics and sulphonamides. In her country, respiratory infections were kept under constant surveillance. Czechoslovakia was interested in receiving information on those diseases not only from Europe but from other regions also.

As regards programme 13.10 (Zoonoses), no systematic cooperation in the field of zoonoses had been planned in the European region. However, in Czechoslovakia, systematic work was being carried out on the prophylaxis of zoonoses, including salmonellosis, both by the sanitary and epidemiological service and by the State Veterinary Service. The veterinary school in Brno had, in 1984, held a seminar for specialists from developing countries on problems related to zoonoses.

With regard to programme 13.12 (Smallpox eradication surveillance), Czechoslovakia, based on resolution WHA33.4, had abolished compulsory smallpox vaccination in 1981, which had, of course, resulted in a change in the immunological status of the population. It was necessary, therefore, that WHO should continue the comprehensive clinical, epidemiological and laboratory study of certain difficult and doubtful cases. In future, it was also desirable that WHO should be able to call on a network of virological laboratories as a support for clinical diagnosis in Member States, thus ensuring their continued safety with regard to that infection. Many countries had halted the production of smallpox vaccine, so that it was necessary for WHO to continue to keep adequate stocks of it.

Czechoslovakia therefore supported the programme for continued epidemiological surveillance of the other orthopoxviruses, including monkeypox, which resembled smallpox, seemed to be spreading and would need more attention in future, although at present it was restricted to certain tropical forest areas in Africa. Her delegation was not convinced that the resources allocated in the proposed programme budget for 1986-1987 would be sufficient to carry out all the 19 recommendations included in resolution WHA33.4 and at the same time to pursue the ecological studies on the spread of monkeypox.

Dr SULAIMAN (Nigeria) said that his delegation noted with satisfaction the progress made by WHO and the strategies it had adopted in the prevention and control of diseases, and in particular of tuberculosis and leprosy. While it was gratifying to note that various vaccines against malaria, leprosy and schistosomiasis had been successfully tested, those vaccines were unlikely to be universally available.

His delegation was therefore particularly doubtful about the rationale for the statement on the objectives and targets of the tuberculosis and leprosy programmes, namely that national control programmes for those diseases were to be integrated into the primary health care system in order to reduce the incidence and prevalence of those diseases. That would depend, amongst other things, on the availability of the relevant essential drugs. The mycobacteria of the two diseases were resistant to the comparatively cheap commonly used

drugs, while most developing countries could not afford the newer and more expensive ones. Even where those newer drugs were supplied, they were not available in sufficient quantity to combat the diseases. The administration of subclinical doses of drugs was the common cause of resistance of micro-organisms to those drugs. The use of inadequate dosages and insufficient coverage might therefore lead to resistance developing to the newer drugs.

It was perhaps not rational to continue to develop new and expensive drugs, which were unlikely to be made available to the needy, at a time when even existing drugs were not available in sufficient quantity because of their cost. In view of the economic difficulties faced by developing countries, a vicious cycle of drug resistance threatened to develop with all its consequences. If the incidence and prevalence of tuberculosis and leprosy were to be reduced through primary health care, action had to be taken to ensure the supply of antituberculous and antileprotic drugs at reasonable prices to the developing countries where those diseases were prevalent. Commending the efforts of nongovernmental organizations in combating leprosy, he said that the national leprosy control programme in his country could not have existed without their help. Nongovernmental organizations needed the drugs which his Government could not supply in sufficient quantity. He therefore called on WHO to give further consideration to cooperation with the developing countries in order to overcome the constraints which had been identified. Noting the increase in budget allocation with satisfaction, he said that the additional funds should be used to procure the drugs needed to control those diseases. He urged WHO also to seek extrabudgetary resources for that purpose.

Dr HELMY (Egypt) said that his delegation fully supported the proposed programme budget. Referring to the programmes on leprosy (13.9) and on other communicable disease prevention and control activities (13.13), he expressed his concern at the current incidence and prevalence of infectious diseases. The results of a recent survey carried out in three Egyptian governorates where leprosy foci were known to exist, had shown that the disease was far more widespread than expected. Extensive surveys should therefore be carried out to assess the global situation with regard to leprosy and other infectious diseases.

With reference to treatment, he said that multidrug therapy was too expensive for many developing countries and that any help from WHO and other international organizations would be greatly appreciated.

