

COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE THIRD MEETING

CORRIGENDA

Page 2, line 9

Insert between "malaria," and "filariasis": "tuberculosis,"

Page 2, line 11

Insert after the sentence ending "control of communicable diseases.":

"He had been reminded the previous day of assistance given by WHO in malaria surveillance work. He wished, however, to submit for the information of the Committee and the Secretariat that the impression created in his country was that the WHO study team there was making a study of that aspect of the work in the interest of all Member countries and that it did not form part of any specific assistance given by WHO to Ceylon."





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PROVISIONAL MINUTES OF THE THIRD MEETING

Palais des Nations, Geneva
Tuesday, 19 May 1959, at 9 a.m.

CHAIRMAN: Dr H. B. TURBOTT (New Zealand)

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Note: Corrections to this provisional record should be submitted in writing to the Chief Editor, Records Service, Room A.216, within 48 hours of its distribution.

1. REVIEW OF WORK DURING 1958: ANNUAL REPORT OF THE DIRECTOR-GENERAL:
Item 6.2 of the Agenda (Official Records No. 90) (continued)

Chapter 2: Communicable Diseases (continued)

The CHAIRMAN invited further comments on Chapter 2 (Communicable Diseases) of the Annual Report of the Director-General for 1958 (Official Records No. 90).

Dr RAJASINGHAM (Ceylon) said that the chapter was an excellent one and was of great interest to his country, where the control of communicable diseases was given very high priority, and special campaigns were in progress for the control of malaria, filariasis, leprosy and venereal diseases. The authorities of his country were very grateful for all the valuable assistance they were being given by WHO for the control of communicable diseases.

Dr SCHINDL (Austria) said that in some countries the tuberculosis mortality rate had declined considerably but the morbidity rate for the disease had not declined at all, and consequently people, especially children, were more exposed to infection than in the past. Some tuberculosis patients refused to have any operation or receive regular treatment either because they were dipsomaniacs or they were afraid of losing sickness insurance benefits. The Austrian authorities were contemplating the inclusion in a new Act of a provision to ensure that such unsocial patients were isolated and received regular treatment, but as yet there were not sufficient grounds for that. He believed that the position regarding the problem of forcibly isolating tuberculosis patients was unsatisfactory in other countries also. He would be grateful for information on the subject.

Dr PERTAW (Iraq) said that a large percentage of the population of his country, particularly tribesmen, suffered from bejel. With the assistance of WHO the authorities of his country had carried out a massive campaign against bejel, and as a result 230 000 persons had been treated and cured by the end of February 1959. Because of the prevailing social and economic conditions, there were difficulties in eradicating the disease, although it was considered to be under control.

As previous speakers had said, bilharziasis control and eradication were most necessary. Schistosoma haematobium, the one species which had been identified so far, constituted a major health problem in Iraq; it had been estimated that one million people suffered from the disease, but that figure might be far below the real incidence. In 1958 urine specimens taken from 39 493 schoolchildren in different parts of the country had been examined, and 8165 had been found to be positive. Bilharziasis was widespread in the central and southern regions of Iraq; complete studies had not yet been carried out there and there were a number of problems still to be solved. One of those problems was to establish why in certain areas the incidence of the disease was very high while the intermediate host found in Iraq, Bulinus, had not been discovered in those areas. WHO was engaged on a limited bilharziasis project in Iraq covering an area of 500 square kilometres, and preliminary studies were being carried out there. He considered the project should be enlarged and that an extensive survey of the disease should be undertaken

very soon as new complications would arise in the near future because of the expansion of the irrigation network pursuant to the land reform law. The Iraqi authorities hoped that WHO would provide them with the necessary technical assistance.

Mr SAMONTE (Philippines) said he greatly appreciated the report of the Director-General on the work of WHO during 1958, which, as usual, was both complete and forward-looking, and would be of great use to national health authorities.

