

EIGHTEENTH WORLD HEALTH ASSEMBLY

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COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL MINUTES OF THE EIGHTH MEETING

Palais des Nations, Geneva
Friday, 14 May 1965, at 10.25 a.m.

CHAIRMAN: Dr A. L. MUDALIAR (India)

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Note: Corrections to these provisional minutes should be submitted in writing to the Chief, Records Service, Room A.843, within 48 hours of their distribution.

1. REVIEW AND APPROVAL OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1966:
Item 2.2 of the Agenda (continued)

Detailed Review of the Operating Programme: Item 2.2.3 of the Agenda (Official Records No. 138, pages 23-49, 59-81, 101-460: Official Records No. 141, pages 26-38, 43-58; document A18/P&B/13)

The CHAIRMAN invited the Committee to take up, section by section, the detailed review of the operating programme for 1966, as contained in Official Records No. 138. The comments made on that programme by the Executive Board at its thirty-fifth session were contained in Official Records No. 141, pages 26-38 and 43-58.

Programme Activities, Headquarters

Section 4.1 Offices of the Assistant Directors-General

There were no comments.

Section 4.2 Research Planning and Co-ordination

Professor PESONEN (Finland) said that he had noted that five new posts would be established in 1966. That was certainly a very modest request and undoubtedly that staff would be required. He had noted, however, that one post called for the recruitment of a scientist; he wondered what kind of a scientist was intended.

Dr FIŞEK (Turkey) said that he was in favour of the increase but would like to ask the Director-General whether he considered it was sufficient for WHO's expanding activities in connexion with research or merely the amount that could reasonably be included in the budget for 1966.

The DEPUTY DIRECTOR-GENERAL replied that the point had been dealt with in paragraph 29 on page 28 of the Executive Board's report on its thirty-fifth session (Official Records No. 141), where it was explained that what was intended was a transfer to the regular budget of five posts which had previously been financed from the Special Account for Medical Research, since the resources of that voluntary fund were inadequate. It was not therefore an increase in staff, but a readjustment in the financing of existing staff, who, despite the heavy workload entailed by the expansion of the programme, could cope with it. As regards the nature of the post of scientist referred to by the delegate of Finland, he would be an official in grade P.2 and would be required to have university education with a degree in one of the physical sciences and post-graduate training with a certificate in one of the physical sciences or biomedical sciences. He would, therefore, be a young scientist, fairly new to the career, to assist senior staff in research into and analysis and preparation of scientific material used by the Division.

Section 4.3 Health Statistics

There were no comments.

Section 4.4 Biology and Pharmacology

Dr ENGEL (Sweden) said that he had already had an opportunity to make some remarks on the section of the Director-General's Report dealing with biology and pharmacology in the general debate in the plenary meeting. He was reverting to the subject with suggestions for further activities by the Organization in that

field. He would be submitting, together with the delegations of Denmark, Finland, Luxembourg and Norway, a draft resolution for control measures for certain dependence-producing drugs. The background to the proposal was experience in Sweden, where the abuse of drugs was a matter of concern to the health authorities. Addiction to narcotics in the traditional sense regulated by the Single Convention on Narcotic Drugs was still a serious problem, but during the past decade the abuse of drugs not covered by the Convention had been observed to an alarming extent. The drugs he had in mind were the amphetamines, stimulants, hypnotics and other psycho-active drugs. What in fact made that a new mental health hazard was that the abuse was widespread among young people. There existed gangs, including even teenagers, who might be called "drug dependent". It was a popular habit to be compared with other hysteric manias of modern life. For example one hospital, the Hospital for Infectious Diseases, at Stockholm, had received during 1964, 150 patients between sixteen to thirty years of age admitted with the diagnosis hepatitis related to drug-dependence. There was clear evidence that serum hepatitis virus had been inoculated through the use of a common syringe by different groups. The majority were addicted to preparations of the amphetamine group, others to barbiturates dissolved in water and injected. A smaller group was addicted to preparations of the morphine group.

The Expert Committee on Addiction-Producing Drugs in its thirteenth report had mentioned observations of an epidemic-like outbreak of abuse of hypnotic drugs in a particular region without mentioning hepatitis as a complication.

