CORRIGENDA

Page 2, third line from bottom of page: "In 1952 the total increase ..." should read "In 1953 the total increase ... etc."

Pages 4 and 5, statement by Mr. Stowman: Delete from seventh line to end of speech and substitute:

"and suggested that this question should be examined by the Committee on International Quarantine, which was scheduled to meet in 1953. He pointed out that regular weekly reports from the major ports were required, as well as more extensive services from other areas than had previously been available, and that the Committee on International Quarantine would decide what other services, if any, were required. The discussions in the Working Party to consider Reservations to the International Sanitary Regulations had brought out that the reservations which were coming in from outlying areas might necessitate establishing an ad hoc committee to prepare the subject for the Sixth World Health Assembly. He asked whether that point had been kept in mind when the proposed budget estimates were drawn up."
Committee on Programme and Budget

Provisional Minutes of the Seventh Meeting

Corrigenda

Page 3, last paragraph: In the fourth line delete the words: "the study of all these subjects was really necessary", and substitute "the creation of certain expert committees was the best way of spending money."

The last line on the page should read: "wondered, however, whether the scope covered was not unnecessarily large. He proposed that the".

Original: French

Page 17, second paragraph: The second sentence of Dr. Bernard's statement should read: "One of the causes of that was that candidates eligible for the type of further training provided by WHO were more numerous in the more developed countries".
CONTENTS

1. Consideration of Part II (Operating Programme) of the Programme and Budget Estimates for 1953

Note: Corrections to these provisional minutes should be submitted in writing to Mr. Richards, Room A. 571, within 48 hours of their distribution or as soon as possible thereafter.

The CHAIRMAN sought the approval of the committee on three points; firstly, that the meeting should continue until 5.30 p.m.; secondly, that he should act as rapporteur for the meeting as the Rapporteur was unable to attend for reasons beyond his control; and thirdly, that item 6.6.2 of the agenda, Relations with the World Meteorological Organization, should be transferred to the Committee on Administration, Finance and Legal Matters.

It was so agreed.

Central Technical Services

The CHAIRMAN called on Dr. Bravo, representative of the Executive Board, to introduce item 6.3 of the agenda.

Dr. BRAVO, representative of the Executive Board, thought it advisable for Part II of the proposed programme and budget for 1953 to be discussed item by item and suggested that the committee should first turn its attention to Central Technical Services. He pointed out that Official Records No. 39, pp. 105-135, gave details of the programme and also of expenditure, and that the tables in Official Records No. 40, page 66 showed the differences between the regular programme and budget estimates for 1953 and the approved programme budget for 1952. In 1952 the total increase for Central Technical Services was $50,640 over that for 1952, or 3.34%; the Executive Board considered that a moderate increase. Most of the increase was due to salary
increments and duty travel. The increase of $4,463 under International Quarantine would be occasioned by the new responsibilities which followed on the application of the International Sanitary Regulations; the increase of $4,662 under Co-ordination of Research would arise from the travel of consultants to cover the appraisal of the results obtained from trials on dried smallpox vaccine as well as from leprosy, rabies and brucellosis studies; the increase of $7,502 under Tuberculosis Research Office, Copenhagen, would arise from co-ordination of laboratory research with field studies. There would also be an increase of $5,139 under Publications and other Editorial Services, mainly due to the increased cost of paper. He pointed out that a reduction of $5,560 would be effected in 1953 owing to the overlap before the appointment of a new Assistant Director-General.

Dr. BRADY (United States of America) suggested that, assuming that the decision of the committee would show that it felt that the budget proposed by the Director-General was reasonable, such a decision should be tentative since another item on the committee agenda assumed that there would be money available from Part II of the budget for certain purposes.

Dr. MACKENZIE (United Kingdom) was concerned as to whether or not the studies on the various subjects listed in Official Records No. 39, pp. 170-171 could best be made by expert committees. He suggested that a working party should be established to examine whether or not the study of all those subjects was really necessary. Further, he had visited the Division of Epidemiological Services and although he was very impressed by the very high standard of the work which was being carried out there, he wondered whether it was not being done in too much detail, and he proposed that the
following resolution be put to the Fifth World Health Assembly, as coming from the Committee on Programme and Budget:

The Fifth World Health Assembly

INVITES the Executive Board to examine the value, from a practical point of view, of the work at present being done at the headquarters of the Organization in connexion with the recording and transmission to governments of information regarding the prevalence of communicable diseases, with particular reference to the nature and extent of the technical work involved.