He hoped that the data regarding leprosy which it was indicated on page 13 of the Report had been collected by WHO would be made available to Member governments as soon as possible. The Philippine authorities were collecting and tabulating data regarding the disease, particularly because the incubation period was very long. The work of leprosy workers there was being co-ordinated with that of other health workers. It had been estimated that the relapse rate during the first five years after the disease had been arrested was normally 1.5 per cent. and that it was 3 per cent. for cases in which continuing treatment was not given. There had been some cases of relapse more than eight years after the disease had been arrested. The subject required further study.

Dr DJUKANOVIC (Yugoslavia) said that tuberculosis was undoubtedly a major public health problem, particularly in under-developed countries. The Yugoslav authorities had made great efforts to control the disease, the number of hospital beds for tuberculosis cases there at present being ten times greater than it had been before the war and the number of clinics and other tuberculosis institutions

six times greater. Compulsory BCG vaccination had been introduced, mass fluorographic tests were being carried out for the purpose of detecting pulmonary tuberculosis and a number of measures had been taken with a view to ensuring that the whole health service took part in the fight against the disease, since that was most necessary. Adequate measures could not be taken without first discovering the source of infection and making a thorough investigation of all the factors which influenced the occurrence and distribution of tuberculosis. The Yugoslav authorities attached great importance not only to mass BCG vaccination, chemotherapy, and preventive and other curative treatment in hospitals, clinics and at home, but also to health education and adequate nutrition, housing and working conditions as a means of fighting the disease. In the Republic of Slovenia, where tuberculosis was less prevalent than in other parts of Yugoslavia, the economic loss due to the disease amounted to 1.1 per cent. of the total income of the republic. He hoped to be able soon to provide WHO with a report on an evaluation of tuberculosis work in his country which was at present being made from both the health and economic viewpoints.

Trachoma was a serious problem in his country. Before the Second World War, adequate attention had not been paid to the problem. In 1947 case-finding surveys had been started in all the areas of the country where trachoma was endemic,

and during the period 1947-1952 more than 2 500 000 people had been examined. Regular surveys of that kind were being carried out so that normally those 2 500 000 persons were re-examined once every four years. In 1949 there had been 86 136 cases of trachoma. By 1958 the number of cases had fallen to 21 005. The percentage of progressive cases amongst the total number of trachoma cases had also declined remarkably as a result of the anti-trachoma work which had been done. Treatment for trachoma was given mainly at home and in schools; persons suffering from trachoma were hospitalized only when surgery was necessary. Excellent results had been obtained by means of treatment with antibiotics. The first time mass treatment with antibiotics of schoolchildren had been carried out as an experiment - in 1954 - more than 60 per cent. had been quickly healed. The Yugoslav authorities were grateful to WHO for the large number of excellent suggestions regarding treatment of the disease which had been transmitted to them by Dr Lyons, whose assistance had been of great value for planning and carrying out programmes. He believed that the conclusions of the WHO conference on trachoma control which had taken place in Dubrovnik in October 1958 would prove to be most useful to Yugoslavia and other countries where trachoma was still a serious problem. He hoped that the World Health Organization would continue its work on trachoma until it had been eradicated throughout the world.

Yugoslav health workers, especially Professor Stampar, had long ago realized the value of the help which could be given by veterinarians for solving public health problems. Immediately after the First World War veterinary sections had been added to the epidemiological departments of Yugoslav public health institutions. Great attention was being paid to veterinary public health in Yugoslavia; for the health of human beings was closely related to that of animals. Veterinarians should help to control and prevent zoonoses, both those which affected a country's economy and those which were virtually only of medical importance, such as Q-fever and rabies. They should help to ensure that food of animal origin was safe to eat and they should help to improve livestock so as to contribute to the promotion of health and human welfare. All that could be done successfully only if adequate measures were taken by veterinarians and those measures were co-ordinated with general public health activities. Veterinarians could also help to solve various important health problems, such as those of growing old, cardiovascular diseases and diseases connected with nuclear radiation. Since the general public were not sufficiently aware of the interrelationship of human and animal health, health education of the public was necessary in that respect, and additional training and information was necessary for physicians and veterinarians. In Yugoslav medical and veterinary schools, special instruction was given regarding zoonoses. The Yugoslav authorities had in 1958-1959 organized a veterinary public health course covering one academic year. It was intended to organize similar courses. In 1960 there was to be an international seminar on veterinary public health lasting

seven days for the purpose of bringing together the different authorities concerned with problems of veterinary public health. In Yugoslavia the physicians and veterinarians were co-operating more and more. The Yugoslav authorities were grateful to Dr Kaplan, chief of the veterinary public health unit of WHO, for the advice he had given them and to the WHO Regional Office for Europe for making it possible for Yugoslav veterinary public health students to study abroad and for helping to organize the seminar to be held in 1960 and to obtain for the courses the services of well-known foreign experts on veterinary public health.

