

WORLD HEALTH
ORGANIZATIONORGANISATION MONDIALE
DE LA SANTÉEXECUTIVE BOARD

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ORIGINAL: ENGLISH

✓ PROPOSAL FOR A JOINT ACTION PROGRAMME
OF FAO/WHO TO INCREASE WORLD FOOD PRODUCTION
AND RAISE STANDARDS OF HEALTH

In implementation of General Assembly
Resolutions 27 (I) and 45(I) and
Economic and Social Council Resolution
103(VI)

1 Resolutions of the General Assembly and ECOSOC concerning the
World Food Crisis.

The world shortage of food has engaged the attention of the United Nations and the relevant specialized agencies since the early stages of their work. On 11 February 1947, the General Assembly adopted resolution 27(I) on the world shortage of cereals; this was followed by the resolution 45 (I) of 11 December 1946 on the world shortage of cereals and other food stuffs. The third session of the Conference of the Food and Agricultural Organization, in September 1947, again called attention to the shortage of food and recommended that the question of co-ordinated action to meet the continuing world food crisis be placed upon the agenda of the Economic and Social Council at its sixth session. The Council, in resolution 103(VI) of 2 March 1948, "invited the specialized agencies concerned and the regional economic commissions, in consultation with FAO, to study suitable measures to bring about an increase in food production ..." and requested the FAO to report "on measures taken ... to alleviate the world food crisis, and to recommend specifically what further action might appropriately be taken in this field". Accordingly, FAO submitted in July 1948, a report which was approved by the Council in resolution 140(VII). The Third General Assembly adopted on 8 December 1948 a resolution on the problem of Wastage of Food in certain countries. This resolution, notably, "approved the action taken of the Economic and Social Council ... on the initiative of the Food and Agricultural Organization regarding co-ordinated action to meet the continuing world food

crisis"; it also called upon the Council, FAO and other specialized agencies concerned to continue their efforts to increase food production, especially in under-developed and war devastated countries, "with a view to raising the levels of nutrition of under-nourished population groups to health standards and to mitigate the effects of the world food crisis."¹

2 The Economic Value of integrated Health Measures and Agricultural Improvement

2.1 Malnutrition as one of the most ancient and widespread diseases of man is undoubtedly one of the principal causes of ill-health. In the pre-war world malnutrition affected the bulk of the world's population and this led the United Nations, as their first act in the economic and social field, to establish the Food and Agriculture Organization. The world supplies of food in 1948 are estimated to be less than they were pre-war, but the population is at least 150 million more than pre-war, and is now increasing at the rate of about 25 million per year. The agricultural plans of governments submitted to FAO indicate that by 1951, given average weather, the world's supplies of food may well have reached pre-war level. Hence the per caput supplies of food will in 1951, even if present plans are realized, be substantially below the highly unsatisfactory pre-war levels. These facts indicate, as the Economic and Social Council has realized, that the world food shortage is the major continuing factor which profoundly prejudices health, welfare and any hopes of social stability.

2.2 Food shortages are particularly severe where malaria and/or a considerable variety of relatively easily preventable diseases have debilitated and are debilitating the working capacity of the population. For example, there are over 300 million cases of malaria annually, with at least 3 million deaths, mainly in agricultural areas. Moreover the disability caused by malaria occurs, in the majority of cases, at the planting and harvesting seasons. The incidence of many of these maladies has been exacerbated by the war, with its attendant decreases in preventive and palliative measures, by the increase in population and by further malnutrition.

2.3 There is a vicious circle existing in many parts of the world which are capable of substantial food production. This is particularly true

¹ UN document A/337

of certain under-developed areas. This vicious circle arises as follows: there is a very low standard of health; indeed, in these areas most of the agricultural workers are riddled with preventable diseases and have never known good health. Really productive labour cannot be expected from them. Furthermore, it is unlikely that these people can have self-respect and enterprise when they have always believed, and see no reason to disbelieve, that they are the slaves of their environment and not its masters. Such areas do not have sufficient available resources to organize either improved health services or improved methods of agriculture. It is thus evident that this vicious circle must be broken at some point, and it is plain that the parts of this circle most susceptible to action are health and agricultural techniques. In the case of malaria, plague, typhus, yaws, trypanosomiasis, and several other of the diseases which afflict those areas, there are available new weapons, for example, DDT and penicillin. It is of the utmost urgency that these remedial measures be taken without delay.