It was always difficult to make a sound judgement of the quantities of drugs sold on the market; but he would later provide the Secretariat with some figures elucidating the increase in Sweden of the consumption of the drugs under discussion. It was still more difficult to estimate the number of drug-dependent people and their age distribution, but the experience of the police of Greater Stockholm, with its 1 200 000 inhabitants, gave an estimate of approximately 3000.

Measures undertaken by the Swedish health authorities to control the abuse of sedatives, hypnotics and stimulants, had been to a large extent ineffective because it was feasible to buy without prescription in other countries, many pharmaceutical preparations which required prescriptions in Sweden. An illicit traffic in many of the dependence-producing drugs had developed between those countries and Sweden. He strongly felt the need, therefore, for immediate international control measures for drugs that could be abused and which were not under international control, such as amphetamines, barbiturates and other sedatives and stimulants. So far as he could see, a campaign against dependence-producing drugs would in the first instance be the task of the United Nations Commission on Narcotic Drugs. The World Health Organization, however, was co-operating with the Commission and advising it from its own experience, mainly through its expert committee.

The proposal that would be submitted would suggest intensifying co-operation between the two bodies and express the hope that joint action would be taken as early as possible, request the Director-General to transmit to the Secretary General of the United Nations the opinion of the Health Assembly that international action was desirable in regard to the control of the abuse of sedatives, stimulants and other psycho-active drugs not at present classified internationally as narcotic drugs,

with a view to having them placed under medical prescription, and finally, request the Director-General to promote further research into the epidemiology of drug dependence.

Dr KENNEDY (New Zealand) said that the Swedish delegate had made a very interesting proposal. While he could see the advantage of medical studies of the epidemiology of dependence-producing drugs, he would like to hear from the Swedish delegation more about the international action it was considered should be taken. In narcotic drugs control the focal point was the import and export permit system and all narcotic drugs in the licit traffic were accounted for quantitatively. The volume of the trade in such drugs as amphetamines and barbiturates was so great that it was doubtful whether any system for its control parallel to that used in the control of narcotic drugs was feasible. The answer to the problem lay not so much in international action as in the fulfilment of their responsibilities by national administrations. To make the drugs in question obtainable only on medical prescription and from licensed pharmacies should go a long way towards control, provided that legislation existed to prohibit the acquisition of the drugs other than by authorized means, and the health and police departments co-operated closely to take severe measures against persons found in illicit possession of such drugs and against pharmacists selling them without prescription.

Dr HAQUE (Pakistan) said that in one research unit in his country cases of haemolytic anaemia had been found relatively common in certain areas and it had been thought that that might be due to abuse of drugs. He wondered whether any research into that subject had been undertaken, so that the findings could be used for warning persons against possible side-effects.

Dr QUIROS SALINAS (Peru) said that his delegation had a special interest in the subject under discussion because in his country, as in other Latin American countries, there was the problem of coca-leaf chewing. In that respect greater co-ordination was needed between the activities of WHO and other bodies of the United Nations family concerned.

Two years previously, two seminars on the subject had been held at Lima. Dr Halbach had represented WHO at one of them, but the Organization had not been represented at all at the other.

Peru had signed the Single Convention on Narcotic Drugs and had undertaken to eradicate the habit of coca-leaf chewing within twenty-five years. But, owing to the strong opposition that the measure was encountering in some sections of the country, he must plead for the full support of the United Nations and the specialized agencies, in particular WHO.

The DEPUTY DIRECTOR-GENERAL confirmed that the Swedish delegation had handed the Secretariat the text of the draft resolution to which he had referred and, in agreement with the sponsors, it had been placed on the agenda under item 2.12, as it was directly related to the question of the Single Convention on Narcotic Drugs. Moreover, that would give the Secretariat time to consult the appropriate organs of the United Nations at Geneva so that it would be able to give the Committee any explanations that might be needed when the matter came up for discussion.

Dr AHMETELY (Union of Soviet Socialist Republics) said that he shared the view of the New Zealand delegate. He could appreciate the alarm of the Scandinavian countries, but the draft resolution should give attention not only to raising the

problem but also to its solution - to what the Organization would be required to do. Undoubtedly scrupulous registration of addicts would be an important step, but action must be realistic. Many of the activities involved went beyond the strictly medical. Police and customs action would hardly be adequate to reduce the requirements of the population for various medicinal preparations.