Dr ORELLANA (Venezuela) said he welcomed the fact that, as the chapter under discussion showed, the Director-General was paying great attention to the important problem of communicable diseases. The funds available to him for work on that problem were always insufficient.

Recently onchocerciasis had been discovered in Venezuela. Investigations carried out with the help of the WHO Regional Office for the Americas had shown that the incidence of the disease was high in the areas of his country where it had so far been discovered. Those investigations were being continued, and the Regional Office had been asked to provide further help with them. He was very interested in the statements in the Director-General's report regarding ocular lesions, which appeared to be less frequent and less serious in Venezuela than in other countries. The Venezuelan authorities would request WHO to arrange for an expert on the subject to give them advice and assistance.

He welcomed the work which WHO was doing against leprosy and, in particular, the fact that it was intended to convene an inter-regional conference on leprosy during the current year. In Venezuela BCG vaccination against leprosy was carried out in conjunction with BCG vaccination against tuberculosis; much experience had already been gained in following that practice, and there existed a network of local services for the purpose. What was the experience of other countries regarding the problem? What could WHO do to make the work more effective?

Professor TESCH (Netherlands) said that in the Netherlands and the Netherlands Antilles the immunization of children up to the age of 14 against poliomyelitis, by killed virus vaccine, which had been started in 1957, would be completed by the autumn of the current year. Practically from the beginning of the campaign the percentage of those who were actually vaccinated out of the total number it was wished to vaccinate had been approximately 90 per cent. The fact, which showed that the average Netherlands family was aware of the preventive value of vaccination, was largely due to the municipal authorities' following a uniform system of registration involving the use of cards and sending requests for the children to come to the registration centres and, if they did not do so, sending a second request. The system was being followed in respect of immunization against other diseases also. It had not yet been decided whether poliomyelitis vaccination facilities should be provided for older age-groups. He would welcome guidance from WHO regarding that and also information regarding

the use of live vaccine. The experience gained by the Netherlands authorities from immunizing a small group of volunteers with live virus vaccine had been satisfactory.

Dr TRUONG (Viet Nam) said that considerable progress had been made in his country since 1954, when smallpox vaccination had been made obligatory there. There had been 3500 cases of the disease in 1954 but only 30 in 1958. The authorities of his country were confident that within a few years there would be no cases of smallpox at all in the country. The dry vaccine produced by the Pasteur Institute in his country was satisfactory; sufficient had been produced to make it possible to supply neighbouring countries with 250 000 doses.

The authorities of his country were engaged in a vigorous campaign against leprosy. New dispensaries had been opened for the treatment of persons suffering from leprosy, and two mobile teams, each consisting of one health officer and one male nurse were being organized. They would be of great use for detecting new cases, one of the main problems. The other main problem was that of how to obtain sufficient funds. Use was being made of various drugs recommended by those who had attended the leprosy conference in Tokyo in 1958, including one known as DDSO, which had been discovered by a Viet Nam professor and had been used experimentally in Viet Nam and Madagascar. That drug cost little to produce and had scarcely any toxic effect.

Dr SHOIB (United Arab Republic) said he wished to congratulate the Director-General on an excellent report.

The health authorities of his country were concerned at the fact that cases of typhus were occurring in countries where the disease had not been known for several years. They had written to the Director-General about that.

He inquired as to the possibility of combining campaigns against filariasis, which was a big health problem in many countries, with malaria eradication work.

He greatly welcomed the fact that UNICEF had entered the field of bilharziasis control. He hoped that WHO would make use of that and study the question of how the disease could be prevented from spreading.

