

WORLD HEALTH
ORGANIZATION

FIFTH WORLD HEALTH ASSEMBLY

ORGANISATION MONDIALE
DE LA SANTÉ

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ORIGINAL: ENGLISH

COMMITTEE ON PROGRAMME AND BUDGET
PROVISIONAL MINUTES OF THE ELEVENTH MEETING

CORRIGENDA

- Page 4, second paragraph, sixth line: for "over half" read "one-third of"
- Page 5, second paragraph, last line: for "all the" read "as far as possible"
- Page 12, first paragraph: the fourth sentence should read: "It was, of course, true that children had a great emotional appeal, but better effects for the children themselves were achieved by the public health services including adults".

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COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE ELEVENTH MEETING

Palais des Nations, Geneva
Wednesday, 14 May 1952, at 2.30 p.m.

CHAIRMAN: Dr. ROMERO (Chile)

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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.

1. SUGGESTIONS FOR FUTURE ORGANIZATIONAL STUDIES BY THE EXECUTIVE BOARD (continuation of Item 6.4.7 of the Agenda (Resolution EB9.R83))

The CHAIRMAN called on the representative of the Executive Board to reply to the points which had been raised during the discussion at the morning meeting.

Dr. KARUNARATNE, representative of the Executive Board, stated that there appeared to have been some misunderstanding of the remarks he had made earlier regarding the subjects for study by the Executive Board. He wished to assure the committee that the programmes of WHO were studied by the Executive Board from all angles. However, the first subject mentioned in resolution EB9.R83, namely, programme evaluation and analysis, had been suggested by the Executive Board so that it could examine the present system of carrying out programmes in all parts of the world. In order that such an examination should be comprehensive, information would be required both from the regional offices and from Member States. That would take time and he wished to stress that an examination of more than two subjects at any one session of the Executive Board was not possible, if such an examination was to be comprehensive. He therefore did not think it advisable to increase the number of subjects which the Executive Board should study at its eleventh session. The Netherlands Delegation had suggested that the item should be referred to the Committee on Administration, Finance and Legal Matters for examination, but as the Committee on Programme and Budget had been established precisely for the purpose of studying the programme and budget, he thought that the item had been correctly placed on that committee's agenda. As for the South African suggestion that the study of regionalization should be substituted for that of programme evaluation, the

Executive Board had no objection since it had suggested that subject as an alternative. If the suggestion was accepted, it would be necessary for the committee to decide which of the two subjects listed in the resolution was to be deleted. The remarks he had made earlier concerning the desirability of not increasing the number of subjects to be studied by the Executive Board applied to the suggestion made by the delegate of Ireland that the length of Health Assemblies be examined.

Dr. CLARK (Union of South Africa) stated that in view of what had been said by those who were well acquainted with the machinery of the Executive Board, it was clear that only two subjects should be studied at its eleventh session. In his opinion, the first of the two subjects suggested, programme evaluation analysis, was of such importance that he considered that it should be kept under constant review. Moreover, as the countries in which programmes were carried out differed so greatly in respect of economic, social and geographic conditions, he doubted whether the Executive Board was the best organ to make such a study, as its conclusions might be purely theoretical. To his mind, evaluation should be carried out by the regional offices, and he therefore did not think that the committee should ask the Executive Board to give special attention to that subject. It would be better if it were asked to study regionalization, which was an urgent and pressing problem.

Dr. WICKREMESINGHE (Ceylon) supported the suggestion made by the delegate of the Union of South Africa. In so far as programme evaluation and analysis would have to deal with work already carried out, a study of regionalization would be in some measure cover that subject.

Professor CRAMAROSSA (Italy) agreed with those who had stressed the need for limiting the number of questions submitted to the Executive Board. Care was therefore necessary in deciding upon the subjects to be submitted. In his opinion regionalization was most important, in particular the relationships between headquarters and the regional offices and the means by which activities were co-ordinated. He therefore supported the suggestion of the delegate of the Union of South Africa.

Dr. BRADY (United States of America) supported the resolution proposed by the Executive Board. In January 1953, the results of the world survey of national health activities would be available and therefore the subjects suggested by the Executive Board appeared to him to be very appropriate. With regard to the second subject listed, that of education and training programme, including fellowships, its importance could be judged by the fact that last year over half the budget had been devoted to education and training. As for regionalization and the length of Health Assemblies, he thought those were subjects which should be kept constantly under review but should not be made the subject of a special examination.