As an accessory point, he had been consulting persons who had had many years in narcotics control shortly before he had left Moscow and he had found that the experts there were somewhat dubious about the substitution of the term "dependence" for "addiction". That change might be liable to lull public opinion.

The Committee should examine very carefully what, specifically, WHO could do before it adopted any such draft resolution as that to be put forward by the Swedish delegation.

Dr ENGEL (Sweden) said that he agreed that it would probably be better to discuss the draft resolution when it had been circulated. Delegations would find answers to many of their questions in the text of the draft resolution. His delegation had approached the matter very carefully and had considered two channels for international action - the Commission on Narcotic Drugs and WHO. When the proposal came up for discussion he would make a statement with regard to epidemiological research.

Section 4.5 Malaria Eradication

There were no comments.

Section 4.6 Communicable Diseases

Professor CORRADETTI (Italy) drew attention to the growing importance of parasitic diseases. In 1964 the First International Congress of Parasitology had been held at Rome with the attendance of a thousand scientists from eighty-six countries, who had shown how seriously parasitic diseases affected the health and economy of all nations. More action by WHO was evidently needed. Two of the diseases especially deserving attention were leishmaniasis, which was spreading to new areas, and hydatid diseases, which affected many countries.

Dr KAUL, Assistant Director-General, Secretary, said that he had taken note of the Italian delegate's remarks. Some activities were being undertaken both in leishmaniasis and in hydatid diseases. A reference centre for leishmaniasis had been established, in which certain research activities in connexion with its epidemiology and immunology were being undertaken.

Section 4.7 Public Health Services

There were no comments.

Section 4.8 Health Protection and Promotion

Professor PESONEN (Finland), referring to section 4.8.1 (Social and Occupational Health), observed that one of the very great public health problems was the great increase in traffic accidents. The Finnish delegation was aware that many national and regional authorities were concerned with the problem and that much had been done on the material aspects and in guiding the population on the prevention of accidents. One aspect however had received little, if any, attention: the human aspect of the

problem, which was a most important one. Despite increased modern knowledge applied to methods of prevention, the accident rate was steadily increasing in nearly all countries, mainly because of the neglect of the human aspect. The Finnish delegation had no definite proposal to put forward but would be grateful if the matter could be studied by WHO.

Dr JENNINGS (Ireland) said, in connexion with section 4.8.2 (Mental Health) that mental health was receiving great attention in Ireland, especially methods for improving the care of the mentally-handicapped. A commission of inquiry had reported in 1965 that suitable care, particularly for the young, could enable many mentally-handicapped to lead an independent life and many of the remainder to contribute to their maintenance. Appreciation of the benefits of care and treatment and the awakening of the public conscience had led to greatly increased public interest, which had resulted in the provision or planning of residential and special educational facilities, in state aid for the many voluntary associations, including religious orders, in the country, in a steady growth of services for mentally-handicapped persons living at home, and in the dissemination of information on the nature and extent of mental handicap. The report of the commission gave its recommendations on how those services should be provided.

Referring to section 4.8.4 (Dental Health) he said that in 1960 legislation had been enacted making the fluoridation of public water supplies mandatory in Ireland, in accordance with regulations issued by the Ministry of Health. The mandatory nature of the legislation had given rise to widespread controversy and the Act had been challenged in the Courts, on the grounds of possible injurious

effects, violation of family and personal rights and interference with the right of education guaranteed by the Constitution of Ireland. The hearing had lasted from March to July 1963 and the case had been dismissed. An appeal against the judgement had also been dismissed by the Supreme Court. Fluoridation of public water supplies became mandatory on local authorities, but only after a dental survey and water analysis had been carried out. The survey and analysis had been completed and the survey had revealed a high incidence of caries. Fluoridation of the public water supplies in the capital and in eight other areas, with a population of 750 000, had been carried out and it was expected to extend it to all the main urban centres by the end of 1965.

Dr HAQUE (Pakistan) observed, in connexion with section 4.8.1 (Social and Occupational Health), that most developing countries were being rapidly industrialized but almost nothing was being done about industrial health. WHO should take the initiative before it was too late.

