



COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE ELEVENTH MEETING

Palais des Nations, Geneva
Monday, 25 May 1959, at 9.30 a.m.

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

CONTENTS

	<u>Page</u>
1. Draft second report of the Committee on Programme and Budget	2
2. Environmental sanitation	2

Note: Corrections to this provisional record should reach the Chief Editor, Official Records, World Health Organization, Palais des Nations, Geneva, Switzerland, by 6 July 1959.

1. DRAFT SECOND REPORT OF THE COMMITTEE ON PROGRAMME AND BUDGET
(Document A12/P&B/23)

Dr THOR PENG THONG (Cambodia), Rapporteur, introduced and read the Committee's draft second report (document A12/P&B/23).

Dr EVANG (Norway) proposed that, in order to permit the Health Assembly to follow developments, the draft resolution on the International Agreement of Brussels, 1924, respecting facilities to be given to merchant seamen for the treatment of venereal diseases, should be amended: (1) by inserting the following preambular paragraph before the second operative paragraph: "Recalling the provisions of resolution WHAll.49"; and (2) by substituting the words: "to present a progress report to the Thirteenth World Assembly" for the words: "when it is finalized, to report to the Executive Board and the World Health Assembly on its results", in operative paragraph 2.

It was so agreed.

Decision: The draft second report was adopted, as amended.

2. ENVIRONMENTAL SANITATION: Item 6.12 of the Agenda (Resolution WHAll.27;
Document A12/P&B/6)

The DIRECTOR-GENERAL, introducing the subject, observed that the members of the Committee were well aware of the interest taken over the years by the Health Assembly in the subject of environmental sanitation. The matter had been brought into sharp focus by the discussions on his annual report to the Eleventh World Health Assembly, and had resulted in the adoption of resolution WHAll.27, requesting him to make a comprehensive review of the work and achievements of the Organization in

assisting governments in environmental sanitation. That report (document A12/P&B/6) was now before the Committee. And the time was opportune for WHO to face the problems involved and decide upon its course of action for the future. From its inception WHO had given high priority to work in environmental sanitation on the ground that progress towards the betterment of health throughout the world depended largely on progress in that sphere.

In drawing up his report, he had sought the best available advice on the subject, both from within and outside the Organization, to guide him. He had called on the services of a group of consultants whose combined experience covered the sanitation practices of all the continents of the world.

With the headquarters staff of WHO, the consultants had spent some time in drawing up tentative plans for future activities. They had then been joined by the advisers in environmental sanitation from the six regional offices. Those discussions among individuals with such varied backgrounds had seemed to him to afford a good mechanism for evaluating the past work in sanitation and for planning an effective and practical programme for the future.

The report contained in considerable detail the story of the Organization's work and achievements - so far as the latter could be evaluated - together with proposals for a long-term programme based in large measure on the joint findings of the consultants, the regional advisers and the headquarters staff.

In brief, the consultants had found that the sanitation programme of WHO had, in the past, suffered from the attempt to give attention to too many aspects of the problem. The collection and dissemination of technical and administrative information had been considered good; education and training activities as comparatively successful; but the awakening of ministries of health to a consciousness of the needs of sanitation had progressed much more slowly than had been expected and in many cases pilot projects had proved disappointing. The hoped-for waves of sanitary improvement spreading from the foci of WHO-assisted projects had not materialized.

The need for providing a stimulus to action was obvious. What was required was some activity that would catch the imagination of the people and their leaders - in some sphere that the people understood, needed and desperately wanted. The consultants had felt that, without forsaking many of the worth-while activities already undertaken, WHO should put first things first and reorient its sanitation programme with a spearhead activity of the greatest public health import.

The criteria advocated to govern such an activity, as set out in his report (page 34), would undoubtedly be satisfied in the fullest measure by a big programme designed to make water supplies available to all the communities of the world. No factor in the environment was so basic to health as drinking-water. It was a first necessity of life itself and upon its availability and quality depended the well-being of the people. In many parts of the world the housewife was still

obliged to spend nearly half her working-time in seeking and carrying water; she obtained it from rivers, canals and mud-holes which were often grossly polluted. That estimate of the water supply situation related to three-fourths of the world's population. And in addition to the enormous waste of time and labour there remained the water-borne diseases contracted as a result of such practices, which were the main causes of death in many parts of the world. It was believed that in many countries the sickness rate could be halved by providing safe water and proper disposal of human waste.

The report drew attention to an important point that had hitherto been the subject of much erroneous thinking, namely, that the key factor from the water supply standpoint was density of population. Wherever the density of population so warranted, the effort should be made to provide piped water supplies, irrespective of whether the area was classified as rural or urban according to such criteria as occupation or for administrative convenience.