Dr. DAENGSVANG (Thailand) supported the proposal of the delegate of the Union of South Africa that one of the subjects of study should be regionalization, for now that the six regions had been fully organized, an examination of the experience of the older established regions would be very useful to those recently created and would help them to avoid mistakes.

Mr. BRADY (Ireland) wished the Executive Board to give consideration to the length of Health Assemblies. By that he did not mean a detailed study of the efficiency of Assembly arrangements, but an examination of how the Assembly timetable could be curtailed so as to permit the work to be carried out in a shorter period. If necessary, his delegation was prepared to have the question considered separately.

Dr. MACKENZIE (United Kingdom) stated that although all appeared to be convinced of the importance of a study of programme evaluation and analysis, the committee had to decide which subjects were most suitable for examination by the Executive Board. In his opinion, the subject of programme evaluation and analysis could better be studied by the Secretariat. The education and training programme, including fellowships, he considered to be an appropriate subject for study by the Executive Board. He would support the suggestion made by the delegate of the Union of South Africa if a clause were added stressing the importance of programme evaluation and analysis and stating that the Secretariat should evaluate all the projects it undertook.

Dr. CLARK (Union of South Africa) said that he fully agreed with the remarks made by the United Kingdom delegate and would be very happy if a note in the sense suggested by that delegate were added.

The CHAIRMAN put to the vote the resolution proposed by the Executive Board, as amended by the South African and United Kingdom proposals.

Decision: The resolution, as amended, was adopted.

The CHAIRMAN drew the attention of the committee to the suggestion made by the delegate of Ireland that the Executive Board be asked to examine the length of Health Assemblies, and asked the committee whether it wished to discuss that suggestion forthwith.

Dr. ELICANO (Philippines) doubted whether the subject fell within the province of the committee and suggested that it should be referred to the Committee on Administration, Finance and Legal Matters.

Dr. BRADY (United States of America) observed that as the suggestion of the delegate of Ireland had only asked that the Executive Board consider the question, he thought the committee was competent to deal with the matter, and wished to support the proposal made.

Dr. MACKENZIE (United Kingdom) said that while the view taken by the delegate of the Philippines was logical and correct, he thought that the committee should accept the proposal as it was only asked to refer it to the Executive Board. He hoped that the proposal would not change the procedure to be adopted for the next Health Assembly and suggested that, if reference was made to the work of the Assembly, rather than to Assembly arrangements, it would be clear that the point the Executive Board was being asked to examine was whether or not the work of the Assembly could be completed in a shorter period. He was concerned lest reference to Assembly arrangements might occasion further changes in the present procedure, which had not yet been given a fair trial.

Mr. BRADY (Ireland) stated that he would be very willing to meet the wishes of the United Kingdom delegate and proposed the following draft resolution:

The Fifth World Health Assembly

REQUESTS the Executive Board to carry out, in conjunction with the Director-General, an examination of the work of the Assembly with a view to completion of Health Assemblies within a substantially shorter period than at present.

The CHAIRMAN put the draft resolution to the vote.

Decision: The resolution was adopted.

DECISIONS OF ECOSOC XIII AND SIXTH GENERAL ASSEMBLY ON CO-ORDINATION: Item 6.5.1 of the Agenda (Document A5/8)

The CHAIRMAN called on Dr. Kaul, Chief, New York Liaison Office, to introduce the item.

Dr. KAUL, Chief, New York Liaison Office, drew the attention of the committee to document A5/8, which set out the decisions of the General Assembly of the United Nations, the Economic and Social Council and the Social Commission, relating to co-ordination of effort in various fields, and the action taken by the Director-General as required. The following were the salient points of the report:

The General Assembly resolution adopted on 2 February 1952 relating to the development and concentration of the efforts in the social field of the United Nations and its specialized agencies, in particular its clauses calling upon the Economic and Social Council to examine in detail the social activities undertaken by the United Nations, together with the pertinent activities of the specialized agencies, and to

draw up a programme of practical action for the United Nations to be implemented in co-operation with the specialized agencies; the decision of the Social Commission to include in its 1952-53 programme the extension of measures relating to maternity, infant and child care, and that paragraph of the Social Commission's report (document A5/8, page 4) under which the Director-General had submitted to the Secretary-General a statement on the activities of WHO in the field of social welfare.

As for the programmes developed through ACC technical working groups, those on the rehabilitation of the physically handicapped and on long-range activities for children came under separate items of the agenda.

Reference was made on page 6 of document A5/8 to the participation by the Director-General in the work of the Commission on Human Rights, in particular in the meetings of the working party appointed by the Commission to draft an article on the right to health.