The stigma attached to leprosy made it difficult to recruit personnel to work in that field. However, a vigorous campaign of information and education and the integration of leprosy detection and treatment services with other primary health care services would solve that problem.

He looked forward to the day when an effective vaccine against leprosy would be produced to control that disease.

Dr de SOUZA (Australia) said that the acquired immunodeficiency syndrome (AIDS) was probably the most serious and certainly the most urgent public health problem confronting his country. He suspected that many developed countries also faced that problem, and that most developing countries would probably have to address the issue in the near future.

With the full cooperation of the health authorities in the States and Territories of Australia, the Federal Government had undertaken a major assessment of the impact of AIDS on the homosexual community, the blood transfusion services, haemophiliacs and other recipients of blood products and people who used illegal drugs intravenously.

Although sexual relations were the most common mode of transmission, AIDS was much more than a sexually transmitted disease, since AIDS virus antibodies were being found in female prostitutes and bisexuals in his country and had entered the heterosexual community. To combat the disease, a national strategy had recently been elaborated, involving not only the medical and scientific community and the health authorities, but also the Red Cross Society, the Haemophiliac Society and other nongovernmental organizations. He emphasized that organizations representing homosexuals were also involved in that strategy.

A special national advisory committee on AIDS had been established under a lay chairman, prominent in the media world, to keep the public fully informed and to advise the Government on public reaction to AIDS.

At medical and scientific level, a national task force on AIDS had been set up to advise the Government, health authorities and health workers and their organizations on the latest scientific developments concerning AIDS and to provide technical advice. The task force, whose chairman was a distinguished Australian medical scientist, was spearheading the attack on AIDS.

At the technical level, a national reference centre for AIDS established at the Fairfield Infectious Diseases Hospital in Melbourne under the direction of Dr Ian Gust, a well-known Australian virologist had already evaluated the efficacy and diagnostic accuracy of a number of commercially-developed tests to identify antibodies to AIDS virus and two of them had been selected for use.

Diagnostic kits had been supplied to designated hospitals, sexually transmitted diseases clinics and blood transfusion centres throughout Australia. The necessary laboratory equipment had been provided and technicians trained in the relevant scientific procedures. It had therefore been possible to introduce those tests simultaneously in all the States and Territories.

The simultaneous introduction of testing in hospitals, STD clinics and Red Cross blood transfusion services was an important part of the strategy, since the introduction of diagnostic testing only in blood transfusion centres could possibly result in persons at high risk of acquiring AIDS donating their blood solely in order to ascertain their AIDS antibody status. That would increase the danger of introducing the virus into the blood transfusion system.

With regard to blood products, such as the anti-haemophilic factor (Factor VIII), the Commonwealth serum laboratory in Melbourne, which was a WHO collaborating centre, had over the preceding six months introduced a system of heat treatment (pasteurization), designed to eliminate the AIDS virus from Factor VIII while ensuring the retention of adequate anti-haemophilic activity of the product. All Factor VIII produced in Australia was currently treated in that way. His country did not use imported blood products.

All those measures and a carefully designed media campaign directed at the "at risk" groups, together with the obligation on all blood donors to complete a questionnaire on their health status and lifestyle, would, it was hoped, make it possible to control the spread of AIDS in his country. There was, however, no room for complacency and vigorous public health scrutiny was still necessary. His delegation welcomed the role of WHO in monitoring the world situation and its collaboration with national and regional centres on data collection, epidemiology and research activities in that important area.

The second aspect of disease prevention and control which the Australian delegation wished to address concerned chlamydia, which was responsible for a wide range of conditions, especially trachoma, sexually transmitted infection of the genital tract and middle ear infections (otitis). Chlamydia had also been implicated in some cases of arthritis and uveitis.

In Australia, trachoma and chlamydial otitis mainly affected the aboriginal community. In recent years, much had been done in the prevention, diagnosis and treatment of trachoma and the blindness associated with it. A federally-funded programme, enlisting teams of ophthalmologists, had been highly successful and was currently administered through aboriginal organizations with the long-term object of eradicating trachoma from the aboriginal community.

The evolution of other forms of chlamydial infection was not so clearly defined. Research was continuing into the role of those organisms in the etiology of otitis media in aboriginal children and in arthritis and uveitis. There was still much to be learnt about sexually transmitted chlamydial infections of the urogenital tract, briefly referred to in the programme statement for programme 13.11.