The second point worthy of special mention was cost. WHO would, in fact, have embarked long ago on a water supply programme, except for the formidable obstacle of cost. The provision of water supplies was extremely costly and in general had been regarded as an item of capital expenditure giving no return or income. That was a concept that was entirely erroneous and must be abandoned in the future. In the first place, only a part of the cost was legitimately chargeable to health protection; the bulk of the expenditure was for the provision of a convenience and

a commodity. In the second place WHO, or any similar agency, would not need such vast amounts of money for its own operations. WHO's functions were to stimulate and promote - and these were both relatively inexpensive. It would not dispense large sums in grants for construction purposes. Where then was the requisite financing to be obtained? The answer was two-fold: from the fiscal resources of the countries and their sub-divisions and from loans made by a revolving fund.

In other words, it was envisaged that water supply programmes promoted and supported by WHO would not be in the nature of a dole; they would be operated, managed and maintained on sound business lines.

But it was not a question of money alone. The trained manpower to carry out a vast programme of the kind was lacking. And in that sphere, WHO could play an important part.

In thus concentrating attention on the benefits to be derived from a world-wide water-supply programme, he was not advocating that WHO should abandon for the time being its work on other aspects of environmental sanitation. On the contrary its help to governments in those activities must be continued. Nevertheless, for a large part of the world's population water was the most urgent need. The provision of safe water supplies was a fundamental prerequisite to the raising of health standards in many parts of the world and would lead to economic and social advancement as well.

Dr PEMIDO (Brazil) regarded environmental sanitation as a universal problem of the highest importance. Many countries had high mortality rates in diseases caused by dirt and by contaminated drinking water; in others, more advanced, faulty sanitary practices in regard to food and food handling were often the cause of death. The efforts of WHO in the past, albeit highly commendable, had merely touched the fringe of the problem, so vast was it in magnitude. Accordingly, the Brazilian delegation would welcome an extension of WHO's work in environmental sanitation, in particular in regard to the provision of water supplies, to give help to any government desiring aid, together with the appropriation of the requisite budgetary funds.

Dr HUMPHREY (Australia) expressed his delegation's disappointment that the overall progress made by WHO in its work on environmental sanitation had been found less satisfactory than might have been hoped, the more so since the matter was one of vital concern to some three-fourths of the population of the world.

Since one aspect of environmental sanitation had to be selected for a special effort, the Australian delegation agreed that the provision of piped water supplies was the most appropriate choice. Nevertheless, that aspect could not be separated entirely from the other problems in environmental sanitation, such as the question of proper disposal of human waste. Without adequate measures to that end as well, the source of the new water supplies provided would soon become polluted.

In general, therefore, the Australian delegation gave its support to top priority in the work for the provision of water supplies; any additional action that might be possible should be directed to waste disposal facilities and the education of the people in the use of sanitary installations.

Dr PATIÑO-CAMARGO (Colombia) welcomed the Director-General's report, the contents of which were of the highest importance. Water was not only a prerequisite for health; it was a necessity of life itself.

In Colombia, the high incidence of gastro-intestinal and helminthic and protozoan parasitic diseases was mainly due to the water. Moreover large tracts of the country were subject to periodic droughts which, in addition to the primary hardship caused, were responsible for bad harvests and resulting malnutrition among the people. It would thus be seen that the question was of the greatest importance for Colombia.

In some rural areas of the country, communal efforts had been deployed, with some measure of success, to discover sources of water and to bring it to the areas which needed it. Governments should be requested to give every encouragement to activities of the kind.

Dr GAYE (France) observed that the countries of Africa, old and new, could not but be interested in the crusade envisaged by WHO against the ills caused by lack of proper sanitation. The factors which were mainly responsible for the propagation of the communicable diseases and those caused by dirt - which ranked high among public health problems in countries such as Senegal - were inadequate

housing, lack of running water, and lack of waste disposal facilities. When it was realized that even such a large town as Dakar suffered to a certain extent from deficiencies in those matters, the plight of the remainder of the territory could well be imagined. The approval of the proposals now before the Committee would augur well for future advancement.

Mr ERCHOV (Union of Soviet Socialist Republics) remarked that the practical value of the Director-General's report lay in the specific programme it put forward for the future, based on a realistic and practical appraisal of the experience gained by WHO in the past ten years.

Dispersion of effort was probably responsible to a large extent for past achievements falling short of expectations. That was why the Soviet delegation considered it right now to concentrate efforts and resources on the basic aspect of water supply. At the same time, related problems, such as sanitary inspection of water at the source and waste disposal, should continue to have a place in WHO's programme.