In connexion with section 4.8.3 (Nutrition) he said that a great deal of research was needed in the developing countries, where malnutrition was widespread. It had been found recently that in some groups mothers' milk became deficient after six months, which led to malnutrition in the infant.

Dr GRUNDY, Assistant Director-General, replying to the delegate of Finland on the growing importance of traffic accidents, in particular as regards the medical aspects, said that WHO had had a programme of investigations, reports and educational meetings for some years. In 1962 WHO had published a study entitled "Road Traffic Accidents: Epidemiology, Control and Prevention" as Public Health Papers No. 12.

In the current year an inter-regional seminar on the subject would be held at Alexandria. Many of the Organization's other activities had a bearing on the subject. An expert committee on alcoholism would be held in 1966 and would obviously consider what was one of the main factors in road accidents. Procedures relating to the care of casualties in accidents in general were also being studied in the Organization of Medical Care Unit. Studies had been begun on medical screening procedures and the technical discussions in the European Region in 1964 had been on that subject. Thus the Organization had recognized its part with regard to the human aspect of accidents, although it did not have a comprehensive programme devoted exclusively to the subject.

It went without saying that WHO was paying particular attention to mentally-handicapped children. It was also doing work on fluoridation, and amongst its most recent studies was a monograph, soon to be published, on the metabolism of fluoride. A fairly complete statement on dental health had been made to the Seventeenth World Health Assembly in 1964.

WHO policy in its nutritional researches was quite consistent with the suggestions made by the delegate of Pakistan. Many studies were being carried out in the developing countries, especially with regard to vulnerable groups, such as pregnant women, infants and nursing mothers.

Section 4.9 Environmental Health

Dr ALDEA (Romania) said that the supply of drinking-water to communities was one of the most important problems of environmental health, in view of its effect on the prevalence of a large number of communicable diseases and the general state of health of the population. WHO was rightly according great importance to that problem and the

many programmes connected with it testified to that. Experience, indeed, showed that all communities, however small and whatever their resources, considered the drinking-water supply as one of their main problems, and sooner or later succeeded in solving it. The solution was harder and not always so correct if it was left to local authorities or to private enterprise. The drinking-water supply, especially in the developing countries, in most of which nothing had yet been done in that respect, required large investment which brought in small returns to private enterprise and was beyond the means of the local authorities.

The only solution therefore was to concentrate efforts and make water supply a state problem for which the central administration was directly responsible, since it could find the best solutions by planning in stages and with its greater resources. WHO, too, should broaden its concern with the supply of drinking-water to communities. Material assistance in installing essential plant in one or two localities was insignificant in comparison with world requirements. On the other hand, arousing the interest of national administrations, supplying technical assistance, especially as regards technical documentation and training of specialists, would entail less expenditure and would provide more substantial effective assistance.

Another aspect of the problem which was growing increasingly important to mankind was that of the sources that could supply drinking-water of appropriate quality. Rapid industrialization, especially in the chemical and textile industries, the increasing use of chemicals in domestic activities and especially the exaggerated increase in the consumption of detergents were increasingly polluting the surface

waters and sometimes even waters to some depth by chemical substances that were extremely harmful biologically. Carcinogenic and allergy-producing substances, detergents, mineral oils, and toxic, caustic, and radioactive substances were increasingly polluting surface water. The physico-chemical and biological treatment of those waters were not really able to eliminate the toxic substances or to reduce concentrations to completely inoffensive limits. His delegation believed that WHO should concentrate on that state of affairs and should stimulate all the bodies which might be equally interested with a view to intensifying research on methods of neutralizing harmful elements in water promoting strict regulations prohibiting the pollution of surface water, and finding new sources of drinking-water.

Dr WEBSTER (Southern Rhodesia) said that he had noted that the office of Director of the Environmental Health Division at headquarters remained vacant. One reason might be that the office was now generally held by an expert in the sanitary engineering aspects, but there had been a time in the past when the Division of Environmental Health had been headed by a medical officer. If the Organization were to widen its scope of recruitment for that post, a very experienced medical officer might be found for it.

The SECRETARY said that the Romanian delegate had rightly emphasized the need for the development of water supply programmes. WHO was giving assistance in that respect to many countries and a number of programmes were in operation. Many requests had been received from governments within the past four years. There were now some fifteen projects, three or four of which had received allocations from the United Nations

Special Fund. Others were in the process of detailed costing and would be submitted to the Fund in the near future.