Trachoma was a condition which had preoccupied WHO for many years and it was currently known that the causative agent, Chlamydia trachomatis and related organisms, was responsible for a much wider spectrum of morbidity. Whilst not making a plea for a special reallocation of WHO resources for research into chlamydial diseases, the Australian delegation hoped that WHO would bear in mind the high morbidity caused by chlamydial infections in developed and developing countries alike and would seek to support research programmes into chlamydial infections if so requested by Member States.

Finally, he drew the Committee's attention to a workshop on chlamydial diseases to be held at the Menzies School of Health Research in Darwin, Australia, from 17 to 20 July 1985. His delegation would be pleased to provide full details to all interested delegates.

Dr REZAI (Islamic Republic of Iran) said that his delegation fully supported programmes 13.7 to 13.17.

His country's experience in acute respiratory infections had shown that the major causes of fatalities, particularly among infants and young children, had been measles and pertussis complications. The mortality rate of measles prior to the mass vaccination campaign had been in the order of 17%, but due to the implementation of the expanded programme on immunization, there had been a considerable decrease in both morbidity and mortality.

Tuberculosis was still a serious health problem in Iran, and the number of positive smear cases had been put at 110 000. He wondered whether WHO approved and recommended the six-month courses of chemotherapy, or whether the subject was still under study. If so, he wondered what the percentage probability of relapse was following such a course of treatment.

As far as leprosy was concerned, although the total number of cases in Iran was estimated at 35 000, only 11 000 cases had been detected and registered for treatment. However, the social aspect of the disease caused greater problems than the disease itself. On the subject of chemotherapy for leprosy, he wondered what the most prevalent side effects of pyrazinamide were, and how effective acedapsone could be.

With regard to zoonoses, his delegation believed that without close intersectoral collaboration between the Ministry of Health and other Ministries and agencies involved, those diseases could not be controlled. Iran was currently faced with many problems, particularly with brucellosis, rabies and cutaneous leishmaniasis, and he wondered whether WHO recommended "leishmanization" as one of the preventive measures for the control of the disease.

As far as sexually transmitted diseases were concerned, he wondered whether the latest method of treatment for syphilis, scheduled by the Centers for Disease Control of Atlanta, was still recommended by WHO.

Dr SAVINYH (Union of Soviet Socialist Republics), referring to programme 13.10 (Zoonoses), recalled that the Alma-Ata Declaration on Primary Health Care stressed the importance, in the fight against human diseases, of the development of intersectoral cooperation; in that connection, the agricultural sector, including the veterinary services, could play an important role. The role of the programme in the last few years had increased on account of the increased trade in livestock, animal foodstuffs and feed, all of which could cause extensive outbreaks of zoonoses. Increasing numbers of such cases had been recorded in developed and developing countries alike, where they might be registered as serious diarrhoeal diseases, sometimes causing death, particularly among children. In the proposed programme for 1986-1987 the measures proposed were relevant and important and should be supported. Increased attention should be given to prophylactic measures against salmonellosis and other diseases affecting humans through the appropriate veterinary action. The Secretariat might usefully consider concentrating its efforts on a tropical country with a high level of health care and veterinary services, where livestock was raised, and which could be isolated from the continent.

In programme 13.12 (Smallpox eradication surveillance) and particularly in connection with the recurrence of human monkeypox, the Organization should continue to promote scientific research and not cut down on measures for epidemiological surveys. The Soviet delegation supported the proposals by Zaire and Czechoslovakia in that connection.

With regard to programme 13.13 (Other communicable disease prevention and control activities) the proposed measures for 1986-87 should be supported. Of particular relevance was the inclusion, in WHO's programme of action, of the development of new preventive and diagnostic techniques using modern biotechnology, which had not been sufficiently reflected in previous programmes. The Organization should continue to concentrate on existing vaccines and the development of new low cost and effective vaccines against the more dangerous and extensive communicable diseases. In view of the extent of viral hepatitis in the industrialized and in the developing countries, WHO's programme needed further development, particularly in the light of current scientific research in that area.

Professor SENAULT (France) said that in the programme on communicable diseases, his delegation's attention had in particular been drawn to sexually transmitted diseases which were still highly persistent throughout society and therefore justified all measures taken to control them. AIDS was a matter of special concern, and now a major public health problem in many countries; it would certainly be a disease of the future unless the means of combating it were quickly found. In view of the knowledge of the virus that had been developed by researchers both in the United States and in France, there now appeared to be some hope of tackling the problem. In France, systematic serological testing was being carried out among blood donors, and the collaborating centre for AIDS set up in Paris was at the disposal of all countries, particularly in the European region, for the monitoring of cases submitted to it.