Planning on a sound financial basis would require close liaison between WHO, the various governments and their national services, and other interested agencies; it would call, too, for much thorough work on the part of expert committees; and also for the collaboration of the peoples themselves. The last-named element had proved its value in programmes carried out in the USSR and other countries, when linked to a sound programme of health education. Specialists in health education should, therefore, be invited to take part in the work of drawing up the programme.

Dr RAJASINGHAM (Ceylon) commended the Director-General on the comprehensive nature of his report. He took issue, however, on the assessment made of past work on rural sanitation. Country people were notoriously conservative in their habits, and much sustained effort over a long period was needed to achieve any real gain. In Ceylon, however, some progress was being made. Apart from the fact that a very substantial proportion of the population had benefited from the work done by the WHO demonstration project, improvements had taken place in other areas as well and the general rate of progress was somewhat greater than the figure quoted in the Director-General's report would indicate (document, A12/P&B/6, p.4).

The conclusion that rural sanitation was painfully slow, however, was still valid, and WHO, to make a quicker impression on the world situation, must find more dramatic ways of using its resources. There could be little doubt that a programme to improve community water supplies - an outstanding need in many of the tropical countries - would find ready acceptance.

A long step forward would be taken if WHO could find ways to help governments in regard to the financing of such programmes. The delegation of Ceylon supported the proposals of the Director-General as set out in the report, firstly, because they called for continuation of the work already being done in rural sanitation and, secondly, because outside support for the work might be forthcoming, as mentioned by the chief United States delegate. Aid from other sources, including the Colombo Plan, was also a possibility.

Dr ATANASSOV (Bulgaria) said that the lack of proper sanitation, especially in the rural areas of the world, constituted a most serious problem. Moreover, the costly nature of improvement programmes had thus far put them beyond the reach of the less economically developed countries. There was no doubt that urgent action was needed in order to protect vast sections of the world's population from the risks to health caused by the lack of safe drinking water and simple waste disposal facilities.

The lack of facilities for the disposal of human waste was closely linked to the widespread incidence of the helminthiases. WHO should study that problem and draw up a programme for their control. In Bulgaria epidemiological investigations had been carried out on the subject, and a mass campaign had been instituted, with the co-operation of veterinarians, agriculturalists, and the voluntary organizations, and accompanied by the necessary measures for health education.

The collaboration of the people in any programme of environmental sanitation undertaken with WHO help should be encouraged, in order to limit government and WHO expenditure to the provision of supplies and technical staff. In that way the cost would be greatly reduced and more speedy results achieved.

Dr ANWAR (Indonesia) stated that the main problems in environmental sanitation were to provide safe drinking-water and facilities for the disposal of human waste. He agreed with the Director-General that density of population should be a deciding factor in undertaking programmes for the provision of piped water supplies, but it was often difficult to distinguish between rural and urban areas where the situation was one undergoing rapid development.

The Indonesian delegation supported the proposal to concentrate efforts for the time being on the provision of water supplies. However, the lack of facilities for human waste disposal, because of the resulting contamination of the soil, was an important related problem, especially in rural areas. In some parts of Indonesia, for example, the whole population was infested with hookworm.

Efforts to improve environmental sanitation would be largely wasted unless accompanied by education of the people in the value and use of sanitary installations; and the work of health education needed as a basis the raising of general education standards and better economic and social conditions.

The responsibility of the Indonesian Ministry of Health in regard to programmes for the provision of water supplies was limited to furnishing technical advice, as the programmes themselves were planned and operated by the local authorities. The bulk of the government funds allotted for such work went to the local authorities and the share of the Ministry of Health was extremely limited. Hence, the figures for actual expenditure in Indonesia were greater than the Director-General's report indicated. That report would be of great value in eliciting parliamentary support for such schemes.

Professor GRAMAROSSA (Italy) observed that Italy had consistently supported WHO's work in environmental sanitation. The somewhat late issue of the Director-General's report on the matter had precluded delegations from seeking government instructions on the financial implications of the latest proposals. Accordingly, he found himself obliged to limit his remarks to the technical aspects.

In the first place, he had some reservations to make on the assessment of past achievements. As a universal organization, WHO was obliged to take a world-wide view of the problems of environmental sanitation and to endeavour to institute a comprehensive programme for meeting all needs. On that basis, it might well be satisfied with the results achieved over the past ten years. Moreover, at the time of the Seventh World Health Assembly the dangers inherent to dispersion of effort had already been recognized and as a result the Executive Board had decided to limit "environmental sanitation" to considerations of water supplies and the disposal of human waste and refuse (resolution EB14.R21).