WHO was also assisting governments in surveying their own needs and working out detailed plans. It was associated with activities in training personnel and advisers. A large programme had been undertaken in Latin America with very considerable support from the financing agencies. Other programmes were reaching a stage where they would need international financing, which WHO hoped to negotiate for them. The matter had been reviewed in detail at the technical discussions during the Seventeenth World Health Assembly. The stress that the Romanian delegate had placed on the point made it necessary to give him further assurance that WHO was supporting programmes in existence and expanding them as fast as it could, consonant with its resources.

With regard to the point made by the representative of Southern Rhodesia about the Director of the Division of Environmental Health, his point had been noted with interest; the Director-General had the matter under consideration.

Dr GJEBIN (Israel) remarked that no mention was made, in the section under discussion, of the influence of noise. That was a subject of some importance to the health of the urban population, and should be studied.

The SECRETARY said the matter had been kept under review. Expert committees in several fields had brought attention to bear on the study. There were no active programmes, but studies were under way to see whether information could be collected with a view to determining the need for a larger programme.

Dr AHMETELY (Union of Soviet Socialist Republics) observed that most of the posts in the Division of Environmental Health were at the present time filled by sanitary engineers. Although that concept was acceptable to some countries, others considered that environmental health was the concern of the medical specialist. The Organization should review the matter. In his opinion, doctors, who knew better the biological problems involved, should be recruited to work alongside the sanitary engineers, thus enriching the Organization's work and extending its possibilities.

The DIRECTOR-GENERAL said that the relationship between medicine and public health was growing in complexity and the important question raised by the representative of Southern Rhodesia and the delegate of the Union of Soviet Socialist Republics could apply equally to a number of different fields. It was obvious that there was an increasing tendency - a tendency which as he had stated in a plenary session, he viewed with concern - in some countries to place responsibility for the medical services in the hands of a general administrator.

As regards environmental health, it was clear that it was a field increasingly concerned with problems of biology and physiology. Nevertheless, his feeling was that at the present time the Director of the Division of Environmental Health should be a man with training in engineering - civil engineering or chemical engineering - who had specialised in environmental health. He should of course be assisted by people from other disciplines, biology for example: a biologist was not necessarily a medical man, and sometimes a biologist was what was required.

It was a problem that would become increasingly complex as time went on, and as Director-General he had, and considered that he should have, discretion to decide on the type of specialization required of the director of the division in question.

Section 4.10 Education and Training

Dr BAIDYA (Nepal) expressed his Government's gratitude to the Organization for assigning a consultant to explore the possibilities of setting up a medical college in Nepal. As a result, it had been possible to convince the Nepalese planning authorities of the urgent need for such a college and its inclusion in the five-year plan beginning in July 1965 had therefore been approved. It was hoped to admit the first group of medical students in 1968. Thanks were due to the Governments of Pakistan and of India, which had agreed to help in the project. He requested the Organization's assistance in contacting other international organizations, such as the United Nations Special Fund, and member countries of the Colombo Plan in order to ensure the successful implementation of the new medical college's programme.

Professor PESONEN (Finland), referring to section 4.10.2 (Education in medicine and allied subjects), said that the Third World Conference on Medical Education was an extremely important event and one that deserved the Organization's co-operation. Although at such large gatherings problems could not be examined in any depth, an opportunity was provided of addressing a large number of teachers from medical schools in different parts of the world. The Conference offered an excellent opportunity to emphasize the important aspects of social medicine to teachers and it was to be hoped

that the Organization would make effective use of the opportunity. The delegation of Finland would appreciate having some further information about the part the Organization would play in the Conference.

Dr HAQUE (Pakistan) said that in his country there were at the present time some 200 foreign students in the medical schools, including WHO and Colombo Plan scholars. Many of them, however, did not have sufficient premedical training and he wondered therefore whether it would be possible for the Organization to ensure that students were suitable for admission to medical schools before being sent to Pakistan. In certain instances it had been necessary to send them to university to be taught English. It was essential therefore to achieve some measure of standardization, so that all Member States would know that their students must possess a minimum qualification for admission to medical college.

