

COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE SEVENTEENTH MEETING

Palais des Nations, Geneva
Wednesday, 23 May 1962, at 10 a.m.

CHAIRMAN: Dr W. D. REFSHAUGE (Australia)

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Note: Corrections to these provisional minutes should reach the Chief Editor, Official Records, World Health Organization, Palais des Nations, Geneva, Switzerland, before 13 July 1962.

1. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1963

Detailed Review of the Operating Programme: Item 2.2.3 of the Agenda
(Official Records Nos. 113 and 116; Document A15/P&B/28) (continued)

Western Pacific Region

Dr FANG, Regional Director for the Western Pacific, said that although the estimates for the Region shown in Official Records No. 113 did not take into account the revised scale of salaries and allowances, his comments would be based on the proposals presented therein.

The programme itself remained the same as that considered by the Regional Committee and the Executive Board. As could be seen from the regional summary on page 335, an increase of \$ 78 520 was proposed under the regular funds, of which \$ 77 056, or 98 per cent. would be applied to field activities and the balance of \$ 1464 to the Regional Office.

The proposals under the regular budget had been formulated with governments, taking into account the immediate and long-term requirements of the Region. Ninety regular projects had been planned for 1963 compared with 75 for 1962, and were included under eighteen major headings. Emphasis continued to be placed upon the basic health problems of the Region, including the strengthening of health administrations, the control of communicable diseases and training of health personnel. Of the regular field activities, 31.9 per cent. of the funds would go to public health administration, and 23.8 per cent. would cover activities relating to communicable diseases. Under the heading of continued assistance to health and teaching institutions, provision was made for seventy-six fellowships, at an estimated cost of \$ 62 350. Of those fellowships, thirty-three would be awarded for study within the Region. Continued importance was placed on projects

with a regional scope; these included a seminar on immunization in the control of communicable diseases, a training course on the epidemiology and bacteriology of enteric infections, and a seminar on the role of the hospital in the public health programme, and also assistance to poliomyelitis centres and regional advisory services. Continued provision was made for the regional tuberculosis advisory team and an inter-country treponematosiis team.

In addition to the regular projects, the green pages at the end of Official Records No. 113 gave details of seventy-seven additional projects requested by governments which could not be included within the Region's regular budget allocations. They covered requests from sixteen countries and territories as well as inter-country proposals, and were estimated to cost a total of \$ 920 371.

He considered that the 1963 programme and budget estimates reflected the successful growth of activities in the Western Pacific, and that the proposals were well balanced and would make the most effective use of available resources. They had been made on consideration of the needs of the Region as a whole, of requests by individual governments, and of the general priorities established by the Regional Committee.

Dr VILLEGAS (Philippines) expressed his Government's appreciation of the continuing assistance given by WHO in the realization of its health programmes. The Region was fortunate in having a dynamic Regional Director, who was sympathetic to the countries' needs and always ready to help.

The budget proposals had been thoroughly discussed at the last session of the Regional Committee, and he would therefore refrain from commenting on them again. His Government accepted the programme and budget presented for the Western Pacific Region in general and for the Philippines in particular.

Dr KAWAKAMI (Japan) welcomed the admission of Western Samoa as a Member of the Organization, and wished that newly-independent State success in its health programmes to continue the good work that the Government of New Zealand had been doing. The countries of the Region worked together in a very happy spirit of harmony and co-operation, and he thanked the Regional Director and his staff for their work.

Mr MARTINEZ (Malaya) expressed his Government's deep appreciation of the work of the Regional Director and of the Organization as a whole, as well as of the assistance given to his country under the United Nations Expanded Programme of Technical Assistance and by UNICEF.

Dr SANG TAE HAN (Republic of Korea) associated himself with previous speakers in congratulating the Regional Director on his excellent presentation of the programme. With the increased assistance of WHO and other international agencies, remarkable progress had been made in Korea in medical care, disease control, environmental sanitation and training of health personnel. His country still, however, encountered many major problems, among them those connected with clonorciasis, to which he hoped the Organization would pay increasing attention. He thanked the Regional Director and his staff for their past work and looked forward to the continued success of the Organization's activities.