His object in recalling that resolution was precisely to stress that the two problems were inseparable and must be tackled together. Indeed, funds spent on providing water supplies, unless accompanied by measures for the safe disposal of human waste and refuse, would be largely unproductive. Even in advanced countries, the two facilities did not always exist side by side, with resultant prejudice to health. The statement in the Director-General's report (page 35) to the effect that, once a community water supply system was available, other environmental sanitation activities would follow in its train, must therefore be regarded as somewhat optimistic.

Accordingly, the Italian delegation considered that the proposed programme of work should be amended to give equal importance to the provision of water supplies and the construction of waste and refuse disposal facilities, and to provide that work on those two basic aspects was carried out simultaneously.

With regard to the financial aspects of the programme, his delegation believed it might be prejudicial to good relations for WHO to set up a revolving fund and enter into financial agreements with Member States. Furthermore, it should be borne in mind that most countries had legislation for promoting the improvement of environmental sanitation through the provision of long-term loans at low rates of interest. Credits of the kind in Italy had unfortunately not been utilized to the full because municipalities entitled to grants had been unable to offer the requisite guarantees. It was therefore open to doubt whether WHO would be able to obtain repayment of loans at the dates set and thus be able periodically to replenish such a revolving fund.

The Italian delegation considered that the programme had not been sufficiently studied in its legal and financial aspects and that there was still some confusion from the technical standpoint.

Mr WOOD (Federation of Nigeria) said that Nigeria, and Northern Nigeria in particular, contained large arid areas as well as other areas where water was difficult to obtain. The success of the large number of government schemes to establish community water supplies and the long list of communities awaiting inclusion in the government programmes proved the great demand existing among the people. Unfortunately financial capacity and, still more, executive and technical capacity prevented the Government from satisfying the demand as it would wish, and many parts of the country were in consequence suffering from those conditions of real hardship which were such a common feature in many arid tropical areas.

Over a number of years, however, pure water had been provided for communities all over the country, both from Nigerian funds and from grants from the United Kingdom, and millions of Nigerians now had an ample and safe supply. The crippling disease of dracontiasis had disappeared almost completely from parts of the country where formerly an overwhelming majority of the inhabitants had been infected. Nomadic peoples had settled in communities as water had been made available for them and their cattle. Uninhabited land had become occupied and productive. The people had become clean, healthy, prosperous and happy, solely owing to the provision of that one service.

In his view, it was not only absurd but an insult to preach personal hygiene to people without water. Give people ample water and they would teach themselves personal hygiene. They wanted water and if properly approached they would pay for it, sometimes even cheerfully.

If the World Health Organization entered that field it would fulfil a demand. It would not have to persuade or educate people to want the service; it would be building on the foundation of a need which was apparent, and its efforts would meet with goodwill from the start. Given the trigger action of WHO leadership, he was convinced that local and national resources as well as outside funds could be made available for the purpose. The great need was for technical guidance, training of professional and other staffs, assistance with organization and planning and above all, the vital spark to get things moving. There was no way in which health, happiness and well-being could be improved more decisively or more quickly than by providing ample, safe, and cheap water supplies.

Dr GORDILLO ZULETA (Peru) expressed his appreciation of the Director-General's report on environmental sanitation. In Peru, excellent work had been done in regard to communicable diseases resulting in the control of many of those diseases and the elimination of yellow fever, plague and smallpox; but much remained to be done in environmental sanitation, particularly in the rural areas. The Government was especially concerned by the problems of water supplies and the disposal of waste, and a national plan was being introduced for the provision of safe water. Peru was convinced that the problem, which had been given careful study by Peruvian sanitary engineers and epidemiologists, could be solved with the help and encouragement of WHO and the Pan American Health Organization.

Dr JASWANT SINGH (India) congratulated the Director-General and his experts on the very useful document before the Committee, which showed how WHO had been assisting and stimulating work on environmental sanitation in many countries. In countries such as India, where very little had been done in previous years, there had been an awakening thanks to the stimulus given by WHO and to the response of many nations to requests for assistance. The Indian Government had set aside large sums of money for water supplies both in rural and urban areas. Member governments could not, however, leave it to WHO to make all the detailed studies required and should make certain studies themselves. India, for example, had had to set up a public health organization before a start could be made on the environmental sanitation programme,

The support of the United States International Co-operation Administration had made it possible to supply many rural areas with safe water.

The leader of the Indian delegation had already emphasized the need to intensify water supply and drainage measures. Emphasis had been given to the importance of linking measures for water supplies and for sewage disposal. But water supplies were the first essential and they would have to be linked in due course with the development of improved sewage systems, subject to the availability of funds. There was no lack of desire for such development.

