WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

A23/A/SR/4
12 May 1970

TWENTY-THIRD WORLD HEALTH ASSEMBLY

COMMITTEE A

COMMITTEE A

INDEXED

PROVISIONAL SUMMARY RECORD OF THE FOURTH MEETING

Palais des Nations, Geneva
Tuesday, 12 May 1970 at 9.15 a.m.

CHAIRMAN: Dr M. ALDEA (Romania)

CONTENTS

Note: Corrections to this provisional summary record should be submitted in writing to the Chief, Records Service, Room A.843, within 48 hours of its distribution.

1. MALARIA ERADICATION - ACTION TAKEN IN PURSUANCE OF THE REVISED GLOBAL STRATEGY: Item 2.4 of the Agenda (Resolution WHA22.39; Document A23/P&B/1) (continued)

The CHAIRMAN said that a draft resolution had been prepared by the delegations of Belgium, India, Indonesia, Italy and Romania. He asked the delegate of Italy to introduce the resolution.

Professor CORRADETTI (Italy) read out the draft resolution, as follows:

The Twenty-third World Health Assembly,

Having considered the report of the Director-General on measures taken in pursuance of the revised global strategy of malaria eradication adopted by the Twenty-second World Health Assembly in resolution WHA22.39;

Recognizing the importance of close collaboration between governments and the assisting agencies in reviewing malaria eradication programmes to determine the future course of action best suited to the specific requirements of each country;

Realizing the importance of the research for finding new weapons and for evolving rational methods of controlling malaria, as well as for improving diagnostic techniques and methods of vector control applicable to various specific epidemiological situations;

Realizing further that safe, effective and inexpensive insecticides for the effective control of malaria should be made available,

1. NOTES with satisfaction the action taken and the progress made in the implementation of the resolution WHA22.39 on the revised strategy of malaria eradication;

2. APPRECIATES the active collaboration of both multilateral and bilateral agencies in assisting governments in the reviews of their malaria eradication programmes;

3. REITERATES the need for intensifying both fundamental and applied research for the furtherance of the objective of malaria eradication;

4. STRESSES the need for more comprehensive training of malariologists in order to implement the new strategy in the context of the correlation of malaria to the socio-economic development plans of countries;

5. URGES the countries manufacturing insecticides to continue to make available to the developing countries insecticides for malaria control; and

6. REQUESTS the Director-General to continue to keep the World Health Assembly and the Executive Board informed of the development of the programme following the revised strategy of malaria eradication.

The sponsor countries considered that the Director-General's report on the revised global strategy of malaria eradication contained a great deal of programme matter and that the implementation of the strategy required adequate guidance by the Organization. Only after the implementation of resolution WHA22.39 could the new strategy be properly evaluated; the method of approach employed and the results obtained would be judged by a future Health Assembly.

It would be seen that, in the first operative paragraph, the sponsors of the resolution expressed satisfaction at the action taken by the Director-General, and in the sixth operative paragraph they requested constant information on the development of the programme; while in the second paragraph of the preamble and in the second operative paragraph the active co-operation of assisting agencies was recognized and appreciated.

The points that had arisen during the discussion and had obtained a consensus were: the need for fundamental and applied research to be stimulated at the levels specified in the third preambular paragraph and the need for the training of new malariologists. Those requests were contained in the third and fourth operative paragraphs.

The last preambular paragraph and the fifth operative paragraph dealt with the need to make available safe, effective and cheap insecticides. Many countries, particularly developing countries, feared that the manufacture of insecticides that met the above requirements was to be discontinued. Since such action would deprive many countries of the only weapon against malaria that their financial circumstances permitted, the sponsors urged that the request to continue manufacture be supported, as the health and possibly the survival of people were at stake.

Dr ALAN (Turkey) said his delegation would support the draft, but wished the word "treatment" to be added in the third preambular paragraph, which would then read:

> "Realizing the importance of research for finding new weapons and for evolving rational methods of controlling malaria, for improving diagnostic techniques and treatment as well as methods of vector control . . ."

Dr EL KADI (United Arab Republic) said his delegation supported the resolution but would like a further paragraph to be added after the third preambular paragraph, as follows:

> "Realizing that malaria constitutes the major public health problem in tropical countries where eradication is impracticable, and the urgent need to reduce its ravages and to facilitate the promotion of socio-economic development,"

In the operative part of the resolution he proposed the addition of a paragraph as follows:

> "EMPHASIZES the need to initiate malaria control schemes within the general health services where eradication is impracticable and to increase the assistance of WHO and assisting agencies to such schemes;"

The CHAIRMAN, with the approval of the Committee, adjourned the discussion pending the completion of a new draft resolution that would take due account of the proposals for amendment.