Dr YEN (China) joined with previous speakers in thanking the Regional Director and his staff for presenting a commendable programme. His delegation wished to endorse the project for case-finding and domiciliary chemotherapy as an additional means of controlling the two important chronic diseases - tuberculosis and leprosy - occurring in the Region. The prolonged treatment necessary for those two diseases,

however, gave rise to certain difficulties, and he would like the Organization to look into the possibility of using a drug that would reduce the duration of treatment and lead to better co-operation from the patient.

He noted that the programme contained no provision for studies on cholera or El Tor cholera, and he asked that in the event of a saving of funds during the year on any other project, consideration be given to diverting such funds for that purpose.

Dr FANG, Regional Director for the Western Pacific, replying to the delegate of China, said that the problem of domiciliary chemotherapy of tuberculosis and leprosy would be studied more carefully in the Regional Office.

With regard to El Tor cholera, he said that the problem was already being studied in several countries, and further intervention by the Regional Office would be duplicating the work. Should there be any points with which other institutions could not cope, he was sure that the Director-General would give the matter due consideration.

Inter-regional and Other Activities

Dr FLACHE (United Nations Relief and Works Agency for Palestine Refugees) said that UNRWA had, in May 1962, entered its thirteenth year of existence as an organization caring for over one million Arab refugees from Palestine who now lived in the Hashemite Kingdom of Jordan, the Gaza strip, Lebanon, the United Arab Republic and the Syrian Arab Republic. It had provided the refugees with shelter, subsistence, education and health care.

The health services were under the technical direction of WHO, which seconded several staff members to UNRWA and gave all the technical guidance required. The early health programme of UNRWA had attempted simply to avert the outbreak of epidemics and to provide medical services on an emergency basis, but it had increased in scope throughout the years and become a well-balanced programme in both curative and preventive medicine, costing \$ 6 000 000 a year and employing over three thousand workers.

His organization's health activities had not been conducted in isolation, but were developed in harmony with the health services of the various governments. He expressed his gratitude to the Governments of Jordan, the United Arab Republic, the Lebanon and the Syrian Arab Republic, and to the various voluntary agencies for the valuable assistance that they continued to provide, and without whose help the degree of success achieved would not have been possible.

UNRWA's present mandate was due to end in June 1963, and the United Nations General Assembly would have to decide on its extension or otherwise. In the absence of a political solution, it was expected that the mandate would be extended in some form and that UNRWA's health programme would continue. Its relationship with WHO, which had proved so fruitful in the past, would have to be reviewed in 1963 in the light of the decisions of the United Nations General Assembly.

Dr NABULSI (Jordan) congratulated the representative of UNRWA on his statement, and expressed his Government's thanks for the assistance given to the Palestine refugees in its territory.

Dr WAKIL (Lebanon) also thanked the representative of UNRWA for the work done on behalf of the Palestine refugees. The work was of great assistance to the

health services of the countries concerned and he hoped that UNRWA would continue its task until the problem of the Palestine refugees had been solved.

Dr EL-BITASH (United Arab Republic) said that in view of the statement by Dr Flache that the United Nations General Assembly would have to decide on the extension or otherwise of UNRWA's mandate, he would like to be certain that the work would be continued, if not by UNRWA, then by WHO.

Annexes 3 and 4

The CHAIRMAN said that Annex 3 (Malaria operations planned to be financed from the Malaria Eradication Special Account and other funds) and Annex 4 (Voluntary Fund for Health Promotion) had already been dealt with.

Annexes 5 and 6

The CHAIRMAN said that Annex 5 (Expanded Programme of Technical Assistance) and Annex 6 (Additional projects requested by governments and not included in the proposed programme and budget estimates) were for information only, and required no comment.

Appropriation Resolution

Dr KAUL (Assistant Director-General), Secretary, said that in document A15/P&B/28, the Committee on Administration, Finance and Legal Matters had transmitted the terms of the Appropriation Resolution, with Parts I, III and IV completed. It remained for the present Committee to complete Part II - Operating Programme - the figures for which were:

	US\$
4. Programme Activities	14 683 328
5. Regional Offices	2 463 225
6. Expert Committee	220 400
7. Other Statutory Staff Costs	4 768 630

Decision: The Appropriation Resolution was approved unanimously.