The delegate of Colombia had said that community development should play a larger part in such schemes. In India, community development work had started in 1952 and had made reasonably good progress. With the collaboration of the Ford Foundation, research and action centres had been developed as well as orientation training courses to study the villagers' reaction to improved methods of sanitation; it was intended to increase the number of the centres. He was convinced that the attitude of the people was changing in favour of sanitary measures.

Mr OMURA (Japan) supported the programme for the improvement of environmental sanitation. In countries like Japan, environmental sanitation played an important role in improving the economic conditions of the people. Drinking-water had been supplied through public waterworks to 25 per cent. of

the population of Japan in 1952; by the end of 1958 that figure had increased to 40 per cent. As a result there had been an improvement in many aspects of the health situation.

Mr BOSCH (United States of America) said that his delegation wished to congratulate the Director-General on the frank and interesting chapter on environmental sanitation in his Annual Report. The great importance attached by the United States delegation to the subject of environmental sanitation had already been expressed by the chief delegate in a plenary meeting, and by another member of the delegation who had commented in the Committee on Programme and Budget on the report of the Regional Director for the Americas.

The first paragraph of Chapter 4 of the Director-General's Annual Report contained the statement that: "Rural populations are not often in a position to improve their environment on their own initiative and with their own resources." The feasibility of a rural population's improving its environment on its own initiative and with its own resources should not, however, be ruled out. The health authorities should conduct studies and research to develop methods for encouraging the rural populations to do so. In making that statement, the United States delegation did not differ from the idea, expressed in the Annual Report and in document A12/P&B/6, that more immediate and impressive results might be obtained from work in urban

districts. It supported the Director-General in his recommendation that the Organization's primary effort in environmental sanitation should be devoted to one end, that of providing safe water in sufficient quantities for all people. Such had apparently been the feeling of the Eleventh World Health Assembly which had led to resolution WHA11.27, asking the Director-General to submit the report under discussion.

All delegates were aware that not only the bacteriological quality but also the quantity of water was of great importance from the public health standpoint. The scarcity of adequate supplies of potable water was becoming more and more acute. A critical situation in small and moderately sized communities was matched by parallel conditions in rapidly growing large cities. In the past decade few major cities had escaped the phenomenal urban "sprawl". As a result people in many densely populated areas were still dependent upon individual wells, springs or itinerant purveyors of water for their daily water requirements. The industrial and economic development of the smaller cities and towns, so necessary to stabilize shifting populations, was contingent upon the availability of water in nearly every instance. The housing problems of the world were enormous and could not be met by buildings alone - a water supply was a necessity for a housing project.

In many instances the absence of water supplies did not imply a deficiency in the technical knowledge necessary to provide such supplies. More often the barriers had been unworkable legal and administrative systems and unsuitable systems for providing capital for construction. It seemed to the United States delegation that WHO should take the lead in studying methods of overcoming those difficulties. It was a logical agency to co-ordinate the efforts of the many international and national agencies which had an interest in that field.

The delegation agreed with the Director-General that WHO should intensify its assistance to governments for the training of specialists; assist them in the legal, financial and administrative planning of waterworks programmes; and help them in problems relating to the operation, maintenance and management of waterworks. In addition the delegation would suggest a fourth step; that of stimulating industrial enterprises to produce locally the principle materials required for waterworks construction, thereby reducing the foreign exchange requirements. The United States would support such a programme and the President had asked Congress to make funds available for work by WHO in that field.

The United States delegation believed that the next five to ten years could be used with great profit to expand water facilities in many areas by convincing public and private groups of the feasibility of such rapid expansion with local and national resources, supplemented by bilateral and international

funds. The latter sources of money were often of the minimum necessity for the success of the programme. Millions of people could be provided with community water in or at the house if known techniques, and accepted fiscal methods of providing them, were used.

Dr ALLEN (Turkey) observed that environmental sanitation did not come entirely within the scope of the health authorities but was also the concern of public works departments, municipalities, and other public authorities. The Director-General was justified in considering that much remained to be done in that field, but the task was as onerous as it was important. Increasing efforts must continue to be made, however, to improve environmental sanitation, since it was the basis of all public health activities.

He congratulated the Director-General on the excellent report which he had submitted and on the encouraging results which he had obtained, in spite of the limited resources at his disposal.

Dr AFRIDI (Pakistan) said that his delegation was in full agreement with the general principles of the schemes outlined in document A12/P&B/6, which were conceived on sound lines and were deserving of the highest praise.

The delegation of Pakistan felt, however, that wherever a piped water supply was installed, simultaneous arrangements should be made for the disposal of excess water, especially in tropical areas where the formation of pools would introduce or intensify diseases such as malaria. He must, with regret, disagree with the delegate of India on that point. Although he could understand the anxiety to meet the essential need for water supplies, it was his experience that water disposal measures, once postponed, never seemed to materialize later.