2. PILOT RESEARCH PROJECT FOR INTERNATIONAL DRUG MONITORING

Dr LAYTON, representative of the Executive Board, said that at its forty-fifth session the Executive Board had adopted resolution EB45.R26, on the subject of an international system for monitoring adverse reactions to drugs.

While the Board was aware that under resolution WHA20.51 it would be for the Health Assembly to consider the Director-General's report on the results of the project, it had taken the greatest interest in its development, in particular from the point of view of programme and financial and budgetary implications.

The Board had discussed the Director-General's progress reports at its forty-fifth session and the substance of the discussion could be found in Official Records No. 182, paragraphs 171-189. The Board had endorsed the conclusions of the Director-General, which were given in more detail in document A23/P&B/7.

In resolution EB45.R26 the Board had recommended to the Twenty-third World Health Assembly that the activities of the project be developed into a primary operational phase, as a further step towards a fully operational system of monitoring adverse reactions to drugs as an integral part of WHO's programme. Particular attention had been devoted to financial aspects and the Board had expressed the hope that pending a decision by the World Health Assembly, ways and means would be found of financing the activities of the project in 1970, after the funds under which it operated had been exhausted. He pointed out that the relevant United States Government grant was due to expire in May 1970.

In that same resolution the Board had drawn the attention of the Twenty-third World Health Assembly to the need to ensure the financing of activities as from 1971, if it was decided to pursue the work. It had also asked the Director-General to report on any possibility of making savings within the budget estimates for 1971 to meet the cost of the project, after the possibility of reducing the estimated cost had been examined. The report by the Director-General contained, inter alia, the Director-General's response to the request made by the Board in that resolution.

Dr BERNARD, Assistant Director-General, said that of the three documents on item 2.11, document A23/P&B/7 contained the substance of the Director-General's report. There was a corrigendum (A23/P&B/7 Corr.1) to that document, and a working paper, A23/P&B/WP/1, completed part II of the Director-General's report, namely, the description of the pilot project.

Document A23/P&B/7 began with a summary in twelve points of the content of the report. The primary objective of drug monitoring was "to identify at the earliest possible moment the liability of a drug to produce undesirable effects which were not detected during its clinical trials". That definition, given in the introduction to the report, stressed the nature of drug monitoring, which was complementary to pre-clinical assessment and clinical trials, and which dealt with the matter from the epidemiological point of view. The introduction to the report also stressed the need for drug monitoring arising from the frequency and seriousness of adverse reactions to drugs, which today constituted serious obstacles to therapeutic practice. Drug monitoring, thus considered, implied the need for international co-operation, not only because the problem existed in all countries, but also because the value of the system depended on the extent of the populations to which it applied.

The second part of the report, responding to the request of the Twentieth World Health Assembly in resolution WHA20.51, contained a description of the project, its progress and its results.

Ten national centres had participated in the project and had supplied more than 24 000 reports thereon from February 1968 to December 1969. Of particular interest were the criteria adopted in designating national centres for participation in the project; those would provide a basis for countries wishing to set up such centres in future and to participate in an international system. The advantage of an international system was that it allowed rapid reporting, and a detailed study had been made with the help of national centres in order to reduce to a minimum the time for the collection and processing of data received.

The report described in some detail the activities of the WHO Centre which had been functioning since January 1968 in Alexandria, Virginia, USA. In particular the reports concerning the signalling system were of interest, and they were the most original feature of the methodological research of the pilot project.

The project had been subjected to continuous examination and to a thorough assessment with the help of representatives of national centres and qualified consultants. The technical conclusion arrived at was that the pilot project had been successful and had shown that an international system of drug monitoring was feasible. The assessment had also revealed the advantages of such a system in the field of medicine and health. Those concerned primarily drug safety control, but also clinical pharmacology, drug dependence, congenital malformations, human genetics and the international classification of diseases.

The fourth part of the report contained the Director-General's proposals for future action in connexion with the pilot project. They referred mainly to the development of the project into a primary operational phase to last approximately three years, which would allow studies to be continued and techniques to be assessed and perfected. It was to be hoped that as new national drug monitoring centres would be set up, the WHO Centre's activities could progressively expand.