In pursuance of the resolution adopted by the General Assembly on 18 January 1951 concerning rural economic development of the trust territories, the Director-General intended to continue to co-operate with the United Nations Department of Trust and Non-Self-Governing Territories, and had appointed a special consultant to work with the Department for a few months during the year.

In terms of General Assembly resolution 377 (V) on emergency action in the maintenance of international peace and security, WHO had co-operated with the United Nations Agent-General for Korea and with the Director of the United Nations Relief and Works Agency for Palestine Refugees. Finally, he drew attention to resolution 409 (XIII), by which the Economic and Social Council noted with appreciation the Annual Report of WHO.

Dr. MACKENZIE (United Kingdom) stated that, in view of the amount of work which the Secretariat had done on co-ordination, he felt it appropriate that the committee should commend the way in which the Secretariat had carried out its task.

Dr. FINDLAY (United Nations Korean Reconstruction Agency) observed that document A5/8, to which Dr. Kaul had referred, had noted the active co-operation between WHO and his organization. It was not hard to imagine how difficult it was to embark on wide-scale and long-term reconstruction projects while hostilities were still taking place. Nevertheless, some efforts had been made to re-establish civilian services in those parts of South Korea which had remained under United Nations control, and the success of those efforts was shown by the relatively high standards of health which existed despite adverse conditions, such as the displacement of millions of the civilian population, war damage to water supplies and many other hazards to public health. In accordance with earlier Security Council resolutions and Article A/14 of General Assembly resolution 410(V) which established UNKRA, the Secretary-General of the United Nations had asked WHO for assistance for the Korean people. During 1950 and 1951, WHO had met that request by providing medical teams for relief and public-health activities under the direction of the Civil Assistance Command. Under an agreement reached between WHO and UNKRA, effective 1 January 1952, UNKRA had assumed responsibility for the continued activity of WHO personnel wishing to extend their service in Korea. Both before and after that transfer date, additional health personnel had been recruited by UNKRA working in the closest co-operation with WHO. Plans for long-term reconstruction in the field of health would also be the subjects of constant co-operation whereby the facilities and services of the permanent organization (WHO) might be made available to the emergency organization (UNKRA).

In conclusion, he wished to thank the World Health Organization, on behalf of the Agent-General, for the assistance it had extended to the agency and which it had assured them would continue. He also wished to thank the committee for having given its time and attention to the question.

Dr. KOO (Korea) stated that on behalf of his Government he wished to thank Dr. Findlay for the statement he had just made. UNKRA was doing splendid work among the refugees in his country, not only providing them with food, clothing and shelter, but rehabilitating clinics and hospitals and carrying out immunization and vaccination campaigns. He also wished to express his deep appreciation of the Scandinavian countries, which had provided hospital ships, doctors and medical units, which not only cared for combatants but also for the civilian population. Members of his Government, who had received treatment from those units, were deeply grateful. On behalf of his Government, he wished to thank the United Nations and the World Health Organization for the humanitarian work they were carrying out in his country.

The CHAIRMAN proposed that the Rapporteur should record that the committee took note of document A5/8 and incorporate in his report the suggestion made by the United Kingdom delegate.

It was so agreed.

3. LONG RANGE ACTIVITIES FOR CHILDREN: Item 6.5.3 of the Agenda (EB9.R24, Official Records 40; A5/24)

Dr. KARUNARATNE, representative of the Executive Board, stated that the Board at its ninth session had considered the report of the technical working group established by the Administrative Committee on Co-ordination to deal with long-range activities for children, and it had felt that the development of a fully co-ordinated long-term programme would be of great interest both to governments and to a large number of non-governmental organizations. That report was attached to document A5/24, and though it might seem a trifle general and elementary, that was due to the fact that it was intended for circulation to a wide variety of organizations.

He called particular attention to section E, containing specific recommendations for immediate and future action.

After considering the report, the Executive Board had adopted resolution EB9.R24 on the subject.

Dr. EVANG (Norway) hoped that the WHO representatives on the technical working group would not forget two facts of the greatest importance. The first was that the child was only a part of the family and of society, from which it could not be separated. The second was that childhood was only one part of life. One could not take any measures for the health of children without at the same time dealing with the various problems raised by their surroundings and by the other age groups. He therefore felt that to deal with children as a particular group requiring special attention was perhaps not the best approach.

Dr. MACKENZIE (United Kingdom) strongly supported the views expressed by the Norwegian delegate. Nothing could be done in public health without its having an effect on the children; all age groups were interdependent. The wording of paragraph 40 of the report was therefore perhaps a little misleading and might be by being generalized. It was, of course, true that children had a great emotional appeal, but better effects might often be achieved by aiming public-health service adults. The health of children was dependent upon the good health, the full employment and the adequate financial status of all members of the community.