Mr. STOWMAN (United States of America) stated that his delegation had already expressed appreciation of the work of the Division of Epidemiological Services and of the progress which had been made under the new International Sanitary Regulations. The question which the United Kingdom representative had raised was very important since the idea behind the International Sanitary Regulations was that much more complete epidemiological information would be available than under the former Sanitary Convention and suggested that such a question should be examined by competent experts, for example the Expert Committee on International Epidemiology and Quarantine, which was scheduled to meet in 1953. He pointed out that regular weekly reports from the major ports were required, as well as more extensive services from other areas than had previously been available, and that the expert committee would decide what other services, if any, were required. As for the adequacy of the compilations, the committee would be aware, after discussions in the Working Party to consider Reservations to the International Sanitary Regulations, that much more work would have to be done on the reservations which were coming in from outlying areas. He asked whether that point had been kept in mind when the proposed budget estimates were established and further enquired whether, if the Executive Board or Health Assembly were to establish an ad hoc committee to make a
A separate study of that subject for the next Health Assembly, funds would be available out of the budgetary allotment proposed for International Quarantine.

Dr. BIRAUD, Director, Division of Epidemiological Studies, stated that the secretariat would be very pleased if a study was made on the problem of epidemiological information, i.e. the collection and transmission of information concerning the movement of epidemics. He intended to submit that question to the next meeting of the Committee on International Quarantine so that the present services might be better adapted to the low exigencies of the International Sanitary Regulations for that study the committee could include quarantine experts, epidemiologists and statisticians who would be competent to make practical suggestions and offer constructive criticism of the present machinery, which had developed empirically since 1923. He therefore had no objection to the United Kingdom proposal, provided that the problem was studied in the light of the actual needs of international quarantine.

Dr. MACKENZIE (United Kingdom), replying to the observations of the United States representative, said that he had not had in mind the diseases covered by the Sanitary conventions, but rather those such as whooping-cough and poliomyelitis, which were already being adequately recorded.

Dr. WICKREMESINGHE (Ceylon) endorsed the remarks of the United States delegate. He referred to the remarks he had made, when discussing the Report of the Director-General, on the need for a study of vital statistics in general. He asked whether such a review is he had in mind would necessitate an increase in the allocation for Health Statistics and, if so, he hoped that funds would be made available.
Dr. BRAVO, representative of the Executive Board, suggested that it might be better if discussion of the second point raised by the United Kingdom delegate, namely, that the Executive Board examine the subjects of study of expert committees, be deferred until item 6.4.7 was discussed. Otherwise the discussion would be repeated when that item of the agenda was reached.

It was so agreed.

Mr. STOWMAN (United States of America) thanked the United Kingdom delegate for his explanation, which made the proposal more acceptable to his delegation; however, he suggested that the draft resolution could be improved if it were so worded as to show that the conventional diseases were excluded.

Dr. MACKENZIE (United Kingdom) thought that the point raised by the United States delegate could be met if his resolution was amended by inserting the words "other than the conventional diseases", after the words "the prevalence of communicable diseases".

The CHAIRMAN put to the vote the United Kingdom proposal, as amended.

Decision: The United Kingdom proposal, as amended, was adopted.

M. FOESSEL (France) asked whether the original allocations for Publications and Other Editorial Services, which had been made before 1 January 1952, ought not to be reduced in view of the fact that since that date world prices of paper had fallen by from 30 to 40 per cent.
Mr. STOWMAN (United States of America) drew the attention of the committee to the importance of the proposed international conference of national committees on vital and health statistics. He hoped that sufficient funds would be made available for that conference to ensure that it would be successful.

Mr. MILLER (United States of America) stated that in the section on antibiotics and insecticides (Official Records No. 39, page 109) mention was made of new staff to meet the needs arising from UNICEF/WHO commitments on several projects and of scientific personnel for work of a more specialized type. In the projects referred to, he hoped that special attention would be paid to the rapid progress being made in the field of antibiotics and that stress would be laid on the need for what he would call the universality of antibiotic production units, i.e., that a production unit should be capable of producing not only penicillin, but other antibiotics which were rapidly coming into use. In his opinion, WHO should confine itself to giving such technical advice and in view of the great investments involved, the responsibility for planning the plant should be handed over completely to the United Nations Technical Assistance Administration. There was at present a world surplus of penicillin and therefore a danger that the quality and potency of penicillin might be reduced. He was therefore very glad to see that the Expert Committee on the International Pharmacopoeia had decided to include standards of quality for penicillin in the forthcoming Volume II of the Pharmacopoea Internationalis.

Dr. BRAVO, representative of the Executive Board, in reply to the question put by the delegate of France, stated that the information put before the Executive Board regarding the cost of printing and of paper was contrary to the statement made by the
delegate of France. Further, the Board had been informed that prices were likely to increase in ensuing months. As for the view expressed by the United States delegate concerning antibiotics, he could say that it accorded with that held by the Executive Board, but asked that discussion be deferred until item 6.4.5 was discussed.