The pilot project had been the subject of a cost/efficiency study, the aims and results of which were described in the report. One of the main points of the study concerned a comparison of the costs and advantages of two possible sites: Alexandria, Virginia, USA, where the centre was at present, and WHO headquarters in Geneva. Not only the respective costs of the two sites should be considered but also the advantages mentioned in the report which could not be measured in figures. The computer system for the project had been so conceived as to be compatible with the installation of computers at WHO headquarters in Geneva.

Finally the report also dealt with the budgetary and financial aspects in respect of 1970, 1971 and 1972.

The grant by the United States Government was coming to an end, but the United States Government had agreed that savings made during the present financial year should be used to finance the project to the end of the year. The Governments of the Federal Republic of Germany and Sweden had offered contributions which would allow the deficit for 1970 to be brought down to US$ 41 861 (against an estimated cost of US$ 156 500). The United Kingdom delegation had also offered a contribution of £10 000, bringing the deficit down to US$ 17 863.

For the following years estimated expenditure for 1971 and 1972, according to whether the Centre would be sited in the United States or in Geneva, would be presented in tabular form, permitting comparison of the cost of the various items and of the total cost.

The Director-General had submitted three possibilities to the Assembly for the financing of activities in 1971:

(1) the addition of the total estimated costs to the regular budget proposals approved for 1971;

(2) the use of credits which could be made available if the last instalment to increase the level of the Revolving Fund for teaching and laboratory equipment were postponed, or if the further extension of the use of the Russian and Spanish languages in the Health Assembly and Executive Board were postponed; alternatively, if both those items were postponed. (In that connexion he noted that the figure for the last alternative, if the project were located in Geneva, should be US$ 76 152 and not US$ 77 152 as shown in document A23/P&B/7, page 19);

(3) should the postponement of one or both of the above-mentioned items be decided upon, voluntary contributions to be made by the Member States directly participating in the primary operational phase of the project to cover the balance required for operations in 1971.

So far as 1972 and subsequent years were concerned, the Director-General would be glad if the Assembly would consider the method of financing, taking into account the repercussions on the future level of the budget.

He was presenting the Report in some detail because the Director-General thought the Committee needed detailed information. The Director-General considered that any postponement of activities affecting the implementation of the programme would be to the detriment of the Organization and he could not therefore recommend it. On behalf of the Director-General he wished to say how greatly he had appreciated the support of the United States Government and of the ten national centres, without which the project could not have been achieved.

Professor REXED (Sweden) said that the Report demonstrated clearly the importance of such a pilot project and how it could function. The number of new drugs coming on to the market would not diminish and it was therefore an international responsibility to notify unexpected sidereactions as fast as possible. For the Swedish delegation it was evident that the project had to be integrated into WHO's regular activities.

He quoted an instance to show the value of the project. The national centres of the United Kingdom, Denmark and Sweden had made a joint study of reports on sidereactions from contraceptives. As a result it had been possible to demonstrate the close relationship between the strength of the reaction and dosage level in oestrogen pills.

Concerning the development of the project, his delegation hoped that consideration would be given to means of providing Member States with information on experiences made in drug producing countries, for example, when a drug being tested was withdrawn by the producer concerned before it had been officially registered, so that action could be taken by the health authorities.

As regarded the site of the project it could of course continue smoothly at its present headquarters and his delegation wished to emphasize the generous support given by the Government of the United States of America. However, the document mentioned the possibility of transferring the Centre to Geneva where the cost would be lower and such a transfer would, he thought, be logical, especially as it could then be integrated into the general work of WHO.

The project had so far been adequately financed and would be covered until the end of 1970. His delegation considered that in 1972 it should come under the ordinary WHO budget. It would not be unrealistic to add this project, as a new development, to the 1971 budget. He hoped that general agreement could be reached on how to finance that most important international programme.

Dr CAVIGLIA (Uruguay) congratulated the officers of the Committee on their election.

The problem of adverse reactions to drugs had long been of concern to his country. Before the establishment of the Ministry of Public Health, a central drug control laboratory had been set up which worked as a national drug monitoring centre. That laboratory was now being extended and was studying the nature, seriousness and frequency of adverse reactions. Since the Eighteenth World Health Assembly Uruguay had given constant support to WHO in its work for the creation of an international drug monitoring system.