2.4 In the field of agriculture there are also available appropriate techniques. Therefore, measures for the control of such diseases as are susceptible to effective action must be accompanied by measures to improve the production of food crops within such areas. Improvement of agriculture, the conservation of the soil and the checking of erosion are all necessary, and improved agricultural practices, such as drainage, are often essential factors in certain types of disease control.

2.5 These considerations also have relevance to industrial development. Experience has shown that, where industrialization has been pushed ahead before the agricultural economy of the country was able to provide a sound foundation for it, a second vicious circle is added to the one described above. The industries syphon off the active and enterprising young people from the farms, leaving to the less capable the task of producing food not only for their own needs but also to supply the industrial workers. This task is manifestly impossible, and the economy of the country tends to relapse to its original state, aggravated by the strain of a premature industrial effort.

2.6 The concurrent improvement of health and of agriculture would have both early and long-term effects. The early effects would include a marked increase of food production, both per man employed and per acre. The possibilities of increasing yields by the introduction of better methods, improved seeds, use of fertilizers, etc. are tremendous. The early effects on health need no emphasis and there would be an almost

immediate moral effect in the creation of a spirit of enterprise and self-respect. Also there are many areas of good agricultural land which are considerably depopulated because of disease. In these areas such a project as this can be expected to have quite remarkable immediate and long-term effects through re-settlement of this land by people from other parts of the country or by immigrants. This would lead to greater food production and would generally increase the assets of the world. The long-term effects would include the promotion of vigorous action on the part of governments, and further opportunities for international investment. It is quite plain that expenditure for such projects will produce large dividends in ultimate reduction of the effects of the war, in human welfare and in social progress.

2.7 It should be noted that this same viewpoint permeates the broad-scale programme recently announced by the United States to make technical skills available for the improvement and growth of undeveloped areas, and the proposal of that Government that: "This should be a co-operative enterprise in which all nations work together through the United Nations and its specialized agencies whenever practicable."¹

2.8 The areas which would be considered for field action by WHO and FAO would be almost exclusively in under-developed countries. The third General Assembly of the United Nations recognized the importance of such action when it recommended that the Economic and Social Council and specialized agencies "give further and urgent consideration to the whole problem of economic development of under-developed countries in all its aspects" and allocated substantial sums from the 1949 budget to give technical assistance to governments for economic development.² Asia, the Middle East, Africa, Latin America and South-East Europe all have sizeable areas where vigorous action jointly to control disease and to improve food production could be expected to have striking results.

2.9 WHO and FAO believe that if an expenditure which would only feed a million people for a year were invested to break the vicious circle outlined above, a million or more people could be fed from generation to generation. The importance of these considerations has already been recognized by both agencies and plans are being developed to secure co-operative action in this most important field. However, neither organization has funds for action programmes. Therefore WHO and FAO

¹ President Truman's inaugural address, 20 January 1949

² UN Documents A/737 and A/745

are jointly requesting the Economic and Social Council to take action in order that a very substantial sum may be made available for the carrying out of joint schemes of the type indicated below.

3. Implementation of a Joint Action Programme

3.1 This programme should not be confused with the demonstration programmes which WHO is undertaking in 1949 and 1950, in consultation with FAO, on a much smaller scale and with somewhat different aims.

The outline of the joint scheme is as follows:

3.1.1 Areas will be selected for survey in consultation with governments. FAO has already proposed a list of such areas.

3.1.2 Surveys will be carried out by joint teams consisting of medical, sanitary and agricultural experts and, in those areas where soil erosion or drainage is a major problem, engineers. Work along these lines has already started in connexion with the 1949 malaria-control demonstrations.