WHO was to be congratulated on its work in communicable diseases, particularly in relation to AIDS and in liaison with programme 12.3 (Drug and vaccine quality, safety and efficacy), which demonstrated the excellent intersectoral cooperation existing within the Organization.

Returning to the subject of chemoprophylaxis against malaria, he emphasized that it should be made quite clear which products should be used and which inappropriate mixtures should be avoided.

Professor LAFONTAINE (Belgium), referring in particular to respiratory diseases, which posed serious problems, said that the developing and the industrialized countries alike needed to achieve greater progress in laboratory work to enable the diseases to be identified and diagnosed more rapidly, and thus avoid the indiscriminate use of antibiotics and chemotherapy. Furthermore, the problem of tuberculosis should not be forgotten: in the developed countries, doctors tended to overlook it entirely.

Much had been said about AIDS, and he was convinced, like others, that it was a disease of the future, perhaps to be considered so in the context of the HTLV virus group, together with other retrovirus diseases that were not always transmitted sexually. In that connection, he stressed the importance of the free donation of blood, since the commercialization of that operation was known to have created problems. Moreover, he believed that the process of blood transfusion should be limited to the extent possible: transfusion was not always necessary and abuse increased the risks. More accurate diagnostic techniques were needed for AIDS. Although progress had been made in research concerning antibodies, the identification of positive reactions in persons not suffering from the disease posed extremely serious ethical problems; he would urge that greater efforts be made in research on antigens as well.

Research should also be continued to find a less aggressive smallpox vaccine than was currently used. Although eradication had been achieved, the disease could reappear, along with such other diseases as monkeypox. Little was said on the subject of measles and rubella: in his view vaccination campaigns against those diseases should be more systematic.

As far as hepatitis B was concerned, the epidemiological studies that were under way at the International Agency for Research on Cancer (IARC) should be pursued, with particular reference to the link between hepatitis B and cancer.

Apologizing for re-opening a topic already discussed, he said he believed it essential to point out that where chemoprophylaxis was practised against malaria, care must be taken to use only those products that were officially recommended, and to avoid what could be dangerous combinations of products.

Miss FILIPSSON (Sweden) agreed that AIDS constituted one of the most serious threats to health in the future. Efforts should be made to disseminate information about the disease, especially regarding protection against infection and transmission, and methods should be developed to provide psychosocial support for those carrying this as yet incurable disease.

Dr REGMI (Nepal) said that rabies, viral encephalitis, salmonella and food-borne diseases were of great concern to his country. A project proposal for the control of rabies had been prepared with WHO assistance, and he hoped that it would be sympathetically received by the Organization and other bilateral and multilateral agencies. Pointing out that sheep brain vaccine was used in Nepal, and that it would soon be possible to produce such vaccine locally, he asked whether its production should be continued if it were replaced by a newer, safer vaccine. Should the reply be negative, Nepal would certainly require technological and financial assistance to produce the newer vaccine.

Other matters of particular concern to Nepal included the prevalence of viral encephalitis, problems caused by resistance to insecticides, poor environmental sanitation and, especially, the high cost of vaccines.

Dr PIO (Chief Medical Officer, WHO Tuberculosis and Respiratory Infections unit) thanked delegates for their comments and suggestions. He said that the programme on acute respiratory infections was making good progress. Awareness of the problem had increased markedly over the past five years, especially in developing countries where infant mortality rates were high. WHO, UNICEF and many multilateral and bilateral agencies were deeply concerned with child deaths from pneumonia. Child mortality rates were 30 to 70 times higher in developing countries than in industrialized countries. Etiological studies had shown that most cases of severe pneumonia were caused by two bacteria: Streptococcus pneumoniae and Haemophilus influenzae. Both could be treated with currently available antibiotics. Field studies had demonstrated the feasibility of reducing pneumonia in children through case management and health education. The programme did not advocate the widespread use of antibiotics, but their selective application in cases of moderate and severe pneumonia. In fact, the rational use of antibiotics would result in a reduction in the amount of antibiotics employed. Together with other units, the programme included surveillance of the

sensitivity of bacteria to antimicrobials. It had been estimated that about 25% of mortality linked to acute respiratory infections could be prevented by the Expanded Programme on Immunization (EPI).