Dr BELEA (Romania) said that the health authorities of his country had achieved considerable success in fighting communicable diseases. He was very glad that during the past year WHO had intensified research work regarding such diseases in collaboration with other bodies and that guidance regarding laboratory techniques had been given to a large number of institutes in different regions. Campaigns and research in respect of virus diseases should be intensified; data which had been obtained about such diseases in different countries should be co-ordinated.

Dr EVANG (Norway) said that the Yugoslav authorities and WHO deserved to be warmly congratulated on the eradication of endemic syphilis from Bosnia-Herzegovina as a result of the endemic treponematoses programme on which work had been started in 1948 with WHO assistance, as stated on page 6 of the Director-General's report. It was the first time that WHO had been able to announce such a result.

Dr KLOSI (Albania) said that since the end of the Second World War the Albanian authorities had paid great attention to communicable diseases and had achieved excellent results from the measures it had taken against them. In his country people were generally vaccinated free of charge. A number of microbiological laboratories had been established. Great attention was paid to children's diseases such as diarrhoea, whooping-cough, diphtheria and poliomyelitis and as a result the incidence of those diseases was decreasing. The mortality rate for 1958 from communicable diseases was 40 per cent. less than that for 1957. Vigorous measures were being taken against tuberculosis. Much work was being done to detect tuberculosis cases, free ambulatory treatment was being given and new sanatoria and dispensaries were being established.

WHO had made great progress in its work against communicable diseases. He was glad that the representative of the United Arab Republic had referred to typhus. More attention should be paid to virus diseases and to diphtheria, whooping-cough, from which several children died each year, leptospirosis and the etiology of infectious hepatitis. It had been thought that most cases of infectious hepatitis were due to injections, but it had been established that 50 per cent. of the people who had had infectious hepatitis in one town of Albania had never had an injection.

Dr MARTINEZ FORTUN (Cuba) said that smallpox had disappeared from his country in 1922. Although vaccination against smallpox was compulsory and an excellent vaccine, of which quantities had been exported to other countries, was produced there, there had been a falling off of willingness to use it in spite of the world smallpox eradication campaign approved by WHO.

There had been no cases of yellow fever in Cuba since 1908 as a result of taking the measures recommended in 1881 by Finlay. In 1953 an agreement had been concluded between the Cuban Government and PASB providing for a campaign to keep the island free of the disease. In February 1959 a new agreement had been signed providing for the expenditure of \$ 840 000 a year for four years for that purpose.

There had been no cases of typhus in Cuba except in the west of the country, where it was endemic.

Cuba's most serious mortality problem during the first half of the current century was due to diarrhoea and enteritis amongst infants less than two years old. The principle cause of those diseases in Cuba was intestinal parasites, particularly trichocephalus, with which nearly 100 per cent. of the population were infested in some rural areas. During the last 15 years morbidity and mortality due to typhoid, which was also a possible cause of diarrhoea, had declined considerably largely due to the improvement of water supplies.

Mortality due to tuberculosis was declining; there was an excellent laboratory for preparing BCG. A national tuberculosis council had branches in all the provinces.

More sailors were treated for venereal disease and treponematoses in Havana than even in New York.

There were a few rare cases of yaws in the east of the island.

Poliomyelitis occurred following a more or less regular pattern and Salk vaccine was being imported from the United States of America.

Triple diphtheria-tetanus-pertussis vaccine was also required. Those diseases were serious mainly because of their sequelae. Cuba was proud of its two large centres for rehabilitating persons who were crippled as a result of those diseases.

Persons were vaccinated against rabies, and stray dogs were systematically destroyed.

German measles, of which there had been many cases in Cuba during the current year, had created problems because it sometimes caused foetal deformity in women during their first three months of pregnancy.

The Cuban authorities were very grateful to WHO for the assistance it was giving them.

Dr KAUL, Assistant Director-General, Secretary, said that the discussion on the chapter had provided WHO with much valuable information.

Many statements had been made regarding poliomyelitis. The information given by the delegation of Israel regarding the use of killed virus vaccine in that country would be of great value. He was sure that the results of the experiments being carried out there, particularly those with Salk vaccine, would be very valuable and he hoped that they would be made available to all Members of WHO.