2. SECOND REPORT ON THE WORLD HEALTH SITUATION: Items 2.11 of the Agenda
(Resolution WHAll.38; Documents A15/P&B/3, Parts I and II)

Dr GRUNDY, Assistant Director-General, recalled that the First Report on the World Health Situation, published in May 1959, had covered the period 1954 to 1956, while the document now before the Committee covered the period 1957 to 1960. The report had been requested by the Eleventh World Health Assembly (resolution WHAll.38), and was presented in two separate parts, Part I comprising six chapters of general survey, and Part II consisting of the presentation of 125 individual countries. There was also an addendum of twenty-two country reviews received later. Three others had been received too late to appear in the addendum, but would be included in the final publication. Part I did not include chapter headings, but dealt successively with a general introduction, a statistical review, major health problems of countries, major changes that had taken place, research, and a final summary.

The report was based on information provided by Member States in reply to a questionnaire sent to their governments in May 1960, and the Director-General wished to express his sincere thanks to governments for their willing co-operation

in completing and returning the questionnaire. Much of the information asked for had been of a routine character, but in some places the questionnaire had gone into statistical fields, where the information requested was not so readily available, and its provision must in some instances have entailed a good deal of additional labour.

The report followed the general pattern of the First Report, but Part I differed in some respects from its predecessor. The First Report had been described as a textbook of the principles of international health and co-operation. Part I of the Second Report was shorter, and provided selectively a considered analysis of the country reviews. He would remind the Committee that the amount of space given to any country in the review of the health situation was not necessarily commensurate with the size and character of that country's health problems, but depended to a considerable extent on the nature, character and volume of the material provided by the country to the compilers of the report.

After submission to the Eleventh World Health Assembly of the First Report on the World Health Situation a number of inaccuracies and omissions - not surprising in a compilation of that kind - had been discovered, and it might well be that statistical or numerical inaccuracies would be found in the Second Report also. He stressed the point with the object of ensuring that the country reviews when ultimately published should be accurate and authentic, and hoped that delegates would keep it in mind in the course of the debate. The Director-General hoped that Member governments would submit any amendments they might wish to have made before the report was published in final form, and he would suggest 31 August 1962 as the latest date. If countries could submit the information by the end of July that would greatly facilitate the editorial work entailed.

He stated that Sir John Charles, who had assisted the Director-General and the Secretariat in the preparation of the report, would be able to add to those brief comments.

Sir John CHARLES said that as far as the report itself was concerned there was little to add to what Dr Grundy had said about its contents and the way in which it had been prepared. His principal concern was to answer questions and to make a few suggestions of his own.

When the First Report on the World Health Situation had been before the Committee on Programme and Budget of the Eleventh World Health Assembly, the interest shown in it had been demonstrated by the fact that thirty-nine delegates had taken part in the discussion. Many references had been made to errors and omissions, and no doubt many would be found in the Second Report also, but delegates would appreciate that in a document of that size, where facts were numbered in tens of thousands, there were bound to be some inaccuracies. Dr Grundy had reminded the Committee of the machinery for their correction.

The discussion on the First Report had brought forth some real constructive criticism, including a suggestion that there should be a more uniform method of presenting the material that had been collected. The present report as far as individual country reviews were concerned had taken account of that suggestion. There had also been doubts about the adequacy of the questionnaire, and on the present occasion, after considerable deliberation, a more elaborate form of questionnaire had been introduced and submitted to governments. As Dr Grundy had remarked, certain governments must have found the work of compiling the material rather laborious. He stressed the fact that it was the replies to the

questionnaire that had constituted the bricks and mortar out of which the report had been compiled. Dr Metcalfe, the Chairman, of the Committee on Programme and Budget at the Eleventh World Health Assembly, had raised the question of the purpose of the report and had said he had in mind the requirements of the reader who would want to know primarily what was the general pattern of disease in other countries and what the public health authorities were doing about it. He had gone on to say that the document presented gave a good general idea in a rather sketchy way of the health situation throughout the world, and that obviously it could not give a full picture. That could only be done by an encyclopaedia, which was not what the First Report on the World Health Situation had set out to be. In Dr Metcalfe's view the purpose of the report was to provide a contemporary record of the world health situation that could be used by politicians and government officials and would give substantial teaching material. Sir John suggested that the time might be opportune for consideration of changes in the periodicity and in the content of future reports, if they were to serve the purpose that Dr Metcalfe had suggested.