Dr. LEROUX (Canada) asked whether some explanation could be given of the relationship of WHO to the Tuberculosis Research Office, Copenhagen. In particular, how many of the total staff employed were paid by WHO?

Dr. GEAR, Secretary, stated that the Tuberculosis Research Office, Copenhagen, was an integral part of the World Health Organization and that, with the exception of the Director, all the 52 members of the staff were paid from WHO funds.

The CHAIRMAN proposed that the committee approve the programme and budget for Central Technical Services.

*It was so agreed.*

**Advisory Services**

The CHAIRMAN called upon Dr. Bravo for comments.

Dr. BRAVO, representative of the Executive Board, stated that the proposed budget estimates for 1953 in regard to Advisory Services showed an increase of 10.58 per cent. He drew attention to the increase of 12 per cent in the budgetary allocation for headquarters, and explained that that was mainly due to home-leave travel. There would also be increases under Organization of Public-Health Service
owing to an increase in field activities and related duty travel in connexion with the mental-health programme, there would be increases under Maternal and Child Health for the same reason, as well as for the employment of a short-term consultant in duty travel in order to permit the staff of the regional offices to discuss and advise on educational problems. Other increases would arise from the establishment of a Division of Environmental Sanitation; from dental-health activities as requested by the Fourth World Health Assembly (Resolution WHA4.5) and from commitments towards other international organizations.

Dr. CLARK (Union of South Africa) noted that there were large increases for certain functions, particularly mental health and nutrition, and he wondered why that was so. Dr. CLARK (Union of South Africa) noted that there were large increases for certain functions, particularly mental health and nutrition, and he wondered why that was so.
Dr. HARGREAVES, Acting Director, Division of Organization of Public-Health Services, answered that the programmes for mental health and nutrition had been started at a late stage in the Organization's life and that provision had originally been made for a headquarters staff which it had finally proved impossible to provide. Both sections, therefore, operated with a staff of one person. In order to develop the work it was intended to make use rather of short-term consultants working on specific assignments than of permanent staff members. The work to be done entailed collaboration with other specialized agencies. In the case of nutrition, for instance, a study subsequently published, had been undertaken on kwashiorkor in collaboration with the Food and Agriculture Organization. The Mental Health Section had undertaken collaborative studies for the Social Commission of the United Nations which had resulted in a technical monograph on maternal care and mental health.

Thus, it had been decided that it was desirable to develop that particular type of programme, which could be carried out by individual short-term consultants working at headquarters on specific assignments which were of interest both to the World Health Organization and to other international organizations.

Dr. TRAN-VAN-DOW (Viet Nam) considered that too much emphasis was being placed by the Organization on preventive medicine and not enough on therapeutics and medical care. In Viet Nam, for instance, there was great need of drugs, such as quinine and vitamins B and B12, in order to deal with malaria, dysentery and beri-beri. He would put forward the suggestion for the committee's consideration that many countries would be very glad of assistance in a more material form.
Dr. van den BERG (Netherlands) drew attention to section 5.2.3, Social and Occupational Health (page 139), and to the estimated expenditure for that item on page 158. He noticed that there was a great variety of problems included under the heading but that there were only two persons, a chief of section and a secretary, to deal with them. It would consequently seem that the Organization was somewhat under-staffed on that particular item; in view of its great importance in the modern world, he wondered whether anything could be done to increase the Organization's activities in social and occupational health.

Dr. SICAULT (Morocco) noticed that under the heading of Maternal and Child Health there were proposals for expert groups to work in highly developed countries, and he wondered whether a meeting could not be convened of experts in child health in the less-developed countries. Child health was a problem of some magnitude for a large part of the population of the world and it would seem that paediatric methods applicable in the more developed countries were not easily adaptable to the less-developed. It might therefore be advisable to group all the information available on the subject in order to draw up at least general lines of policy for the less-developed countries.

Dr. BERNARD (France) agreed with the Netherlands representative on the great importance of social and occupational health work. It was stated in section 5.2.3 that great attention would be given, among other things, to the proper integration of preventive and therapeutic health activities; it seemed to him that that was precisely what the Viet Nam delegate had had in mind.
The same section mentioned that rehabilitation of the physically handicapped was gaining in importance and that WHO would co-operate with the United Nations and the specialized agencies in expert committees on the blind, the deaf and other physically handicapped persons. He considered that that was a field of work in which much good could be done by all the specialized agencies working together.