There was much interest in the experiments being made with live virus vaccine in various parts of the world; it was still being used only experimentally. The Expert Committee on Poliomyelitis had made a number of recommendations regarding the use of live virus vaccine in the field; those recommendations should be kept in mind if untoward incidents were to be avoided. The Pan American Health Organization and WHO were planning to hold a conference in June 1959 to review the data obtained in using live virus vaccine; it was hoped that those attending the conference would make recommendations on the subject. The Israeli delegation had expressed the opinion that immunological and haematological surveys were necessary; the report of the study group which had discussed that problem was being submitted to the Executive Board for consideration at its next session.

WHO's trachoma activities were being expanded. Much work had been done on the control of the disease and its treatment with antibiotics. The sequelae of the disease constituted an important problem.

The Director-General had called attention to developments in the field of venereal disease and treponematoses and, in particular, to the recent increase in venereal syphilis in countries where its incidence had previously been declining. It was expected that the Expert Committee on Venereal Diseases would discuss the problem later in the year. The eradication of endemic syphilis in Bosnia-Herzegovina was certainly important. The experiments being made with a view to eradicating yaws in Haiti were also important. In other parts of the world where yaws had been prevalent, the disease had been successfully controlled. The main problems regarding the treponematoses related to the areas of low prevalence; WHO was forming an advisory team to advise governments on the subject.

Many delegates had referred to the very widespread problem of tuberculosis. The Organization had been making a broad approach to the whole question of tuberculosis control, and, apart from developing schemes to assist the under-developed countries it had, for example, undertaken research on many aspects of BCG vaccination and on immunology, and had been assisting governments in the development of domiciliary chemotherapy and advising on integrated control programmes. It had, in addition, been reviewing the problem of tuberculosis in those parts of the world where its incidence had been steadily declining during the last decade or so. In some of those countries, it was evident that steps could now be taken to find out whether there was any possibility of approaching the goal of eradication. When the Committee reviewed the programme for 1960 it would see that the Director-General was negotiating with the Danish Government in regard to a pilot project to develop methodology for the eradication of tuberculosis in Denmark. The problem of tuberculosis in general would be reviewed by the Expert Committee which was to meet later in 1959.

Several references had been made to methods of controlling, and preventing the spread of, bilharziasis, particularly in those countries in which new irrigation projects were being developed. The Organization was experimenting in the field, through an advisory team, with techniques for preventing the spread of bilharziasis by irrigation methods, and it was hoped that the experience obtained would be of assistance to those countries in which the problem existed.

Limited resources had, in the past, made it impossible for WHO to undertake extensive development and research in regard to onchocerciasis and filariasis, both of which affected large parts of the world. It was hoped, however, that in the future more attention would be paid to those subjects. The view had been expressed that control of filariasis might be combined with malaria control. Although that might be a possibility in some areas, it was necessary to keep in mind the dangers of diverting the attention of eradication workers from their specific task of dealing with the malaria vector to the filariasis vector, which had different ecological connexions. It would be necessary to do more work on filariasis before determining whether dual control measures could be adopted in certain areas.

The Organization was gradually extending its activities in regard to leprosy, and it was hoped in due course to make available information on the use of BCG vaccine for leprosy, which was being studied.

A number of delegates had referred to specific projects in their own countries, but the speaker believed that it would be more appropriate for the regional directors to comment on those projects.

Chapter 3: Public Health Services

The CHAIRMAN invited discussion of Chapter 3, Public Health Services.

Dr ALAN (Turkey) said that his delegation wished to stress the importance of maternal and child health, and welcomed the interest shown by UNICEF during 1958 in developing more direct aid in social services for children. The Turkish delegation hoped that the proposed study of the care of children in institutions and day-care centres would give satisfactory results since the problem, and, in particular, the care of abandoned children, was of increasing concern to public health administrations. Maternal and child care was a field in which WHO could give valuable technical assistance since mothers and children formed approximately two-thirds of the world's population. The Turkish Government wished to thank WHO and UNICEF for their help to Turkey in that field.