Dr. HOJER (Sweden) recalled that in his own country much work had been done on children as a separate group and that good progress had been made. However, the had been reached at which no further progress could be made unless the children were seen as part of the family. By that he ~~did~~ not wish to suggest that special service should not be undertaken for children, since there was a stage at which they were useful, but that beyond that stage they could well be integrated with the public-health services for the rest of the community.

With regard to the United Kingdom delegate's statement, he observed that it was not sufficient for the father to be earning a good wage if the parents did not understand how to deal with their children.

However, he did not feel that the report, although general, warranted adverse criticism. It could be noted by the committee, and in continuation of the work, aspect stressed by the Norwegian and United Kingdom delegates could receive further attention.

Dr. WICKREMESINGHE (Ceylon) considered the recommendation contained in paragraph 40 to be exactly what was required. If public-health work was to progress it was necessary to approach the community in a way which it could understand and appreciate. If, for instance a pregnant mother could be made to appreciate public-health work by being given a really healthy baby, a great barrier would have been broken down between the community and the public-health worker. That mother could then probably be successfully approached with a view to doing other things in the public-health field; she might, for instance, be more amenable to suggestions regarding malaria control or environmental sanitation.

Dr. REGALA (Philippines) thought that the apprehensions of the Norwegian and United Kingdom delegates would be eased if they took note of two sentences in paragraph 39, where it was stated: "These programmes are related directly to all the services which contribute to raise the standard of living. The development of a well-organized and well-balanced general social service is as vital as any service designed specially for children."

Dr. EVANG (Norway) felt that some members of the committee had misunderstood his position. He had in no way wished to suggest that children should not be cared for but had rather had in mind those countries where there was a distinct split between the public-health administration for children and that for the remainder of the population. WHO representatives should be asked to stress the fact that in the long run all public-health services must be integrated.

The CHAIRMAN, noting that there were no more speakers, proposed that the committee take note of document A5/24.

It was so agreed.

4. REHABILITATION OF THE PHYSICALLY HANDICAPPED: Item 6.5.4 of the Agenda (EB9.R34; Document A5/10)

Dr. KARUNARATNE, representative of the Executive Board, recalled that the subject of the rehabilitation of the physically handicapped had originally been discussed at the Interim Commission of WHO, and also drew attention to resolution WHA3.34. In June 1950 the Economic and Social Council had requested the Secretary-General of the United Nations to prepare a co-ordinated international programme and had asked the specialized agencies to give advice and assistance to governments on request. A technical working party had been established by the Administrative Committee on Co-ordination to prepare a co-ordinated programme with the specialized agencies, and resolution WHA4.18 was pertinent to that. That co-ordinated programme had finally been prepared and was before the committee in Annex A to document A5/10.

He drew attention to Chapter I of the programme, "A New Approach to Disability" and particularly to the six principles underlying the evaluation of physical disabled. Chapter III gave the details of a complete rehabilitation service and the main factors necessary for its establishment.

He recalled that the report had been considered at the ninth session of the Executive Board, which had felt that it represented a very useful beginning and had consequently adopted resolution EB9.R34. It would be of great help to the Board members of the committee would express their views on future action which should

Dr. BERNARD (France) recalled that the French delegation had already made several statements during the current Assembly as to the interest it bore in the problem of the rehabilitation of the physically handicapped. He wished now to say what a favourable impression his delegation had received from reading document A5/10, which was a remarkable piece of work greatly to the credit of the Organization.

He approved strongly of the summary of the rights, as it were, of the physically handicapped contained on page 2 of Annex A. In carrying out rehabilitation work it was first necessary to obtain an exact idea of what a physical handicap was and what it represented. The six principles mentioned should always be borne in mind by national health administrations and by those carrying out rehabilitation programmes. Moreover, that new approach should progressively be brought to the notice of the public, since any rehabilitation programme depended for its complete success on favourable public opinion. In that connexion Chapter II, on the education of public opinion, was of the greatest interest.

One of the difficulties in setting up a rehabilitation service was to obtain the necessary highly qualified personnel. That was a matter in which the work of WHO assumed particular importance in view of the rôle it played in training personnel. The French delegation at the current Assembly had spoken on several occasions on the subject of fellowships and group training courses. He wished once again to emphasize how important those were for the technical medical personnel of so many countries.