Dr. TURBOTT (New Zealand) recalled that at a previous meeting he had spoken on the question of fellowships, stating that what his delegation considered to be an undesirably large number of fellowships had been accepted by the more highly developed countries. He felt that in WHO's programme there should be a priority for those countries in the greatest need. The governments of the more highly developed countries could generally themselves afford to send experts abroad to train. He would therefore propose the following draft of a resolution for transmission to the Health Assembly:

"The fellowships programme of the World Health Organization should, for the next three years at least, give priority to under-developed countries in the matter of awarding fellowships for individual study abroad, either within or beyond their own regions."

Dr. HOJER (Sweden) wished to point out to the New Zealand delegate that fellowship granted to persons from the more developed countries might well be of use to the under-developed countries since they resulted in better trained instructors who might be used either in under-developed or in more developed areas. He thought that it might be possible for WHO to arrange that such persons should be trained in a manner which would make them more suitable as international instructors, but he felt that the question was one which should be taken up by the Executive Board; the proposal of the New Zealand delegate he felt to be neither necessary nor suitable at the present stage.
Dr. TOGBA (Liberia) strongly supported the New Zealand proposal. The purpose of WHO was to improve the health standards of all countries, and particularly of the underdeveloped ones; it was therefore obvious that the greatest attention should be paid to those countries most in need of assistance.

Dr. van den BERG (Netherlands) agreed with the point of view expressed by the Swedish delegate. The Netherlands had both received Fellows from under-developed countries and had been granted some fellowships in other countries. For instance, Fellows had come to the Netherlands to study the practice there in tuberculosis and in maternal and child health, while at the same time Netherlands Fellows had gone abroad to study the practice elsewhere in those same fields.

He would add, as a warning, that if it became no longer possible for the more developed countries to receive fellowships, it might also prove impossible for the less-developed to send Fellows for study in other lands.

Dr. de la Garza BRITO (Mexico) supported the New Zealand proposal and the remarks of the Liberian delegate. Under-developed countries particularly needed to have trained national experts since they frequently knew the problems but did not know how to solve them. Moreover, a person who had received good training abroad could also undertake the study of more important questions which were not perhaps of immediate urgency.

Dr. JIFAR (Pakistan) agreed that the under-developed countries should have a certain priority in the granting of fellowships since it was particularly those countries that most required teachers and instructors. He would point
out also that the New Zealand representative had in no way suggested that the more highly developed countries should no longer be given any fellowships but merely that priority should be given to the under-developed countries.

There was also the question of placements to be considered. If the developed and the under-developed countries competed equally for places it was quite obvious that the chances of the under-developed countries would be far smaller than those of the better-developed.

Dr. M. CKENZIE (United Kingdom) hoped that the committee would not come to too hasty a decision on such an important question. WHO was, after all, a world organization from which all should derive benefit. In 1951 the United Kingdom had received a sum of $2,000 for fellowships, and it had done so as a gesture of solidarity in order that the Organization should not be divided into those who received and those who gave.

He had also heard previous speakers refer to the more highly developed countries. He would point out that not all of those countries were equally highly developed in every part of the world where they had responsibilities.

He agreed with the Swedish representative that it would be better to discuss the question in the Executive Board, and he wondered whether the New Zealand delegate would be willing to accept that suggestion.

Dr. TOGBA wished to point out that while Fellows from under-developed countries received knowledge, the money with which they paid for that knowledge went to the more developed.

Dr. TRAN-VAN-DON (Viet Nam) considered that under-developed countries particularly needed technicians and that WHO fellowships should be provided for their further
training. They, in turn, should be required to train others; the work of the Organization would thereby be extended. He thought that governments should be invited to make their own choice of candidates for fellowships who, once they had completed their study abroad, should undertake to serve their own country or WHO and should not seek only to work in their own personal interest.

Mr. ZIGA (Philippines) considered that how the health services of a country might best be strengthened was a matter which should be left to the country itself to decide, whether it was a developed or an under-developed one, since it surely knew its own needs best. In any case, governments would be able to express their desires in the programme planning at the regional committees.

Dr. FERRERIA (Brazil) considered that the Swedish proposal to refer the question of fellowships to the Executive Board was the best, in view of the complexity of the problem. In questions of health one could not talk of priorities as one could in other fields of assistance. There were undoubtedly different problems in the developed and the under-developed countries, but surely no one could say that he was entirely satisfied with the state of health anywhere in the world. Experts were needed to deal with the problems that might arise in any country. The question of fellowships was one that had to be arranged between the country requiring skilled personnel and WHO. Thus it was not for the Programme and Budget Committee but rather for the Executive Board to decide on the matter.