Dr ANWAR (Indonesia) expressed his delegation's gratitude to WHO for its work in the field of public health administration, particularly at the national level. In 1958, the WHO adviser in Indonesia had continued to assist the Ministry of Health to improve its statistical division. He had also helped to prepare an analysis of field studies of trachoma and other diseases.

The WHO nurse, who had been assisting in the improvement of nursing education in Indonesia, continued to help the Ministry of Health in preparing to set up a nursing unit, with the ultimate aim of creating a nursing division within the Ministry.

The speaker noted with satisfaction the positive development of the Organization's work in the field of dental health. As a member of the Indonesian delegation, and of the Executive Board, he had been among those to advocate that dental health should be included in WHO's programme, and in 1954 he had been an interested member of a study group convened by the Director-General to advise him in regard to that programme.

DR SYMAN (Israel) welcomed the growing appreciation of the role of social, economic and cultural factors in the field of health, reflected in chapter 3 of the report. That appreciation had, perhaps, contributed to the growing co-operation with other specialized agencies and organizations which was also noted in the report. The establishment of a number of joint committees, advisory committees and expert committees in co-operation with such organizations as the ILO, FAO, UNESCO and UNICEF was a positive development, but it might be asked whether WHO should not play more than a consultant role in such co-operative undertakings. It could, perhaps, act more as sponsor and guiding spirit in dealing with those health problems which, for organizational reasons, were covered by agencies such as the ILO or FAO.

Israel was giving particular attention to the development of maternal and child health, and was convinced that the improvement of health in the country was due in large part to the improvement of maternal and child health services. The Government of Israel wished to thank UNICEF for its valuable contribution in that field.

The role of the public health nurse was changing, as her work became more family- and community-centred, from the purely technical approach which used to prevail to a task which was more social and educational in character.

The excellent and progressive work being done in mental health by WHO was highly appreciated. The importance of the new approach to the treatment and prevention of mental illness had been stressed, but changes in the public attitude to mental patients and mental diseases could not be achieved by public health

administrations alone and, in that connexion, the valuable help given by voluntary agencies such as the World Federation for Mental Health should be emphasized. WHO should try to co-operate to the best of its ability in the efforts being made to improve mental health throughout the world.

Dr NUGENT (Ghana) welcomed the mention, in the opening paragraph of Chapter 3, of the importance attached by WHO to public health administration, and of the assistance being given by WHO to many countries in strengthening their own public health services. A strong public health service was, of course, the backbone of any ministry of health. The Government of Ghana wished to express its thanks for the assistance which it had received in the form of fellowships to send doctors and sanitarians abroad for further training. It also appreciated the facilities offered by WHO in organizing the fellowships programme in the Union of Soviet Socialist Republics. Experience and knowledge of public health services in other countries was of great assistance to senior public health administrators in the planning of their own work.

Sir Kenneth COWAN (United Kingdom of Great Britain and Northern Ireland) said that the first report of the Expert Committee on Medical Rehabilitation, issued in 1958, had focussed special interest on rehabilitation services. Among other items, the Committee had given consideration to the principles and aims of medical rehabilitation and to methods of meeting the needs of handicapped persons, and had emphasized the importance of early attention to the restoration of the patient to

full physical and social capacity. In the United Kingdom a committee of inquiry on disabled persons had recently reported on the existing provision for their rehabilitation, training and resettlement, and had made certain recommendations. Both the expert committee and the committee of inquiry had suggested that resettlement clinics should be established at major hospitals, and there had been an expansion of those clinics in hospitals in the United Kingdom. Selected patients were interviewed at the clinics, which were usually conducted by the consultant in charge of the hospital rehabilitation services. The clinics were staffed by members of the clinical team, by the local welfare officer, the disablement resettlement officer of the Ministry of Labour, and medical social workers from the local authority. Other appropriate persons might attend the clinic to help with the solution of any problem related to an individual patient. Two main advantages accrued from such clinics: regular personal contact between the health and welfare workers concerned with problems of rehabilitation; and the advantage to the patient of having his problem considered in a comprehensive manner by the people who were directly able to afford immediate practical help - medical, social and vocational. The first steps in co-ordinating all the services provided for disabled persons could thus be taken at the hospital. The initial contact of the patient at that time with the responsible persons concerned with his future would contribute materially to the smooth and continuous operation of the whole rehabilitation process.