The pilot project which had now been implemented had allowed some very important progress to be made on the subject, namely, assessment of data, communication of the results obtained to all the Member States, and the establishment of general principles. Once the programme was fully operational, it would be necessary to proceed urgently to its full implementation.

As the delegate of Sweden had already mentioned, various national centres had already given information on adverse reactions to contraceptives which merited attention. There had also been incidents in connexion with intravenous injections used in X-ray diagnostics. That was yet another reason for WHO to continue its efforts to bring the project definitively into the operational phase.

With regard to the financing of the project, he felt that the second solution proposed was not acceptable, and that the extension of the use of the Spanish and Russian languages should no longer be postponed.

Dr WELTON (Australia) said that at the meeting in September 1969 of representatives of participating national centres with the staff of the WHO Centre it had been generally agreed that an early warning system required the forwarding of all adverse reactions reported to national centres to the WHO Centre, at periods not exceeding two weeks, and that for that purpose only information on the drug and the suspected reaction was necessary. That was contrary to the understanding in many countries, where it was thought that details of age, sex, dosage, route and duration of administration and concurrent therapy formed the essential basic data. The September 1969 meeting had been unanimous in agreeing that an early warning system involved the reporting of a suspected reaction to a drug without further details. It was a separate exercise to establish whether there was a cause-and-effect relationship, and the responsibility for that lay principally with the individual national centres in conjunction with WHO, which had served its primary function by alerting national centres of new possible reactions to a particular drug. Australia favoured an initial short report form, to be followed up by a more detailed one where necessary.

The WHO Centre in Virginia, United States of America, appeared to have concentrated on developing a methodology for recording and analysing adverse drug reactions in order to establish the cause-and-effect relationship and parameters such as severity of reaction, rather than a methodology for and analysis of a proposed early warning system. No objection could be made to that, provided that the initial purpose of the scheme was not lost.

Satisfactory detection of serious adverse reactions required data obtained from large populations, and the need for international co-operation was clear. WHO was the most appropriate body to achieve that, and in addition the development of the WHO project would ultimately aid in identifying patients at risk by isolating the various factors involved.

Participation in the WHO scheme had provided Australia with more information on other participating countries, and once the computer techniques for storing adverse drug reactions had been adopted in Australia technical assistance from WHO would be invaluable.

With regard to the financing of the project, Australia favoured payment by savings on the 1971 budget, without imposing a further charge on the budget. It considered that the expansions envisaged in document A23/P&B/7 should be contained within the present budgetary level and that the initial purpose of an "early warning system" should be kept in mind. For 1972 the project should be included in the effective working budget.

Dr AHMETELI (Union of Soviet Socialist Republics) emphasized the importance of international drug monitoring, not only as a means of following up adverse reactions to drugs but also, as was stated in the Director-General's report, because of the benefit it would yield in related fields of medicine and public health. He himself was particularly interested in the use of the system for study of the factors influencing the development of a number of non-communicable chronic diseases.

Each stage of elaboration of the monitoring system should be the subject of detailed collective discussions and all those interested should be informed of their results. Such an approach would lessen the need for major revision of the project. He recalled that in the early stages many aspects of the project had been studied, and had resulted in the adoption of resolutions WHA18.42 and WHA19.35.

As could be seen from the Director-General's report, data had been collected from the ten participating countries in 24 085 individual reports. Those data should be considered primarily as the basis for the elaboration of a system for monitoring adverse reactions on an international scale. In the Director-General's report it was rightly pointed out that the initial data were influenced by many factors, and one of the aims of the project most difficult to accomplish was that of making the data as uniform as possible.

The documentation submitted to the Executive Board at its forty-fifth session also drew attention to many complex problems connected with a drug monitoring system. One difficulty arose from the fact that the documentation submitted to the Assembly had not been sufficiently studied in meetings with a broad enough representation. In the report was mentioned a meeting held in September 1969, in which representatives of the participating national centres and the staff of the WHO Centre had taken part, but in which other countries had not participated. The report also made reference to a meeting of consultants in November 1969 to assess the results achieved, but did not deal with the conclusions of that meeting on the analysis made at the September meeting. Therefore, in his delegation's opinion, the Board's resolution EB45.R26, which noted the positive results obtained by the pilot project, was not based on a broad study and detailed evaluation of the project.

It was true, as pointed out in the report, that the monitoring of adverse reactions to drugs was of interest primarily to the participating countries, but that other countries would also benefit from it; in particular, it would enable importing countries more easily to select drugs for release.