Dealing first with the question of periodicity, he said that the four-year period of the Second Report was related to the four-year periodicity of the report of the Pan American Sanitary Bureau; but the period did have certain disadvantages, less marked in the case of the latter report, whose purpose was slightly different. Taking into account the time necessary for preparation and publication after the material had been collected, the report when issued tended to be a historical document rather than a contemporary review. By the time the printed edition of the Second Report appeared, the most recent event it would

record would have taken place two years previously, and the most remote, six years. It was interesting to note in the questionnaires for the four-year period that the events of 1957 had been overlooked or dealt with summarily, and many governments had omitted to mention the pandemic of Asian influenza occurring that year. A report produced at four-year intervals also suffered from the fact that the statistical data had to be assembled retrospectively and could not be collected contemporaneously. Another important point was that, for the completion of a questionnaire required at long intervals, the government staff assigned to the task would be so assigned only some months or a year ahead and would, on completion of that task, return to other duties; whereas with a questionnaire that had to be answered annually or biennially, the government staff would be much more likely to be continuously associated with the work.

Those facts suggested that the issue of the report at shorter intervals than four years might be of advantage in providing a contemporary or near-contemporary record of what was happening in the world health situation. It would, of course, be difficult to turn it into an annual document, but a biennial review would be feasible, especially if each biennial issue consisted of certain agreed general material that would in substance be repeated every two years, and in addition included a more complete treatment of a selected subject special to that particular issue. Previous questionnaires had been set out in two parts, the first requesting information of a general character under a number of heads, and the second made up of a series of tables concerned with vital and health statistics. For a biennial review that pattern might well continue. It would be possible, if a biennial report were considered, to think in terms of a questionnaire for

1961 and 1962, to apply equally to 1963 and 1964; for those years, however, there would in addition be a special subject - medical research, for example. Part I might invite general observations of governments on such matters as recent political, social, cultural or economic national developments affecting the health field. It might deal with short or long-term plans in operation, and give progress reports; or with existing problems in disease control or developments in medical care during the period; or it might give a statement of the country's major health problems as seen by the government itself. That particular section of the Second Report had brought out an abundance of important and interesting material. Finally, it might deal with examples of international co-operation in solving common health problems.

Statistical tables for the last report had numbered fourteen, but they could be reduced to eight, or at most nine. Certain of them, for example those dealing with population estimates, vital statistics and causes of death, could be required for each of the two years, so that there could be a continuous series of such information over a long period of time. Other information, particularly on the hospital side - admission, beds, number of health personnel, etc. - need be provided for only one of the two years. From material of that kind it would be easy to construct the type of individual country review that already figured in the present report, and the reviews could, he hoped, be enlivened by the use here and there of the precise words in which the government's observations had been made.

Those suggestions for a biennial period took three points into account: the use to be made of the document, with the suggestion that it could be a contemporary or almost contemporary review; the convenience of contributing governments in supplying the information; and the convenience of the Organization, bearing in

mind that such a procedure would facilitate the assembling of the information and its transformation into a world health situation report.

Dr GODBER (United Kingdom of Great Britain and Northern Ireland) said that the Second Report on the World Health Situation was, like its predecessor, an admirable summary that would prove of great value. The United Kingdom delegation wished to congratulate its compilers on an enormous task successfully accomplished, and took special pleasure in the knowledge that one who had led that delegation for so many years had played so large a part in it. The report contained points of great interest on which governments would want to seek elaboration even beyond the detail given in Part II. As had been pointed out, there would be an opportunity of proposing corrections in writing, and he suggested that the Committee express its thanks to all those who had worked on the report and recommend that it be adopted and published.

The frequency of the reports was the main problem to be considered. Many governments had to produce their own reports, and even those national reports were published a year or more after the end of the year reviewed. He doubted whether the WHO report could ever be anything but an historical record. A contemporary record seemed unobtainable. His delegation would prefer a longer interval than two years, and suggested that the period of four years between the reports should not be shortened.

Dr TOTTIE (Sweden) said that his delegation had studied the report with great interest, and would like to join in complimenting the Director-General and Sir John Charles on what was an important reference document. He supported the recommendation of the delegate of the United Kingdom that the reports should continue to be published at four-year intervals, since they involved a great deal of work for national health administration.

Professor GONZALEZ TORRES (Paraguay) said that he had intended to make a few comments; to save the Committee's time, however, he would merely state that the few amendments or additions his delegation would make to the brilliantly prepared report would be submitted in writing.