The resolution on tuberculosis (WHA36.30) adopted by the World Health Assembly in 1983 had requested the Director-General to collaborate with Member States in strengthening tuberculosis control programmes as a component of primary health care. There had been a total increase of 25% and a real increase of 12% in the regular budget, mostly directed to the country programmes. Many developing countries had requested funds for tuberculosis control from bilateral and international sources.

The delegate of the Netherlands had referred to short-course chemotherapy. He considered that the 1-year regimen would remain the standard treatment for tuberculosis in many developing countries because of the high cost of short-course chemotherapy. If the trend towards lower drug costs continued, however, short-course chemotherapy might become accessible to developing countries.

The delegate of the Islamic Republic of Iran had asked whether WHO approved the six-month regimen for tuberculosis treatment. It had been fully tested; the relapse rate was very low - less than 5% - and it was therefore recommended by WHO if countries could afford it.

In reply to the delegate of Nigeria, he said that the targets of the tuberculosis programme should be considered in conjunction with those of EPI, and that significant progress could be expected by 1989, greater than the mere 2% annual decrease in morbidity in the younger age groups and the risk of new infections. The problem of procuring drugs for the treatment of tuberculosis was part of the wider problem of essential drugs.

Dr NOORDEEN (Chief Medical Officer, WHO Leprosy Unit), in reply to the point raised by the representative of the Executive Board on the leprosy vaccine, said that a scientific working group on immunology of leprosy under the Special Programme for Research and Training in Tropical Diseases had been working on the development of a vaccine against leprosy and had produced a candidate vaccine based on killed Mycrobacterium leprae derived from infected armadillos. Following successful completion of animal studies on the sensitizing capacity and efficacy of the preparation, human studies had been initiated. The first trials had been completed among human volunteers in Norway, mainly to study the sensitizing capacity, safety and acceptability of the candidate vaccine, and it had been found satisfactory. A similar study had also been completed in Malawi. The first vaccine trial using a mixture of killed M. leprae preparation and BCG had been initiated in Venezuela. Clinical vaccine trials were also being planned for Malawi and India.

In reply to the concern expressed by the delegate of the Netherlands regarding reaching the targets included in the proposed programme budget (PB/86-87), he said that extrabudgetary support for the leprosy programme was being increasingly channelled towards the implementation of multi-drug therapy, and collaboration with several voluntary organizations was being strengthened.

The delegate of Nigeria had rightly expressed concern about resistance to drugs. For this reason, WHO had emphasized the use of multi-drug therapy. While the newer drugs were more expensive, they could be successfully administered over much shorter periods, thus giving them a cost-benefit advantage over older types of treatment.

He supported the comment made by the delegate of Egypt on the need for surveying for leprosy. WHO had prepared a manual on sample surveys in leprosy which had in fact been used in the survey in Egypt.

In reply to the delegate of the Islamic Republic of Iran, he said that dapsone resistance and the relatively low blood levels of sulphone produced by acedapsone gave acedapsone only a very limited value in the treatment of leprosy. Pyrazinamide was not used in the treatment of leprosy as it had no effect on the disease.

Dr BOGEL (Chief Medical Officer, Veterinary Public Health Unit) thanked the delegates for their comments on the Zoonoses Control Programme. Intersectoral resource mobilization was very important and the Veterinary Public Health Unit was deeply involved in the coordination of veterinary public health activities in the health and agricultural sectors.

There had been a rapid increase in the resources directed to the prevention of diseases transmitted by animals in man's environment. Veterinarians and related professions outside the health sector sought guidance from WHO and were ready to collaborate in improving human health.

Regarding financial inputs, he said that major activities in the field of veterinary public health were complemented by the agricultural and other related sectors at country level. Over 50 institutes/centres were collaborating with veterinary public health, in addition to the specialized zoonoses centres. Intercountry and regional budget allocations showed a decrease in a number of regions, which was, however, offset by an increase in country allocations. Everything possible would be done to strengthen veterinary public health activities. In addition, in collaboration with FAO and the World Veterinary Association, WHO was according high priority to education and training, especially continuous training.