Professor CANAPERIA (Italy) said that he was gratified to note, under section 4.10.2, that an expert committee was to be convened in 1966 to study the use of health service facilities in medical education. The expert committee was particularly important because it offered the possibility of ensuring co-ordination between the public health services and the Ministry of Education and would provide useful advice about the way in which public health might be included in medical curricula. With regard to paragraph (2) of section 4.10.2, in which it was stated that the staff would collaborate with other units on the training of paramedical personnel, he considered that, in view of the importance of such training if the problem of lack of staff in a number of countries was to be resolved, it merited greater emphasis.

Dr GJEBIN (Israel), referring to section 4.10.3 (public health education and training), stressed the importance of post-graduate education in public health for all medical practitioners from developing countries. He wished to know if there existed any project of collaboration whereby teaching was first given at an established centre in a developed country and practical experience was then gained in a developing country with the assistance of the local university. In that way, people from developing countries would not only become acquainted with the system of work in the developed countries but would also learn how to carry out practical work in their own type of country with the help both of local people and of people from abroad.

Dr DE SILVA (Ceylon) expressed gratitude to the Director-General and to the Regional Director for South-East Asia for organizing a training course for medical administrators in Ceylon in 1964. He understood that there was an excellent course in the United Kingdom for medical administrators and his Government would appreciate it if a few fellowships could be granted for the training of senior administrators there.

Dr SAMII (Iran) said that the shortage of paramedical staff, and particularly of nurses, to which reference had already been made, existed in most of the countries represented. The main difficulty in expanding the programme of nursing education arose not so much from a lack of qualified candidates or of funds as from a lack of qualified staff to teach them. He wished to know whether the Organization could provide experts or consultants for a period of one or two years as teaching staff for new programmes of nursing in developing countries.

Dr. HAQUE (Pakistan) informed the Committee that in his country a school that had originally been established to train people for rural health centres also admitted young people who had completed their premedical course for training as junior scientists. They were awarded a degree in technology and could subsequently take a Master's degree or even a Ph.D. degree in technology. The centre was open to nationals from other countries who might wish to take advantage of such facilities.

Dr FIŞEK (Turkey) expressed his delegation's appreciation to WHO for the work which it had already carried out in the field of education and training. It was to be hoped that the programme would be further expanded, especially in the developing countries. Help in the form of fellowships, consultants and short-term lecturers for the medical, nursing and public health schools would be very useful. Efforts made in the field of education and training undoubtedly constituted the best investment for the future welfare of mankind.

Dr VASSILOPOULOS (Cyprus) expressed thanks to the Organization and to the Director of the Regional Office for the Eastern Mediterranean, as well as to the Government of Israel, for awarding undergraduate scholarships in medicine to students from Cyprus. He asked whether the Organization could extend such undergraduate training to other paramedical branches, such as pharmacy and nursing.

Dr EL ATASSI (Syria) joined previous speakers in stressing the importance of education and training, which was a basic requirement if the goals of the Organization were to be attained. He thanked the Organization for the help it had rendered to Syria and for the report of the WHO expert, who had recommended the establishment of a new medical school in Syria.

Dr HAMDI (Iraq) said that WHO had, through its Regional Office, assisted his Government with medical education at the universities. It had assigned a professor of public health to the University of Baghdad and had also rendered assistance to the College of Nursing and the Institute of Sanitation in Baghdad. In Iraq there were several local schools of nursing, as well as training courses in all the provinces. He expressed agreement with other delegates who had stressed the importance of paramedical personnel in all fields of public health. Nursing was a basic necessity, and for that reason in Iraq a large number of girls were encouraged to follow a short course of some nine months so that they could serve on projects.