Dr SYMAN (Israel) said that after the masterful analysis by Sir John Charles, discussion could be reduced to the problem of frequency. From that point of view, it was necessary to differentiate between Parts I and II. The latter had, in the case of the First Report, become a sort of reference book for all who wanted to have an idea of the situation not only from a global point of view but also in respect of specific countries. He would support the suggestion of Sir John Charles that reports should be issued biennially, bearing in mind the usefulness of such a reference compendium and the speed of change in many developing countries. He reminded delegates of Article 61 of the Constitution, which stated: "Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people".

He suggested that a more simple questionnaire might be worked out to keep factual information up to date and to find a means of issuing at least the second part every two years. As to the content of the questionnaire and its presentation, it could be made more simple. It should be possible, by reading a certain country's review, to understand clearly even without intimate knowledge of the particular country the health situation prevailing and the pattern of health services. Background information concerning the social and economic aspects should also be given some clearer description.

Part I differed as between the First and Second Reports. In the first it was a kind of synthesis of the world health situation and the problems facing health services, while in the second it presented trends in different fields. Both types of introduction were useful, and he would like to see taken up as a proposal the suggestion of Sir John Charles that in future there should be a chapter devoted to one specific topic.

He understood that both reports had been issued in response to a formal resolution of the Health Assembly, and he asked whether a formal resolution would have to be adopted to issue the Second Report in whatever form the Committee might decide.

The CHAIRMAN confirmed that such a resolution would be necessary and that after discussion the Rapporteur would prepare a draft.

Dr ORELLANA (Venezuela) said that the Second Report on the World Health Situation could be compared with the first in its great contribution to knowledge of the problems and programmes existing in various countries. He expressed his delegation's appreciation of those publications. Part I of the Second Report was written in a stimulating way, combining literary skill with scientific knowledge, for which he wished to pay a tribute to its author. He would also mention the magnificent summary of the situation from 1957 to 1960.

With regard to Part II, he was convinced that the various countries had replied to the questionnaire to the best of their ability, but the enormous scope of the information requested had made it difficult to submit as much data as might have been wished.

His delegation had taken due note of the procedure for submitting corrections, and would do so before the deadline. It would support the retention of the four-year period for the reports, since it believed them to serve a similar purpose to those of the Pan American Health Organization.

Dr DOUBEK (Czechoslovakia) expressed great satisfaction with the report, but drew attention to certain inaccuracies in the information relating to his country in Part II. He proposed to send his observations to the Secretary in writing so that the information could be brought up-to-date.

Dr HOURIHANE (Ireland) said he greatly admired the skill with which medical statistics had been brought to life in the beautifully written document that was Part I of the report.

He found it difficult, however, to accept the suggestion in the section on malignant neoplasms of the respiratory system (page 14) that part of the recorded increase in deaths from lung cancer was attributable to more accurate diagnosis. Diagnosis could surely not account for a difference of five to one in the ratio of male to female mortality, and it would be extraordinary if it could produce an increase in lung cancer but not in other forms of cancer - which in any case were on the decrease.

With regard to the section on smallpox (page 20) he was glad to see that a period of ten years had been used for purposes of comparison. One year was too short a time for epidemic diseases, as was shown by the recent outbreak in the United Kingdom.

With regard to Part II of the Report, he was aware that the statistics were based on information received from Member States, so that any inaccuracies were the responsibility of national authorities. In the case of his own country, it was certainly not true that syphilis was one of the communicable diseases most frequently notified in 1959; the number of cases for that year was seventy and not 404 as indicated. Nor was it true to say that mental illness was a serious problem because more than 40 per cent. of hospital beds were occupied by patients with psychiatric illnesses; in Ireland, as in many other countries, much of the so-called mental illness came under the heading of geriatrics.

He was glad to see that the Report as a whole was concerned with basic principles and unequivocal facts.

Dr ESCALONA (Cuba) wished to join in the words of praise expressed by so many delegates for the authors of the Report, in particular Sir John Charles. The report would stimulate and encourage action in countries at similar stages of development.