His delegation would prefer that the Committee in its recommendations should follow the example of the Executive Board and use the term "safe and potable water". In the field it would be possible to press for piped water supplies wherever feasible, but if the Committee gave the impression that it was recommending the universal adoption of piped water supplies, it might be accused of being unrealistic.

The disappointing results of the demonstration projects might have been due to dispersal of effort and the delegation of Pakistan therefore recommended that such projects should be restricted to a limited number of selected items, with special emphasis on water supply, coupled with smallpox vaccination or such other activity as was appropriate for the country concerned.

Dr ORELLANA (Venezuela) expressed his delegation's interest in the Director-General's report on environmental sanitation. In general, progress in that field over the last few years had been relatively slight. Environmental sanitation seemed always to be treated only as a health problem, whereas the provision of pure drinking-water should form part of general programmes for economic development. It was essential to convince the highest planning authorities in each country that the supply of good pure water to all communities, urban and rural, must always be an integral part of such programmes and that it should no longer be considered simply as a health measure but as an indispensable factor in economic development.

Mr OLIVERO (Guatemala) said that the four-year report for the years 1954 to 1957, presented by the Director of the Pan American Sanitary Bureau and Regional Director of WHO, showed that in 16 of the 18 Latin American countries for which information was available, the enteric and diarrhoeal diseases were one of the five main causes of death; in 7 of the countries those diseases were the main cause of death. In some Latin American countries deaths from diarrhoea and typhoid were more than 50 times higher than in countries with good environmental sanitation services, especially a supply of pure drinking-water.

Two seminars on infantile diarrhoea had been held, one in Valparaiso, Chile, and one in Mexico, and both had stressed the importance of personal hygiene and cleanliness when abundant good water supplies were available in the home or easily accessible.

Efforts in the field of environmental sanitation should be directed primarily to the supply of pure drinking-water to people living in communities, where the best results in improving public health could be obtained.

The choice of water supply as the main point of the WHO programme on environmental sanitation was a sound one and it could achieve great success in view of the public demand and desire to collaborate. He commended the frankness of the Director-General's report, particularly when results had not come up to expectations.

The delegation of Guatemala hoped that the Committee's discussions would provide a basis for a practicable programme in environmental sanitation and that efforts would be concentrated on the primary need for water supply systems. While the various countries should continue their environmental sanitation programmes for rural areas, the role of WHO in regard to the community should be to stimulate and to seek financial and administrative means of making the maximum use of national and international resources to provide communities with abundant safe water supplies.

Dr ABU SHAMMA (Sudan) said that his delegation supported the programme outlined in document A12/P&B/6 and hoped that it would be carried out as soon as possible.

He hoped that attention would be given not only to the supply of pure piped water in areas where there was an abundance of water, but that more attention would also be given to the supply of water to the populations in dry areas, the problems of which had been described by the delegate for Nigeria. The Director-General had correctly described the situation by saying that good water supplies led not only to healthier conditions but also to social and economic development. As water was the key to agricultural schemes, it must be emphasized that all irrigation schemes should be planned with the collaboration of health experts. The endemic diseases which might otherwise become established would not be easy to eradicate.

Although it would be impossible to tackle both the problem of water supplies and that of the disposal of human waste at the same time, WHO might be able to advise the countries concerned on cheap and practical ways of human waste disposal and to initiate a programme of regular visits by public health engineers to those countries to advise on the problem, and also to assist in health education campaigns. Those measures might lead to an improvement, so that when the problem of human waste disposal was tabled for action, the preliminary work on the subject would have paved the way.

Professor PESONEN (Finland) said that, having studied the Director-General's report in document A12/P&B/6, it was easy to appreciate WHO's efforts to improve conditions in the field of environmental sanitation. The fact that results had not been as good as might have been hoped was due to the very difficult conditions which still existed in most countries of the world.

He agreed in principle with the Director-General that priority should be given to the provision of safe water, but document A12/P&B/6 appeared to give priority to the supply of piped water to communities. To his mind more emphasis should be placed on the quality of the water than on the method of supply. Piped water supplies could contribute greatly to the health of the population, but they might also endanger health unless adequate attention was given to the safety of the supply system. Experience in Finland showed that people were very interested in having water piped to their homes but were less concerned with what happened to the used water. Vital statistics in Finland showed that the morbidity due to water-borne diseases in smaller communities was higher than that in typical rural settlements

or in the larger centres of population. That was due to the doubtful safety of waterworks in the small centres and to the fact that the likelihood of pollution was greater than in areas with a very scattered population. The policy of the Finnish Government was to increase the number of people served by piped water systems by granting loans for the construction of rural waterworks on two conditions: first, that a safe sewerage system with a purification plant must be constructed simultaneously; and secondly, that all plans had to be submitted for approval to the competent government officials.