Dr SUBANDRIO (Indonesia) said that in her country the fullest attention was paid to the important question of education and training. At the time of independence in 1950, Indonesia had been faced with a serious shortage of trained medical and paramedical personnel, but over the past fifteen years some fourteen medical schools of varying sizes had been established. The largest was in Djakarta and admitted 200 new students every year while, in the smaller provincial capitals, the medical schools admitted some fifty students annually. Doctors had already graduated from about eight of the new medical schools and had been working for the past seven years. As yet, no doctors had graduated from about six of the schools. At the present time, the annual increase in the number of doctors in Indonesia was about 500, and the number would be greater when all fourteen medical schools were producing new doctors every year. Thus although many problems remained, especially with regard to teachers for

the medical schools, the most serious problem of shortage of doctors had been overcome. It was now planned to upgrade the education of doctors so that they would be better qualified for public health service. It was felt in Indonesia that a young doctor who had just graduated from medical school needed additional training to equip him for the public health services, and in the coming years it was hoped to introduce such additional training for the higher level of paramedical personnel as well. Doctors were given at least one month's intensive training in public health to acquaint them with its practical side, such as dealing with government officials from other ministries and with the local councils and representatives of the people. Similarly, it was hoped to prepare doctors for work in the field of nutrition education and malaria eradication, and plans were under way to give additional training to doctors in the surgical departments of the main hospitals, so that they could assist in anaesthesiology. In that field, Indonesia had received assistance from the Government of Czechoslovakia. Furthermore, doctors who were to work in trachoma control projects would be given some training in ophthalmology, without becoming fully qualified specialists in that field. She had spoken at some length in order to stress the importance of giving additional training in short courses to prepare medical or paramedical personnel for their respective tasks.

Dr ALDEA (Romania) said that the training of personnel was a problem of great importance and all Member States were endeavouring to resolve it at the national level. The methods followed, however, varied greatly and there was much experience

to be gained from the different countries. It would therefore be very helpful if WHO could provide information on the different training programmes for highly qualified medical and paramedical personnel.

Dr BELIOS (Greece) said that previous speakers had spoken of the difficulty of recruiting suitable candidates for public health. Obviously, there were practical solutions such as raising the level of salaries and allowances, in order to attract more candidates. However, he wondered whether it would not be possible to give greater prestige to public health doctors. It was not an easy matter, of course, since the fact was that the clinical doctor invariably enjoyed greater prestige than the public health man. There was the added difficulty that the basic training was given at university, and universities and other medical schools were more or less independent of ministries of public health. It might be possible, however, to make future doctors more conscious of the importance of preventive medicine and of hygiene, by giving supplementary courses related to public health as a part of the general courses in hygiene followed by all medical students. Efforts in that direction could perhaps be redoubled. He was well aware that the World Health Organization had already done everything possible, but wished to mention the difficulties encountered by certain countries in recruiting a sufficient number of candidates for public health.

Dr BONICHE VASQUEZ (Nicaragua) underlined the importance of improving public health training. In Nicaragua doctors dealt only with curative medicine, but a number of seminars held in various capitals throughout the Americas had aroused a healthy concern in the medical world, and as a result a department of preventive

medicine had been set up at the University. It was financed by, and under the joint patronage of, the Ministry of Health, which had provided personnel and equipment, and the University, which had provided the chief of the department, who held a degree in public health. The students engaged, from their first year, in practical work of hygiene and preventive medicine. It was hoped thus to influence them in favour of preventive health work, so that they would eventually make suitable candidates to fill posts in the public health field.

Dr SILVA (Nigeria) said that his country, in recognition of the importance which the training of health personnel had assumed in the over-all development of health planning, had accorded top priority to the training programme in its current health plan. In addition to the existing medical school, a second was to be established in Lagos and 300-400 doctors would soon be graduating annually from both. Furthermore, the curricula now provided for students to receive a considerable amount of public health training from the beginning of their medical studies, in order to avoid the situation that had arisen in the past, when most physicians engaged in clinical work. He acknowledged the assistance rendered by WHO in the development of the schools, and particularly in the training of auxiliary health personnel. During the past year his Government had embarked upon a programme of post-basic training for nurses in order to produce nurse tutors and nurse administrators, since it was realized that with the development of medical schools and the graduation of large numbers of doctors a correspondingly greater number of nurses and other paramedical health personnel would be required. He also acknowledged the assistance of WHO in

providing one professor and two lecturers for the new school of nursing in Ibadan, and looked forward to further assistance in the future for schools which his Government planned in the fields of radiography, physiotherapy and laboratory technology.