He fully supported the proposal by Sir John Charles that the Report should be published every two years, for although the situation in the more developed countries would probably not show much change, in the developing countries social transformations of all kinds were taking place so rapidly that events even of the past two or three years seemed to recede into history. In Cuba, for example, the per capita cost of health services had more than quadrupled in four years, rising from 3.07 pesos in 1958 to the present figure of 14.88 pesos.

With regard to the information concerning his country in Part II of the Report, the Cuban authorities would indicate certain errors and omissions in due course.

Dr ALAN (Turkey) congratulated Sir John Charles and all who had assisted in preparing the report, including national health authorities. A great deal of work was involved, and as far as the national authorities were concerned, he wondered if the very lengthy and detailed questionnaire could be simplified and shortened.

With regard to the frequency of publication, he had misgivings over the suggestion that the report should appear every two years and feared that it would not be well received by those concerned in his own country.

Dr EL-BITASH (United Arab Republic) wished to join in the expressions of appreciation of the remarkable report before the Committee, and of the hard work that had obviously gone into its production.

He would prefer to see it published every four years, as at present, or every five years, since most countries organized their planning on a five-year basis.

Dr KIVITS (Belgium) also congratulated WHO, and Sir John Charles in particular, on a remarkable document.

Part I, in both its presentation and its substance, bore witness to the spirit of humanity that characterized its principal author.

With regard to Part II, which was an abstract of information provided by governments, the task of preparation was a heavy one and was rendered more difficult by the fact that national authorities did not always give precise replies to the questionnaire and sometimes tended to enlarge on items of particular national interest at the expense of others. Differences in terminology, too, were a source of difficulty, and it would be advisable for WHO to make sure that terminology was clear so that misinterpretations could be avoided.

He noted that governments were invited to amend the information they had supplied and was sure that his own Government would take advantage of the opportunity offered. He was stressing the need for accuracy because of the importance he attached to the Report: it was an inexhaustible mine of information and a valuable source of ideas for improving national health policies. He therefore urged that special care should be taken with the drafting of the questionnaires by the Secretariat, in the completion of the questionnaires by governments, and in the use made of the replies by the Secretariat. Replies should be reproduced as closely as possible, and interpreted if necessary.

He would be submitting to the Secretariat certain amendments to the information concerning his country.

Dr OLGUIN (Argentina) said that the Report was a most valuable document and Sir John Charles and his fellow authors were to be congratulated on their excellent work. His Government would in due course submit certain amendments relating to substance and presentation.

He was in favour of four-yearly publication because of the complex material that had to be handled.

Dr KACPRZAK (Poland) also congratulated the authors on their admirable work. He stressed the importance of the Report and, recalling that the annual reports of the League of Nations health section had great historical value, inquired whether it would be possible to publish an annual summary of major items of interest, leaving the detailed analysis to be published every five years.

Dr AFRIDI (Pakistan) wished to be associated with the delegates who had spoken so highly of the admirable Report.

There appeared to be some divergence of opinion as to how often it should be published and he suggested that a full report should be published at four-yearly intervals, with a supplement at two-yearly intervals containing the following items: amendments, corrections or additions to existing information; information on the health situation in new countries or territories; a review of a selected topic based on information already in the main Report.

Dr ALAKIJA (Nigeria) also complimented the authors of the report. He fully agreed with the views of the two preceding speakers and would be satisfied if the main Report were published every four or five years, with an annual annex to keep pace with new events, particularly in the newly emerging countries. As an example of current information, he mentioned a recent census of population in his country which would undoubtedly reveal higher figures than the ones included in the present Report.

Professor ZHDANOV (Union of Soviet Social Republics) paid a tribute to the authors of the Report, in particular Sir John Charles, for a magnificent piece of work.

He suggested, however, that the questionnaire should be re-examined by the group that had drawn it up, in the light of certain questions that were of special interest to the Organization; for example, the training of national personnel in such fields as public health, malaria, smallpox.

He supported the proposal of the delegate of Poland, which would mean that the next full report would cover the period 1961 to 1965. He suggested that two questionnaires should be prepared: a comprehensive questionnaire to be used

for the five-yearly report and a shorter one for the annual summary. The annual Report would be extremely valuable in providing up-to-date information on important questions and would complement the information in the main Report.

Dr AUJALEU (France) said it was not surprising that so many delegates were concerned over the frequency of publication of such an important document. Opinion generally seemed to favour the publication of a similar document every four or five years that would be supplemented by a brief annual report on developments in the world health situation as presented in the main Report. He would support a solution on those lines because it was essential to allow enough time for the preparation of a document based on exhaustive studies and the collation of many documents.