According to the table given on page 38 of document A12/P&B/6, the water supply situation in Finland was very bad. The figures given were among the lowest in the table, and yet most people in Finland had a supply of good fresh water. The population was widely scattered but the people often had good wells near their houses from which they could get water supplies. They might have pipes from the well into the house, but such piped supplies were not included in the figures in the table. This showed that those figures could not be taken as an indication of whether people got fresh water supplies or not. It also bore out the statement, on page 40 of the document, that if people lived in widely dispersed houses, piped supplies were less practicable.

It was clear from the document before the Committee that there were many different international bodies and agencies dealing with the problem of water supply. Although the co-operation between them and WHO had been very good, the Director-General and the Secretariat might wish to consider the advisability of establishing some kind of joint body, perhaps a joint committee of WHO and those other organizations.

To sum up, the Finnish delegation thought that great importance should be attached to the supply of piped water to all people but that adequate importance should also be given to the simultaneous construction of sewerage systems. It shared the views of the Director-General that it was desirable to place primary emphasis on one effort, that of providing safe water.

Dr TRUONG (Viet Nam) agreed that the supply of drinking-water was of prime importance in environmental sanitation. The Government of Viet Nam had constantly endeavoured to deal with the problem of supplying good water to the whole population, both rural and urban. In Saigon, as in many other cities throughout the world, over-population had made the existing water supply inadequate but efforts were being made, with the help of the United States International Co-operation Administration, to improve it. In the rural areas the Administration helped to run a service of well-drilling for rural communities which requested it.

He stressed the importance for certain countries of the destruction of disease vectors, particularly rats and flies as well as mosquitos. He noted the emphasis placed on that problem in the Director-General's report in the section concerned with resistance to insecticides. The delegation of Viet Nam considered that the solution lay, not in direct attacks on the vectors by chemicals, but in the improvement of waste and domestic refuse disposal. Under the auspices of the Regional Office for the Western Pacific a mission was about to leave for Hong Kong and Tokyo to study the ways in which the problem was dealt with in those cities and it was hoped that a satisfactory solution would be found.

Dr MARTINEZ-FORTUN (Cuba) said that the problem of environmental sanitation was of the utmost importance to his country in its period of change. The Ministry of Public Works was putting into practice an ambitious programme of environmental sanitation, mainly concentrated on the improvement of the water supply system. It was known that when the standard of drinking-water was improved, not only did the water-borne diseases, such as the enteric and diarrhoeal diseases, show an immediate decrease, but there was also a decrease in the general mortality rate.

The traditional open well, which violated all the rules of hygiene, must be abolished in Cuba. The Government planned to construct water-supply systems for any community of over one thousand inhabitants, but the cost of such a programme was very high and it was now considering how to finance it. The Cuban Government had suggested to the Regional Office for the Americas that it should collate requests from the various countries concerning water supplies and endeavour to find out which credit institutions would provide funds once they had been convinced that such water supply schemes were economically sound and were recommended by the health organizations, in particular the Regional Office.

The Cuban delegation congratulated the Director-General on his excellent report.

Dr MARTINEZ-RAFAEL (Honduras) said that the Director-General and the Regional Director for the Americas had given an excellent picture of the water supply problem which arose in most countries of the world. It was the chief problem and the greatest danger to health in Honduras, which had a safe drinking-water supply for only 200 000 of its two million inhabitants. The Government was, with the aid of a long-term loan from the United States Government, constructing 36 systems for the supply of drinking-water, but that was very little in relation to the needs of the

country. It had had recourse to the services of a geologist to investigate underground water supplies.

It hoped that the discussions of the Committee would result in a constructive solution to the problem.

Dr KLOSI (Albania) expressed his delegation's high appreciation of the work done by WHO in regard to environmental sanitation. The Government of Albania was conscious of the need to ensure supplies of safe water and proper sanitation in the towns in order to combat intestinal diseases, and it devoted a large part of the national budget to health. Great efforts had been made during the last fifteen years to bring safe water supplies to the capital and to the large towns and industrial undertakings. The Government was also devoting considerable attention to rural areas, and the rural health services were competing in their efforts to improve environmental sanitation and, together with the national health services, were also engaged in the health education of the public. The campaign had been successful and would be continued.

He agreed with several delegates who had stressed the importance of the proper planning of irrigation projects from the point of view of environmental sanitation.