Dr GRUNDY, Assistant Director-General, replying to questions, first referred to the point raised by the delegate of Finland with regard to the Third World Conference on Medical Education. He reminded the Committee that the matter had been discussed at the thirty-fifth session of the Executive Board, and a reference to it was to be found in Official Records No. 141, Chapter IV, section 4.10. In the final two sentences, the Director-General had expressed virtually the same view as the delegate of Finland. WHO had participated in the two previous World Conferences on Medical Education and they had been of great value to the Organization, providing a means of reaching a wide audience in the medical profession, which was not otherwise easily accessible, as well as a means of ensuring that the Organization's experience was placed at the disposal of the Conference. The major topics of the Conference, which was to be held in New Delhi in November 1966, would be of a social-medical character: social change and scientific advance, their relationship to medical education, medical education and national structure, organization of the medical curriculum to meet the needs of society and planning new programmes in medical education. The Organization had been intimately associated with the programme planning of the Conference right from the start and staff from both headquarters and the regional offices were members of the planning committee.

With regard to the question raised by the delegate of Pakistan on the importance of ensuring that medical students selected for fellowships had the necessary premedical education to benefit from their studies, the matter had been very much in the minds of the Secretariat when the students were selected. An expert committee had met late in 1964 on the subject of undergraduate medical teaching of the natural sciences, and at that meeting reference had been made to minimal standards. The report was shortly to be submitted to the Executive Board. Moreover, the Organization's reviews of fellowships had shown that, although there was a very high proportion of successful fellowships, there was nevertheless some room for improvement in the matching of students to courses, taking account of their language and medical or premedical qualifications.

The delegate of Israel had raised a question of great importance, namely, the extent to which, in post-graduate public health education, it was possible to arrange for a part of the training to be given abroad in well-established post-graduate schools of medicine and for a part to be undertaken in the country of origin in circumstances similar to those in which the student would have to practise. There was a trend in that direction but hitherto it had applied only to special fields: for example, post-graduate paediatric training courses were organized jointly by the Great Ormond Street Hospital in the United Kingdom and Uganda and nutrition courses were organized jointly by the London School of Hygiene and Tropical Medicine and the University of Ibadan. Also, such courses were being introduced in the field of epidemiology but so far had not been in public health. Thus far it had only been possible to encourage receiving schools to adapt their post-graduate curricula to the needs of the post-graduate students coming from abroad.

The Organization would certainly take account of the suggestion made by the delegate of Israel, confirming, as it did, that the trend in the Organization's thinking - which it was hoped to translate into action - was well received.

Turning to the question of shortage of nurses and the way in which the Organization was making a contribution, the first general principle to which he would refer was that of concentrating on strengthening post-basic training, and particularly that of nurse-tutors who obviously had an important contribution to make in the expansion of nursing services. It had been possible to provide assistance to a school of basic nursing in Iran and the Organization was also providing consultants there to give assistance in the development of basic nursing training courses. Care had also been taken to ensure, particularly in the case of French-speaking nurses, that the Organization's own staff members, who did not always have the necessary specialist post-basic training in nursing, were provided with such training so that they could assist in the preparation of courses in nursing schools in the countries needing assistance. A complete answer to the question would require the assembly of a great deal of factual information and considerable time but, if so required, the Secretariat would be pleased to pursue the matter further.

With regard to the question of the delegate of Romania regarding information about medical schools, the content of their curricula and the description of the work being undertaken in them in different parts of the world, a great deal of such information was to be found in the World Directory of Medical Schools, published by WHO. Where there were omissions, it was due to the fact that the Organization had not received the necessary information in response to questionnaires and anything that the members of the Committee could do to ensure that fuller information

was supplied to the Organization would clearly add to the value of the Directory in future editions. Similar information was now also available in directories of dental, veterinary and pharmaceutical schools and was in the course of preparation for post-basic nursing schools and post-graduate public health schools.

Finally, with regard to the remark made by the delegate of Nigeria that in his country top priority had been accorded to medical education and training in relation to their total health plan, he wished to recall that some three years previously the Director-General had stated that the policy of the Organization would be to give every assistance in the field of medical education at every stage of national health planning.

Professor PESONEN (Finland), thanking the Assistant Director-General for his explanation regarding the Third World Conference on Medical Education, asked whether WHO would appoint lecturers to take part in the Conference.

The ASSISTANT DIRECTOR-GENERAL assured the delegate of Finland that the Organization would nominate staff members and others as active participants at the Conference.

The meeting rose at 12.30 p.m.