It was important for the basic document to provide sound and accurate information, for the WHO Report on the World Health Situation was eagerly awaited by specialists in all fields as well as by doctors and national health services. The Report now before the Committee would be used for years to come in the fields of medicine, economy, sociology, and demography and by all who were concerned with the evolution of the world. It was more important to produce a document based on questionnaires and information that had been thoroughly studied than to produce a report more often.

While he was deeply impressed by the exceptional quality of Part I of the Report and wished to congratulate the Secretariat and Sir John Charles, he was not certain that the correct balance was maintained in Part II. Some countries found it difficult to give precise answers to the questionnaire and sometimes the information provided was not used in its correct perspective. Thus it might appear, for example, from the information received, that the principal causes of death in a certain country were gastritis, duodenitis, enteritis and cholitis, whereas there were surely more serious causes of death.

Statistics supplied by countries not yet organized for the purpose were bound to be incomplete. Such countries must be given enough time to reply properly to questions submitted to them. He instanced a certain country in Africa in which it appeared from information furnished by the national authorities, that the mortality rate was only one per thousand - presumably the figures of deaths had been obtained from the hospital services and therefore bore no relation to the total population.

He hoped that the Report would be published at intervals long enough to allow for the necessary documents to be assembled and studied without haste.

Professor TRAN, DINH DE (Viet Nam) also paid a tribute to the Director-General and to Sir John Charles for the Report.

He had three suggestions. First, there should be an annual or two-yearly report and possibly a more detailed report every five years. Secondly, it would facilitate the comparison of information if a distinction could be made between reliable statistics from countries whose services were properly organized and approximate figures supplied by countries without statistical services. Thirdly, again for purposes of comparison, it would be useful if figures in local currencies could be accompanied by their equivalent in an internationally-recognized currency such as the Swiss franc or the United States dollar.

Dr TURBOTT (New Zealand) warmly congratulated the authors on a first-class Report.

As the representative of a small country with limited government personnel and no international hygiene division, he was well aware of the difficulties presented by questionnaires. For that reason he would prefer the Report to be published at four-yearly intervals, though he appreciated the reasons for Sir John Charles' proposal.

He formally proposed that the four-year period should be maintained but there should be a two-yearly supplement as proposed by the delegate of Pakistan.

Dr JALLAD (Syria) joined in the tributes to the Director-General and to all who had helped in the preparation of the Report. It was an outstanding piece of work and a valuable reference document, and he warmly supported the proposal that it should be published every two years.

Professor De HAAS (Netherlands), after adding his congratulations to those already expressed, said that the essential points were to provide a regular report and to simplify the questionnaire. He proposed that the report should appear every three years and that there should be an annual supplement dealing with a particular topic, such as maternal and infant mortality or cancer. In a fast-changing world, an interval of four or five years was too long.

Dr ALAN (Turkey) was strongly opposed to any reduction in the existing period of four years. He warmly supported the proposal of the delegate of New Zealand, who had rightly stressed the need to allow national authorities sufficient time to prepare their answers to the questionnaires. Also a shorter period would place an even greater burden on the WHO Secretariat.

Dr SHAHEEN (Iraq) supported the proposals of the delegates of New Zealand and Pakistan.

Dr BARCLAY (Liberia) also expressed approval of the Report, but regretted that Liberia was not included in Part II: perhaps the information sent from his country had arrived too late for inclusion.

He was in favour of a four-year report and a biennial supplement.

Dr DOLO (Mali) shared the views of the delegate of France on the need for accuracy in statistics, especially those relating to African countries. The authorities in those countries often had difficulty in answering questionnaires, and to ensure the accuracy of the information provided it was important to allow as much time as possible between each report. A longer period would also allow for a better assessment of the health situation in Africa.

Mr KEO PHANN (Cambodia) said that he entirely agreed with the statement of the delegate of France on frequency of publication. Countries in process of development did not find it easy to give clear answers to the WHO questionnaires, for their limited staff could barely keep up with the regular flow of documents. He was in favour of a full report being published every four years and a supplementary report every two years.

Dr VILLEGAS (Philippines) observed that several suggestions had been made in the course of the discussion and the limit of possibilities appeared to have been reached.