Dr PETROVIC (Yugoslavia) congratulated the Director-General on his report. The delegation of Yugoslavia gave its complete support to his proposals on those vital problems of environmental sanitation - water supply and the disposal of waste. Unfortunately, the necessary staff and funds were often most limited in those places where the need was greatest and, in that connexion, the assistance of WHO was indispensable. As WHO's funds were limited, the problem was to find the

most effective way of helping countries to meet their most urgent needs which, in most cases, were a safe water supply and an adequate method for the disposal of waste.

Even before the Second World War, a satisfactory way had been found in Yugoslavia of providing rural water supplies, fountains, and public wells, and dealing with the disposal of human waste. The central and local institutes of hygiene drew up plans on their own initiative, and proposed to the people concerned that they should carry out the work themselves with local materials, the institutes of hygiene providing from national funds the equipment and supplies which the communities themselves could not provide. It had usually been found that the local contribution was ten times greater than the help given from outside. That system, which was still being used, had two great advantages: the relatively low amount of financial support needed, and the interest of the population, who had helped to carry out the work, in maintaining the scheme.

He wondered whether WHO might not, in certain circumstances, make a similar contribution to schemes for community water supplies and the disposal of human waste in Member States where the problems were most urgent, and which would accept such a system. The suggestion, which would use the resources of WHO in the most effective way, by encouraging countries to make the best use of their own resources, should be borne in mind when resolutions on environmental sanitation were being presented.

Mr SAMONTE (Philippines) said that the space allotted to environmental sanitation in the Annual Report of the Director-General for 1958 was comparatively short, as if to admit that WHO had not accomplished a great deal in that field in spite of the efforts it had been making for several years. According to document

A12/P&B/6, those efforts were limited to four aspects: the collection and dissemination of technical and administrative information; the education and training of sanitation personnel; the development of sanitation consciousness and activities in national health agencies; and demonstration projects. It was clear that much remained to be done, and that the surface of the problem had hardly been scratched. That was not due to any failure on the part of WHO, but to the insurmountable difficulty of the problem. The immediate construction of water supply systems and safe wells, in all problem areas, would be materially impossible. The Organization should, however, show more serious concern in the question than it had done hitherto.

The Government of the Philippines thanked the United States International Co-operation Administration for its assistance in enabling many rural areas in the Philippines to construct their own water supply systems.

The delegation of the Philippines would approve the inauguration of what might be called an intensified environmental sanitation year.

Dr TOGBA (Liberia) expressed his appreciation of the Director-General's report. Environmental sanitation was the chief public health problem in Africa, as it was in most under-developed countries. Although, ideally, water supplies should be piped, the cost and the scattered location of the population often made it impracticable. In addition, the high salinity of the water in some areas, such as Liberia, resulted in the corrosion of the pipes so that the people preferred the unhealthy well-water supply to the unattractive, although safe, piped water. He agreed with the delegate of Finland, that emphasis should be placed on safe water supplies rather than on

piped water. He also agreed with the delegate of Pakistan that, where a piped water supply was installed, it was necessary to avoid the formation of pools of excess water which created breeding centres for mosquitos.

Liberia felt that safe water supplies alone were not sufficient; adequate sewage disposal must be considered at the same time. Nor must the health education of the public be neglected.

It was hoped that the Director-General's proposals and the work of WHO in environmental sanitation would receive the full support of Member governments.

Dr BISSOT (Panama) congratulated the Director-General and the Secretariat on the outstanding document they had produced. Although considerable progress had been made in the past ten years, much remained to be done, and it was, therefore, logical to select a certain number of projects which should be given priority. Of those, the most important was water supply. In the Region of the Americas, a meeting of the Ministers of Health of Central America and Panama, held in April 1959, had discussed the matter fully, and had resolved to support any move to improve water supplies, and to seek international financial aid for the purpose. The Regional Committee for the Americas would be discussing the same topic in Washington in September 1959. The main theme of a Central American medical congress, to be held in December 1959, would be environmental sanitation, with emphasis on safe water supplies.

The public themselves were now demanding safe water, but governments were not always in a position to meet all the demands. The problem of training was mentioned in the Director-General's report, and it might be solved with the help of WHO. The

Organization might also give its opinion on the best method of organizing waterworks programmes. The main obstacle was, however, the difficulty of financing such programmes. While much could be done within the countries, the communities concerned were often very poor, and the delegation of Panama considered that it would be impossible for many countries to embark on waterworks programmes without some type of international financial aid, such as long-term loans at low interest. There had been a certain resistance to making loans for public health programmes, and a resolution or a strongly worded statement from WHO might help to overcome that obstacle. There was no doubt that, once the benefits of a safe water supply were available, other public health programmes would find readier acceptance, and could be carried out more easily.

The delegation of Panama supported the proposal that priority should be given to community water supply systems.

The meeting rose at 12.30 p.m.