In reply to the questions on rabies control, he was glad to say that the programme concerning human and canine rabies had attracted attention and support from various national sectors, and that its activities were being coordinated with FAO, with the International Office of Epizootics, and with funding agencies. 87 countries and territories were still infected by canine rabies. At the moment, 31 of those countries were in the stage of programme planning or execution within the framework of the VPH activities of WHO. Particular emphasis was being placed on vaccine research, quality control and technology transfer; WHO looked forward to collaborating with the governments of Member States in the latter area.

In response to the question from the delegate of Grenada, he said that progress had been made with the development of an oral rabies vaccine for dogs and wildlife species. WHO would be pleased to collaborate with institutions in Grenada (possibly through the Caribbean Epidemiology Centre in Port-of-Spain) to study the applicability of the vaccine for mongooses which were the worldlife reservoir of rabies in Grenada.

The delegates of India and Nepal had referred to the high incidence of rabies in their countries, and in the region as a whole. A UNDP-supported project, which would include India, Nepal and four other countries, would be implemented from September 1985 to the end of 1986. The project would include health systems research, operational research, dog ecology research, comprehensive national programme planning, and the initiation of the first phases of self-reliance.

In the area of zoonotic diarrhoeal diseases, the delegates of Federal Republic of Germany, India, Italy, USSR, Czechoslovakia and Nepal had referred specifically to salmonellosis as a problem. The public health significance, as well as the great economic impact on developing countries, of that type of zoonotic infection was fully recognized by WHO. Unfortunately, the likelihood of an increase in salmonellosis and other zoonotic diarrhoeal diseases in those countries was increasing. A major cause was the rapid increase in the mass production of animals, particularly poultry, which were an important source of human infection. FAO had forecast a four-fold increase in poultry production before the year 2000, and that development was likely to be a highly significant one, particularly in respect of salmonellosis. Meat, poultry, milk and eggs from infected animals and processed foods of animal origin contaminated during processing contributed to a great extent to the high incidence of the disease. Moreover, infected animals, especially in rural areas of developing countries, were an important source of faecal contamination of drinking-water by salmonella, as well as by other causative agents of diarrhoeal diseases. The Organization's accumulated knowledge of the epidemiology of those diseases, and the preventive technology for dealing with them, were contained in "Guidelines on Salmonellosis Control" issued by WHO. Salmonellosis control programmes should include the whole fertilizer-feed-food-waste chain. Only through a comprehensive approach could WHO hope to give effective help to countries, and intersectoral cooperation at national level was essential. Likewise, coordination of activities with related programmes at international level was crucial, and the work of his own unit would be closely linked with the work of programmes for control of diarrhoeal diseases and food safety.

The delegates of Iran, the Netherlands, Czechoslovakia and the Federal Republic of Germany had stressed the need for an improvement in intersectoral cooperation. That was an important problem at national level in many countries, and WHO was in the process of promoting health systems research in an effort to find a solution. At the international level, cooperation with sister-organizations and other institutions had been most fruitful, and had had a noticeable impact on national services. Joint meetings between secretariats, and mutual invitations to regional and global governing bodies, as well as technical discussions on animal disease surveillance and on training had become normal practice.

Dr ASSAAD (Division of Communicable Diseases), in reply to the delegate of the Islamic Republic of Iran, said that treatment regimens for syphilis had been reviewed by a WHO scientific group on treponemal infections in 1980 and were contained in the group's report (WHO Technical Report Series, No. 674, 1982). They had again been reviewed in 1982 and were

to be found in a manual on current treatments in the control of sexually transmitted diseases (document WHO/VDT/83.433) which would form part of the 5th report by the WHO expert committee on venereal diseases and treponematoses (currently in press).

The treatment of choice for venereal syphilis continued to be a long-acting benzathine penicillin at a dose of 2.4 million units in a single injection for early infections and three injections weekly for late syphilis. For cases of neurosyphilis, other injectable penicillin preparations were preferred. It was important to note that Treponemes had remained very sensitive to penicillin.

The currently recommended treatment regimen for endemic syphilis (bejel) was 1.2 million units of benzathine penicillin in a single injection.