Co-ordination between the medical and other services, both centrally and locally, should also be as complete as possible. Several government departments

would be concerned with the medical implications, the social needs and the vocational requirements of the disabled person and, at the local level, health authorities must combine their work with that of education and welfare authorities and voluntary agencies. There was much scope for close association between voluntary workers and official agencies in affording help both at home and in securing suitable employment.

The United Kingdom delegation was pleased to note that WHO had given much attention to medical rehabilitation during the year, and the close and extensive co-operation with the United Nations and the ILO was very gratifying.

Dr CLARK (Union of South Africa) said that his delegation was particularly interested to note the emphasis laid on the development of effective public health services. It believed that great and lasting improvements in health conditions could be brought about only by the development of well-organized and well-integrated public health departments in the various Member States.

He asked whether any further information was available in regard to the important question of the carriage of narcotic drugs in first-aid kits on aircraft on international flights, mentioned on page 17.

He welcomed the increasing interest shown by WHO in the chronic degenerative diseases. The establishment of an Expert Committee on Cardiovascular Diseases and Hypertension was of considerable importance, and WHO should investigate that field very intensively.

The long-term study of the epidemiology of mental disorders was also of great importance, as were the Expert Committees on Social Psychiatry and Community Attitudes and on Mental Health Problems of Aging and the Aged. The psychiatric problems of the aged, and geriatrics in general, were gaining in importance and, with the increasing age of the population, they were subjects to which public health departments would have to devote more and more attention. The speaker expressed his satisfaction that the expert committee had considered the question of providing a proper framework for preventive work in the mental health aspects of geriatrics.

Reference had been made to the need for a change in the attitude to mental health. Public health departments could foster the change in attitude but could not, by themselves, entirely bring it about and in that connexion a particular debt was owed to the World Federation for Mental Health for all that it had done in stimulating interest in the whole question of mental health.

Dr. BELEA (Romania) stressed the importance of public health administration. WHO had begun to study public health services in a number of countries, but, in the speaker's opinion, its work should be extended to make available to all the countries concerned the experience gained in those countries which had developed very satisfactory public health services. Romania had, in the past eleven years, made great progress in the field of public health services and it would be happy to place its experience at the disposal of WHO.

Dr ORELLANA (Venezuela) said that chapter 3 of the report reflected the interest of WHO in the field of public health services. He asked whether the First Report on the World Health Situation, which had been submitted to the Eleventh World Health Assembly and subsequently revised, had been or would be published. It would be of great value to all public health administrators and to all workers in the public health field.

Referring to the fact, noted on page 17, that the prevention of accidents to children had been the subject of a seminar held in Europe, he said that the question had also been discussed by the Pan American Sanitary Conference in October 1958, and that the same conclusion had been reached - that education was the greatest single factor in preventing accidents to children.

Most of the delegates would have felt the increasing burden of the costs of medical care in their own countries. The Organization must continue its study of the question and submit its findings to governments as soon as possible. In most countries, efforts to provide good medical care were among the most important functions of government and absorbed a great deal of time and money.

In connexion with the section on maternal and child health, the work on the current definitions of prematurity and the average normal weight at birth was most important, and it was hoped that the results of the study would be made available as soon as possible.

The field of mental health called for increasing co-operation by the international bodies concerned. The speaker welcomed, in that connexion, the

long-term programme for the study of the epidemiology of mental disorders. He noted with satisfaction WHO's increasing activities in the field of mental health, which would in the near future become a major problem.

Dr LOPEZ HERRARTE (Guatemala) said that, in his country, infant mortality was due primarily to protein malnutrition since a well-nourished child had greater resistance to diarrhoea and intestinal parasites, while under-nourished children fell victim more easily to fatal illness. The problem was not an economic, but an educational one, since there was great prejudice in Guatemala against giving children meat. The Institute of Nutrition of Central America and Panama had developed several formulae, and among them "mixture 9", consisting of maize, and cotton and peanut oil, had been the most satisfactory. A pilot plan to feed 10 000 under-nourished children had been undertaken and the results had been excellent. In two months the children were so much improved as to be unrecognizable. The plan was supplemented by an educational campaign in which the prize-winning film "Hungry Angels" had been used. The delegation of Guatemala would be glad to show samples of "mixture 9" to any delegates who were interested and to discuss it with them. The Institute of Nutrition of Central America and Panama and the Guatemalan Ministry of Public Health would be happy to make copies of the film available to any interested body.