Another very interesting chapter was that on the organization and financing of rehabilitation services within governments. The question constituted a fairly serious problem for all national health administrations in view of the fact that not only they but other administrations, such as those responsible for education and labour,

had to share in the responsibility and financing of the rehabilitation service. If WHO could give precise information on how that responsibility should be shared it would be rendering a very great service.

The French delegation also wished to know what immediate or long-term plans existed regarding conferences or group training courses dealing with rehabilitation.

Dr. HARGREAVES, Acting Director, Division of Organization of Public-Health Services, indicated that one of the aspects of the work particularly stressed in the document before the committee was that of preliminary surveys. WHO was participating in several such surveys which were being held under the leadership of the United Nations but for the medical aspects of which WHO was responsible. The Organization was generally represented on those surveys by an expert consultant, but where the medical problems were not very great WHO was occasionally represented by persons from the regional offices. That, for instance, had been the case with the survey which had dealt with the establishment of a school for the blind in the Eastern Mediterranean area.

In connexion with group training courses, he recalled that WHO had collaborated in 1951 with UNICEF, under whose auspices the United Kingdom had run a group training course for workers training physically handicapped children. Each country represented on that course had been invited to send persons from every profession which had responsibilities in the matter. A similar course in Scandinavia was being held later in the present year, and there were also preparations underway for a demonstration centre in Yugoslavia.

The United Nations would be publishing a bibliography on the rehabilitation of the physically handicapped, and WHO was responsible for the medical part of it. In response to a request from the Administrative Committee on Co-ordination, the Organization had also agreed to deal with the whole question of international co-ordination of the production, fitting and use of prostheses.

Dr. MACKENZIE (United Kingdom) wished to express his delegation's appreciation of the excellent report before the committee. At the same time, he wished to reassure those countries which did not have complete rehabilitation services that the target set in the report was a trifle high. It represented all that could be done, and, as it were, an ideal to aim at, but he doubted whether any country yet had such a complete service as that envisaged.

The CHAIRMAN proposed that the committee take note of document A5/10.

It was so agreed.

5. MEDICAL CARE IN RELATION TO PUBLIC HEALTH: Item 6.5.5 of the Agenda (EB9.R16, Official Records 40; A5/25)

Dr. KARUNARATNE, representative of the Executive Board, introducing document A5/25, "Medical Care in relation to Public Health", gave a summary of the various factors which had led to WHO's interest in the health and medical aspects of social security. The International Labour Organization had requested WHO to co-operate with it in the field of health and social insurance, and a consultant group had been convened in December 1951 by the Director-General to study the International Labour Organization's proposed new Conventions on social security, with respect to the

soundness of their medical aspects. The statement of the views of that group, entitled "Medical Aspects of Social Security", had been noted by the Executive Board at its ninth session and approved for transmission to the International Labour Organization, with the explanation that the opinions expressed therein were not necessarily those of members of the Board and should not be taken as an expression of WHO's policy. Various administrative issues were reviewed in that document, and close administrative relationships between public health and social security systems advocated. The Executive Board had, however, felt that the question required deeper investigation and had consequently adopted resolution EB9.R16. He would point out, however, that according to Article 2(p) of the Constitution, WHO was authorized only to study and report on administrative and social techniques affecting public health; it had therefore recommended that joint studies be undertaken with other international agencies on the relationships between public health, medical care and social security, and that an expert committee be appointed to consider the problems in achieving sound organization of medical care.

Mr. LARSON (United States of America) indicated that the report on medical aspects of social security contained a number of statements with which the medical profession in the United States of America did not agree. In view of that fact, and since it was very important that the medical profession should understand what WHO stood for, he hoped that the statement of the Executive Board disclaiming official approval by WHO of the views of the consultant group would be given the publicity due to it.

Resolution EB9.R16, in recommending the appointment of an expert committee to consider the problems in achieving sound organization of medical care, was, in fact, recommending a gigantic task if a really thorough study was to be made. He hoped that the expert committee would limit its work, bearing in mind Article 2(p) of the Constitution. He hoped also that it would include representatives of the practising medical profession so that its report would not lay too much emphasis on one side of the problem only, and that the committee would be financed within the limits of the budget.

Dr. HARGREAVES pointed out that no provision had been made for the expert committee in the 1953 budget, and that it would therefore be necessary for the Director-General to include such provision in his proposals for 1954, which would be considered at the Sixth World Health Assembly.

The CHAIRMAN proposed that the committee take note of document A5/25 and adopt the recommendation of the Executive Board in resolution EB9.R16.

It was so agreed.

The meeting rose at 4.55 p.m.