In regard to smallpox eradication surveillance unit activities, WHO was keeping up a very intensive study of the reservoir of monkeypox infection, with the help of the Governments of Zaire and Japan and of WHO collaborating centres. Within the network of those centres, the Organization was carrying out an intensive study of monkeypox virus. Monkeypox was a zoonotic disease which every now and again spilled over into humans. The increase in reported cases in certain African countries, especially in Zaire, during the years 1982-1983 had probably been a reflection of intensive surveillance, and he was grateful to his colleagues in Zaire who had borne the brunt of the work of that surveillance. During 1984, the number of cases appeared to have levelled out, but WHO would keep an eye on the situation because of its obligation to give full information to the world on the matter. WHO also had a Committee on orthopoxviruses to advise the Organization on further steps to be taken in that regard.

On the question of hepatitis B, it should be noted that nearly all WHO regional offices had set up task forces to develop regional programmes, since the epidemiology and control of the disease might be very different from one region to another. In the developing countries, infants and children were infected very early; in Africa, possibly within the first year of life, and in countries in South and East Asia, infection might be passed from mother to infant. In the control of hepatitis, good medical practices were essential, especially the use of sterilized or disposable syringes and needles. Vaccination still remained one of the most important weapons against the disease, especially where infants and children were concerned.

WHO had an intensive programme for hepatitis B vaccine development and vaccine trials to combat the disease. Together with the Government of Burma, it had been carrying out studies on transmission from mother to infant, using vaccine alone instead of immunoglobulins plus vaccines. A large-scale demonstration vaccination programme was planned in coordination with the Government of Gambia, the International Agency for Research on Cancer (IARC) and the British Medical Research Council to investigate whether vaccinating children with hepatitis B vaccine derived from plasma would really affect the chronic hepatitis picture, and eventually that relating to liver cancer. The study had been generously supported by the Italian Government, vaccine producers, and other agencies.

WHO was taking the lead in the development of hepatitis B vaccines produced in yeast; a publication on that subject had appeared in the WHO Bulletin. The eight vaccine producers of hepatitis B in yeast had agreed to give their vaccines to WHO for an international collaborative study to characterize the vaccine. The provisional requirements were already in preparation, and were now being reviewed by an independent panel of scientists; he hoped they would soon be submitted, through the Biologicals Unit, to the Expert Committee on Biological Standardization. The Biologicals Unit had recently convened a meeting on continuous cell lines as substrates for vaccines, which would be useful in keeping a watch on hepatitis vaccine produced in those substrates using DNA recombinant technology, particularly in Chinese hamster ovaries. It was hoped that that method would produce what could be considered an ideal vaccine, both cheap and highly reliable. However, care had to be taken to ensure the safety of the vaccines.

WHO's vaccine development programme was progressing very favourably. US\$ 1.4 million had been spent in supporting research in the most advanced biotechnology to help to develop a vaccine to combat respiratory viruses, hepatitis A, and dengue, and to create new vaccines to deal with tuberculosis and encapsulated bacteria, with special emphasis on meningococci. Many other vaccine development activities were in progress; a pertussis vaccine development programme was going forward, and a WHO group of scientists were conducting laboratory investigations of the Japanese acellular vaccine. A large-scale clinical trial of that vaccine would be carried out early in 1986 by the Swedish authorities. Other vaccines in the pipeline would be submitted to the Scientific Advisory Group Experts, which managed the programme on vaccine development; they included other rabies vaccines and vaccines relating to dengue, namely a yellow fever vaccine and a vaccine for Japanese encephalitis. In the utilization of that biotechnology, a very fast reagents programme would be developed.

The delegate of Belgium had mentioned vaccinia as a vector; that was being treated as a promising but as a new product, and safety would have to be taken into consideration.

Finally, the problem of the spread of AIDS had been mentioned. Following a major international conference in Atlanta, USA, in April 1985 a WHO group of scientists, epidemiologists, public health administrators and laboratory workers had met specifically to advise on how to develop a programme to deal with the disease. That meeting had ended on Friday, 19 April, and the conclusions and recommendations had been published in the Weekly Epidemiological Record by 26 April. It was, inter alia, recommended that a network of collaborating centres with special expertise in the field be established to assist in training staff, in providing reference panels of sera, evaluation of diagnostic tests, and in the provision of advice on the production of working reagents. The centres would also assist in the preparation of educational material, and in planning studies to determine the natural history of the disease, and the extent of infection in different parts of the world. WHO had already taken action on the first of the recommendations, and was currently in correspondence with a number of countries on the problem. He hoped that by the Executive Board's meeting in January 1986 he would be able to furnish much more positive information on how the problem was being dealt with.

The meeting rose at 11h30.

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