Dr ALLARIA (Argentina) said that his country had benefitted from the activities of WHO and of the Regional Office for the Americas. It had completed

the reorganization of its central public health administration, and the continuous presence of the zone advisers had been of great assistance. The Government of Argentina also wished to express its appreciation of the fellowships programme.

Argentina was anxious to insure that medical services were closely integrated with social services, since the complete rehabilitation of a patient was impossible unless his social and other problems were dealt with at the same time. Medical care must therefore be supplemented by good social services.

The Central Ministry had recently reorganized the department of nursing. In addition to 20 elementary schools and 59 secondary schools of nursing there were now two schools of nursing at the university level, which were beginning to show results. A Pan American conference on nursing would shortly be held in Buenos Aires, and it was hoped that both professional and administrative aspects of nursing would be discussed.

The National Institute of Nutrition had been developing certain activities in co-operation with other American states, which had been favoured by the presence in Buenos Aires of students of dietetics from the other American countries. A programme prepared in co-operation with WHO, FAO and the United Nations Technical Assistance programme had enabled Argentina to prepare a nutritional survey of two large regions, which it was hoped would be useful.

Argentina, like many other countries, had many important mental health problems. It was not always possible to insure the complete rehabilitation of the patient owing to lack of financial resources and trained personnel. There were not at present enough psychiatrists in Argentina, but training possibilities

were now being studied. The number of psychiatric centres in the country was also insufficient.

The community's attitude to disease and health was of the utmost importance, and a great deal had been written on the subject. People sometimes fell back on illness when they were unable to solve the social and family problems which arose in modern life. It would be of great value if WHO could undertake studies in that field.

Dr WALDEYES (Ethiopia) expressed his delegation's satisfaction at noting, in the chapter under discussion, the importance attached by WHO to a proper public health administration. He wished, however, to make some observations in regard to his Government's experience in regard to the expert guidance which it had been receiving from WHO in connexion with its public health services, and to the continuity of the programme.

A recent example was that of an ophthalmologist who was to have been responsible for guidance in the trachoma campaign. He had arrived in Ethiopia in February 1959 and was leaving in August on a fellowship. The programme must therefore await his return or the uncertain recruitment of a new ophthalmologist.

Another example was that of a member of the Gondar School of Public Health, who had recently been assigned to another region without the previous notification of the Government and before a successor had arrived.

The Government of Ethiopia was fully conscious of its obligations to WHO and to the Regional Office, and appreciated the difficulties of recruitment. It must,

however, express its anxiety and frustration at the lack of continuity of guidance and support in the projects initiated. The budgets provided for the projects were wasted and the development of balanced public health services was disrupted. The Government was, however, fully confident that WHO would take note of those disconcerting discrepancies and that, as a result, the confidence and gratitude already expressed on its behalf would be enhanced.

Dr SHOIB (United Arab Republic) said that, while he was glad to note the constantly increasing scope of the Organization's activities, he felt that more should be done in the field of occupational health, particularly in view of the increased trend towards industrialization in many parts of the world. He associated himself with the plea made at the Regional Conference of South-East Asian Countries convened jointly by ILO and WHO in Calcutta, which was mentioned on page 16 of the report. It was hoped that the Organization would give the plea, for more facilities for training of personnel in occupational health and for education of industrial management and workers in health and safety measures, more of its attention.

Drawing attention to the WHO/UNESCO Study Guide on Teacher Preparation for Health Education, mentioned on page 18, the speaker wondered whether it would be appropriate for the Organization to prepare a similar guide for the various categories of public health personnel. Public health personnel were the best health educators, but their training was often deficient in the principles of health education.

The meeting rose at 11.5 a.m.