Dr. SIDKY (Egypt) agreed with the previous speaker.
Dr. MacCORMACK (Ireland) disagreed with the Brazilian delegate. He would liken the world, in matters of health, to a city. In the fairer quarter lived the more highly developed countries, while in the slum areas existed the under-developed. If WHO, as the city corporation, wished to build a beautiful city, it should not do so by adding grand buildings in the fairer quarter but by clearing the slums and raising the standards of living of their dwellers.

He agreed with the Pakistan delegate that there was no question of excluding the more developed countries from the right to receive fellowships, but that, on account of their greater need, the under-developed areas should receive what might appear to be an undue proportion of fellowships. The Director-General, in his Report for 1950, had asked the more highly developed countries to make some sacrifices on behalf of the lesser developed. In large measure that plea had been answered. The New Zealand proposal before the committee was in a sense a confirmation and reiteration of it.

Dr. TOGBA (Liberia) saw no reason for referring the question to the Executive Board. If that were done, the Executive Board would in all likelihood merely refer the matter back to the Sixth World Health Assembly.

Dr. BRADY (United States of America) stated that his delegation would abstain if the matter were put to the vote but wished to make a few general comments. The United States of America had accepted some 15 fellowships during 1951, but he would point out that a number of the Fellows had come from Alaska, Puerto Rico and other areas which ordinarily did not have the training facilities which existed in other parts of the country. Those fellowships had been granted after a careful
review by a board on which sat a representative of the WHO Regional Office for the Americas, and their granting was based on a number of rigid principles. In the first place, no government employee was eligible; secondly, fellowships had to be granted to persons requiring a specific type of training that was not available in the United States of America; thirdly, they were granted to people who would later make a contribution to international health; fourthly, they were only granted if no other sources of support were available. The names of the candidates were then forwarded to the Regional Office, and his government had assumed that that office was in a position to decide on the priorities to be granted among the applicants from the Americas.

Dr. BERNARD (France) stated that, while surely no one felt that the underdeveloped countries should not get the maximum benefit from the fellowships programme, the fact was that fellowships had so far been granted equally, or perhaps more than equally, to the better developed countries. One of the causes for that was that there was not a sufficient number of candidates eligible for the type of further training provided by WHO. However, as WHO's programmes in underdeveloped countries gradually extended, there would be more and more trained people becoming eligible.

He wished at the same time to protest against the artificial division of countries into the compartments of the more and the less developed. Any country was more developed in some aspect than another.

The French delegation was opposed to limiting any of WHO's field work to certain countries, particularly in connexion with fellowships. He therefore felt that the committee should take note of the important discussion that had taken
place but decide to take no action upon the matter until some later time.

Dr. BELLERIVE (Haiti) felt that although it might be difficult in theory to place countries into the category of developed or under-developed, it was relatively easy to do so in practice by examining their health administrations and services. The under-developed countries felt that they could only solve their problems with their own technicians, but those technicians must first be trained. He would therefore ask that the New Zealand proposal be voted upon.

After some further discussion, the CHAIRMAN suggested that a vote be taken at the next meeting in order to give delegates time to consider the matter carefully.

Dr. TOGBA felt that the committee could equally well decide immediately and proposed that a vote be taken at the current meeting.

Dr. BELLERIVE seconded Dr. Togba’s proposal.

Dr. HAYEK (Lebanon) asked that the New Zealand proposal be circulated in writing before being voted upon.

Dr. RAÉ (United Kingdom) asked for some clarification before a vote was taken. It was not immediately apparent which countries were to be classed as under-developed and which as more highly developed. In that connexion, he felt the Irish delegate’s analogy to be unsound, since even towns in highly developed countries had their slums.

Dr. BERNARD recalled that the fellowships programme was financed in part by WHO’s ordinary budget and in part by technical assistance funds. It was obvious that the latter were intended particularly for the under-developed countries; but
the debate in the committee had been on general policy and he wondered whether it had referred to all sums allocated for fellowships or merely to those provided under the ordinary WHO budget.

He would also point out that many delegates had apparently been referring to fellowships granted for more or less basic training; fellowships, however, were granted for many purposes, including further training at the highest levels.

Dr. TOGBA noted that no action had been taken on the proposal, which had been seconded, to have the New Zealand draft resolution put to the vote, and therefore formally moved the closure of the debate in order that a vote might be taken immediately thereafter.

The CHAIRMAN put the Liberian delegate's motion to the vote.

Decision: The Liberian delegate's motion for closure of the debate was carried.

The CHAIRMAN then put to the vote the New Zealand proposal.

Decision: The New Zealand proposal was adopted.

The meeting rose at 5.30 p.m.