Insufficient analysis of the work already accomplished complicated the Committee's task of determining its attitude to the plans for the future, as did the fact that those plans were given in very schematic form. The report gave greater space to the financial and organizational aspects, and particularly to the proposal to transfer the financing of the project to the regular budget. His delegation considered that there was no cause for such transfers. That was especially true in the case under discussion, since many delegates had emphasized the importance of the project; it should be financed on a voluntary basis - which would prevent relaxation of efforts.

His delegation was somewhat surprised at the Director-General's suggestion that funds be found for the project by postponing the extension of the use of Russian and Spanish in the Health Assembly and the Executive Board and could not agree to it, since it considered such extension essential.

Mr VALERA (Spain) said that it seemed to his delegation that, although the project was of great importance, it was too ambitious. It would be a specific example of data collection, analysis and retrieval using computerized methods, and he therefore wondered whether before starting on the primary operational phase the project might not form part of the work of the Division of Research in Epidemiology and Communications Science.

The most appropriate method of financing, in the opinion of his delegation, was that of continued voluntary contributions. It was opposed to the use of funds intended for the extension of the use of the Russian and Spanish languages in the budget for 1971. Indeed, the extension of the use of those languages had been decided by resolution WHA22.11 of the Twenty-second World Health Assembly, and the Executive Board at its forty-fifth session had endorsed the proposed phased implementation in 1971 and 1972. Any departure from such a decision was unacceptable. A further delay in implementation would cause great difficulties.

Dr STEINFELD (United States of America) said that his delegation recognized that international drug monitoring was a useful task for WHO to perform, and agreed on the proposal for implementation of the primary operative phase of the project in 1971. Commenting on the possibilities of financing, he said it was recognized that the project could not be continued on a voluntary basis; uncertainty about financing would defeat the aims of the cumulative effort of participating countries. Nor could his delegation support the suggestion that the project be included under the regular budget of the Organization, the level of which was already so high. Therefore his delegation supported the suggestion that funds should be transferred from the allocation for extension of the use of Russian and Spanish, which should be implemented more gradually. His delegation thought that other possible sources of savings should also be drawn upon for the implementation of the primary operative phase of the international drug monitoring project.

The project should, however, be financed from the regular budget of WHO from 1972 onwards, whether it remained centred on Alexandria, Virginia, United States of America, or was transferred to Geneva. His delegation supported the latter alternative in view of the estimate of savings resulting from the cost/effectiveness study.

Dr SIDERIUS (Netherlands) said that the Twenty-third World Health Assembly would have to decide on the future of the role of WHO in international drug monitoring. The pilot research project, now in its third year, was hardly more than a feasibility study. The Director-General's report on the subject concluded that the system of international monitoring was feasible. The evaluation of the project demonstrated that it could contribute substantially to international drug safety. Surveillance of drugs after their introduction was as important as the implementation of control before introduction for general use.

The benefits of the project would extend to non-participating countries in the course of the operative phase, and his delegation strongly supported the recommendation of the Executive Board that the primary operative phase be implemented as an integral part of the programme of WHO. The Director-General's proposals for future development in part IV of his report were certainly not too demanding, in the opinion of the delegation of the Netherlands. The primary operative phase would form the basis of a fully operational system to be implemented after some years.

The Netherlands delegation supported as the most realistic method of financing the addition of the costs of the project to the regular budget for 1971. As the cost/effectiveness study showed that the transfer of the international centre to Geneva would save some $ 50 000 in 1972, it also supported that alternative. If the Health Assembly agreed to safeguard the financing of the project in 1971 and 1972 by adding the necessary sum to the budget for those years, financing in 1970 would be no problem. His country would further contribute voluntarily to the costs of the project in 1970 if that became necessary.

Dr Wynne GRIFFITH (United Kingdom of Great Britain and Northern Ireland) said that a system of international drug monitoring was now necessary in the interests of all countries as a logical extension of the traditional responsibility for international surveillance assumed by WHO and the United Nations. Experience had shown that data could be collected through international collaboration so as to increase the validity of the results of analysis and to give earlier and more accurate warnings and information. An example was to be found in the more precise estimation of the risks of thromboembolic complications resulting from the use of oral contraceptives which had been achieved by combining the experience of three countries, as had been explained by the delegate of Sweden. Not only could the risk of complications be approximately quantified, but it had been possible to state precisely how small the risk was.