He moved the closure of the debate.

The CHAIRMAN announced that in accordance with Rule 59 of the Rules of Procedure of the World Health Assembly, two delegates could speak against the motion.

In the absence of opposition, he declared the debate closed.

Dr GRUNDY, Assistant Director-General, replying to comments and questions made during the discussion, said that the Director-General and everyone concerned were extremely gratified at the favourable reception given to the Report and the

many compliments that had been paid. The preparation of the Report had been entirely a matter of team work and the tributes would be conveyed to all who had played a part.

The Report was only the second of its kind and the Secretariat was still feeling its way. The valuable and constructive suggestions that had been made were therefore very welcome. The members of the Secretariat were well aware of the difficulties caused by the questionnaire in certain countries and would continue to discuss methods of simplifying it, bearing in mind the need for accuracy in information.

The question of terminology was constantly under review throughout the Organization's work and the points raised would be kept in mind.

In answer to the delegate of Liberia, he stated that there was no record of information having been received from fourteen countries, including Liberia.

Sir John CHARLES acknowledged the many congratulations with sincere gratitude, for himself and for those who had co-operated with him. His own proposal was one among many of equal merit. He had followed the debate with interest and satisfaction.

The CHAIRMAN said that a draft resolution had been prepared that was acceptable to the delegates of New Zealand and Pakistan.

Dr MONTALVAN (Ecuador), Rapporteur, read out the resolution, the text of which was as follows:

The Fifteenth World Health Assembly

1. NOTES the Second Report on the World Health Situation, prepared by the Director-General in pursuance of resolution WHA11.38;

2. THANKS the Member governments for their assistance in providing material for this Report;
3. REQUESTS the Member governments of WHO to submit before 31 August 1962 any amendments they wish to include in this Report before it is finalized;
4. REQUESTS the Director-General to prepare a revised questionnaire on public health and demographic aspects so that it may be used by Member States as a guide for the preparation of their future reports;
5. INVITES the Members of the World Health Organization to provide, as a further step towards fulfilment of their obligations under Article 61 of the Constitution, information for the preparation of a third report covering as far as possible the period 1961 to 1964;
6. REQUESTS the Director-General to prepare for the Nineteenth World Health Assembly the Third Report on the World Health Situation; and
7. REQUESTS the Director-General to prepare supplements to the four-yearly reports at two-year intervals, which should contain:
 - (a) amendments to and expansions of previously published information;
 - (b) a review of the health situation of new countries; and
 - (c) a review of a special topic.

Decision: The resolution was adopted unanimously.

The CHAIRMAN added his own tribute to Sir John Charles and the members of the Secretariat for having produced such a magnificent document.

Sir John CHARLES said that it had been a privilege to be associated with the preparation of the Report.

3. RELATIONS WITH NON-GOVERNMENTAL ORGANIZATIONS: COMMUNICATION FROM THE INTERNATIONAL FERTILITY ASSOCIATION (Resolution EB29.R21; Document A15/P&B/7)

The DIRECTOR-GENERAL presenting the item, said that in accordance with the provisions of paragraph 3 (iii) of the working principles governing relations with non-governmental organizations, a communication from the International Fertility

Association had been submitted to the Executive Board at its twenty-ninth session, drawing attention to the IVth World Congress on Fertility and Sterility, to be held in Rio de Janeiro, Brazil, from 8 to 15 August 1962. The Executive Board had adopted the resolution contained in document A15/P&B/7, drawing the attention of the Fifteenth World Health Assembly to the matter, so that it might take note of the Congress.

Dr DOUBEK (Czechoslovakia) considered that the congress would be of great value. His country was much concerned with the problem of sterility, and measures were being taken to tackle it by hospital treatment, the setting up of a special medical service, and intensive training of personnel.

Dr TRAN-DINH-DE (Viet Nam) reminded the Committee that the Assembly was required only to note the communication, not to discuss the problem itself.

Dr MONTALVAN (Ecuador), Rapporteur, read out the following resolution which the Executive Board had proposed for adoption by the Assembly:

The Fifteenth World Health Assembly

NOTES the resolution adopted by the Executive Board at its twenty-ninth session concerning the IVth World Congress on Fertility and Sterility.

Decision: The resolution was adopted unanimously.

The meeting rose at 12.25 p.m.