3.1.3 On the basis of these surveys, suitable areas will be selected for immediate action. In these areas an agreement will be made with the governments concerned. This will include:

3.1.3.1 A binding undertaking to co-operate in and to follow up the combined plan of disease control and agricultural development with vigorous national action; and to appoint understudies to all technical staff placed at their disposition by the international organizations.

3.1.3.2 Complete assistance to WHO and FAO in carrying out their work.

3.1.3.3 A financial agreement whereby the government would at least meet the costs of field work as far as they are incurred in domestic currency.

3.1.3.4 Agreement by the Governments concerned that fellows holding study grants from the relevant international organizations may be attached to the demonstration teams.

3.1.4 The types of field action which will be undertaken in the selected areas will vary according to the diseases to be controlled, the types of soil, the incidence of erosion and certain other factors. Emphasis will be placed on the production of food crops and on the introduction of proper techniques in such branches of animal husbandry as would increase the supplies of protective foods.

3.1.5 WHO and FAO will place a number of technically equipped officers in each of the selected areas. There will also be requisite provision for expenditure on equipment since this will largely have to be met in currencies other than domestic.

3.2 The scope of these proposals may be indicated by the following. In order to carry out these large scale demonstrations, which will contribute directly to increased food production and improved health, FAO and WHO will probably find it necessary to conduct about six surveys on carefully chosen areas of the world in order to select about 3 areas of diverse types which meet the criteria laid down above. It is expected that the three areas most suitable for such a joint project will contain at least 10 million acres of agricultural land inadequately worked by disease ridden people. The annual cost of this combined operation, in both its agricultural and health aspects will probably average over a five-year period about 20 cents per acre, from international funds, so that the average cost will be about 2 million dollars a year for five years. It is essential that the operations be planned and carried out over a period of up to five years since this is more economical and is the only method which will guarantee continued success. The local authorities would require assurance of action over such a period so that they might fully mobilize the resources of the areas concerned in terms of manpower and local investment, and set up proper training schemes. It is confidently expected that this mobilization of the resources of the areas concerned will amount in value to many times the expenditure of international funds.

3.3 This programme will make a substantial contribution towards the solution of the problem posed in the resolutions of the General Assembly and the Economic and Social Council by decreasing the deficit in world food production and at the same time improving the health of millions. It will create more favourable conditions for the industrial development of under-developed and un-developed countries. It will also have a most salutary educational effect in that it will demonstrate the value of this type of combined project, and will undoubtedly lead to increased investment from other sources in the future.

4 Recommendations for Action

4.1 A preliminary draft of the above proposal was presented jointly by FAO and WHO to the Central Committee of UNRRA, on 24 September 1948, with the request that \$10,000,000 be granted from the residual funds of that Administration in order to enable FAO and WHO to carry out the proposed action programme. The Central Committee expressed considerable interest in the plan, but as the available funds had already been allocated to UNICEF, assistance to the FAO/WHO project was not possible.

4.2 Consequently it was agreed with FAO that the joint action programme, suitably amended, should be presented to the Economic and Social Council at its eighth session. The Secretary-General of the United Nations has been requested to bring this proposal to the attention of the Council in connexion with item 19 of the provisional agenda: Report of FAO on progress in the co-ordination of studies of suitable measures to bring about an increase in food production.

4.3 It is suggested that the Council might recommend to Governments that the requisite allocations be included in the budgets for 1950 of FAO, WHO and other specialized agencies concerned.

4.4 If the Board approves the above proposal, it may wish to adopt the following resolutions;

1. The Executive Board

NOTES with approval the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health; and

REQUESTS the Director-General to continue collaboration with FAO in order to prepare plans for the implementation of this programme, if possible in 1950.

2. The Executive Board

REQUESTS the Director-General, in consultation with FAO,

1. To present to the Economic and Social Council at its eighth session the proposal for a joint action programme of FAO and WHO to increase world food production and raise standards of health;

2. To request the Council to consider the means by which such a proposal might best be implemented in 1950.

3. The Executive Board

RECOMMENDS that the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health, together with the Board's approval and the recommendations of the Economic and Social Council, be brought to the attention of the Second Health Assembly.