The development of the system had been achieved largely thanks to the United States grant and the voluntary contributions of the other participating countries in terms of expertise, time and effort. The United Kingdom delegation believed that the project should now enter the operative phase on a permanent basis. The Government was prepared to make a voluntary contribution of £ 10 000 for 1970, but the project should thereafter come under the regular programme of WHO.

As all countries shared the benefits and hazards of modern pharmaceutical development, it was right that international monitoring should be a clearly declared function of WHO. Not only the ten original participating countries stood to benefit; and any country that could comply with the criteria for a standardized system laid down in the Director-General's report could contribute data to advance the scheme. Whether they contributed data or not they would be free to make use of the results.

The United Kingdom delegation agreed with the Swedish delegation on the future location of the project in Geneva.

Noting that there was no entry against "computer services" in the table of estimated costs in Fig. IV in the report, he said that he realized that that was because the WHO computer would be used, but he would nevertheless have liked to see more information on how that commitment would affect the demand and capacity of the WHO computer in the immediate future.

Dr MACÚCH (Czechoslovakia) said that there were many points in favour of the WHO pilot project; one very important point was that mentioned by the delegate of Sweden concerning drugs such as oral contraceptives in mass administration. Another was that the project could protect importing countries that had no effective control of their own or no adequate legislation governing the importation and registration of drugs.

However, the project should be developed along more modest lines, as there was already considerable opposition from countries to the disproportionate increase in the regular budget of WHO.

Dr STREET (Jamaica) expressed his approval of the report of the Director-General and of the criteria for participation in the international drug monitoring project contained therein. He also expressed thanks to the United States of America and other countries participating in the pilot project, and noted that non-participating countries benefited greatly from the results of the project.

Such projects depended on the kind of international collaboration that strengthened international ties and increased confidence among peoples. The Director-General's proposal for an international centre for environmental pollution control was another such initiative, and his delegation would support it when the time came.

In Jamaica, drug safety and monitoring was the responsibility of the Drugs and Poisons Control Board, whose activities were now being strengthened by the introduction of new food and drug legislation.

He recalled the discussions that had taken place at the recent meeting of the special commission of the United Nations on psychotropic substances, one of the articles of which suggested that with reference to new methods of control being established, no special administration should be developed where methods of control already existed. His delegation considered that WHO should use the same established mechanism where possible.

A recent meeting of Ministers of Health of countries of the Caribbean had passed a resolution appointing his country to act as a receiving centre for information on drugs from all countries in the Caribbean. He regretted that the budget of Jamaica would not be able to accommodate a voluntary contribution to the WHO project in 1970.

His delegation supported the proposed implementation of the primary operative phase of the project, which should become a part of the regular programme of WHO, financed under the regular budget. Proper techniques for surveillance must be developed. Technology should not be allowed to get ahead of world morality and conscience.

Finally, he stressed his delegation's belief in universality of participation as an essential to the maximum effectiveness of any programme.

Professor MONDET (Argentina) said that the Ministry of Public Health of Argentina was giving great attention to the important problem of drug monitoring. He advocated a slow rate of advance for the project, since it relied on the use of computer services, which should not be loaded with an amount of data which it might take years to programme and process. In his opinion monitoring should at present be limited to dangerous cases. Similarly, the Organization should refrain from the tendency, common in the medical profession, to publish too much information. Data should be collected not only on clinical cases but also on laboratory research. He mentioned an experiment carried out in Argentina, in which oral contraceptives were administered to rats, which subsequently developed deformities - not that there was any cause for alarm, since the experiment had been limited to rats.

His delegation would have favoured Alexandria, Virginia, USA, as the site for the centre, but in view of the remarks of the United States delegation, it would accept the alternative of Geneva. However, it was generally in favour of decentralization in international organizations.

He stressed that the aim of the project was not necessarily to institute a severe control, but rather to promote an improvement of the quality of drugs with a view to obtaining effective and reasonably priced products. It was also necessary to indicate which drugs had no real useful function, however harmless they were.

Finally, he referred to the need to improve training in drug therapy in medical schools to ensure that doctors did not rely merely on commercial pharmaceutical advertising. A national information centre was being established in Argentina which would be at the disposal of other countries when it came into operation.

Dr EVANG (Norway) said that there seemed to be general agreement on the need to continue the project in a primary operational phase. As to the location of the centre, there also seemed to be agreement that it should be in Geneva, and his delegation favoured that alternative.

His delegation thought that the project should be financed in 1971 from the regular budget in accordance with the first suggestion contained in the report, and was grateful for the voluntary contributions which had kept it going so far. He raised the question of the possibility of the project being financed, in the more distant future, by the pharmaceutical industry itself: in many countries an independent national control was financed by the industry through a system of dues.

The control of drugs and the monitoring of adverse reactions might also be fitted into the context of environmental pollution in the future, since certain effects of drugs might be regarded in the same light as other forms of contamination.

Turning to document A23/P&B/WP/1, he said that the list of ethnic groups in the section on ethnic origin in Annex 1 to that working paper was quite irrational. He proposed that that section should be omitted.

Dr FELKAI (Hungary) said that the Committee for Drug Research and Registration of the Hungarian Scientific Health Council was following with attention the drugs put into circulation. Each drug was submitted to clinical trials, both pharmacological and toxicological, and its therapeutic value was assessed accordingly. The Committee also examined the drugs already in circulation. The side-effects of a drug introduced after extensive testing sometimes became manifest after several years of use. Other side-effects appeared only sporadically, even in widespread use. Such examples indicated the need for well-organized drug safety services. Since May 1967 the Committee had been using a monitoring system, on a countrywide basis, applying methods proven in other countries. A Sub-Committee for Drug Safety had been established to determine hitherto unknown and unexpected reactions, to assess them, and to suggest appropriate measures, especially for recently introduced drugs and recently observed adverse reactions to older drugs.

Bearing in mind the doctor's heavy administrative burdens, questionnaires had been developed which required the underlining of a single word to provide an answer. Registrations were strictly confidential, and the data could not be used for other purposes.

The National Institute of Pharmacy was concerned with the collection and processing of registrations, and these were examined for scientific data by the Sub-Committee for Drug Safety, which suggested appropriate measures as necessary to the health authorities. The system of registration covered institutions for in-patient care (clinics, national institutes, hospitals) and out-patient departments (polyclinics, welfare centres, etc.).

In the first nine months of operation of the registration system, 136 warnings concerning seventy-five medicaments had been received, one warning of which referred to symptoms observed in 220 patients. Sixty-four warnings were from clinics and hospitals, thirty-six from polyclinics and district doctors, and thirty-six from pharmacies and other non-medical sources. Only 6.4 per cent. of the reports concerned children; 20.5 per cent. concerned patients over

sixty years old. Of the reported cases of adverse effects, 33.7 per cent. had needed in-patient care, most of them as a result of well-known side-effects of antibiotics.

Up to 31 March 1970, a total of 265 warnings concerning 125 drugs had been received, and the processing of data was continuing. The monitoring system was the basis for co-operation between the Hungarian Government and WHO, as the National Institute for Pharmacy had kept WHO regularly informed of its main decisions on drug-induced injuries in Hungary - for example, with Quinoseptyl. WHO for its part had regularly informed Hungary of warnings received from other countries. In order to promote further international co-operation, Hungary was ready to redesign its questionnaire form after comparison with the international questionnaire.

The Hungarian delegation recognized the importance of the international project, but supported the proposal of the delegate of the Union of Soviet Socialist Republics for continued financing through voluntary contributions.

Dr GJEBIN (Israel) said that although his country was not yet a participant in the pilot project it had initiated national action in the important field of drug monitoring. In addition to endeavouring to improve voluntary reporting, it had been decided to introduce the systematic collection of data, and a programme of intensive monitoring was in operation on a trial basis in one hospital. It had produced most satisfactory results. The drug surveillance system, using trained nurses, was being carried out in conjunction with the Division of Clinical Pharmacology at the Tufts University School of Medicine in Boston, Massachusetts, United States of America. The trial had started a year earlier in a medical ward with one nurse monitoring about 500 patients a year. Now a complete ward of a university hospital with fifty beds was under surveillance by two nurses, and it was expected that data on some 1000 patients a year would be collected, representing some 16 000 drug prescriptions. The programme was being extended to include three hospitals, and it was hoped that in the next few years it would comprise the principal hospitals throughout the country.

The surveillance system provided for the reporting of alleged adverse reactions on the day of observation in the ward. The accuracy of data collected depended largely on the allocation of the task to someone other than the doctor on the ward - someone who could be made fully responsible. A comprehensive effort was made to indicate the implications of adverse reactions rather than simply to record them. Much could be learned about the number of reactions that were the result of drug interaction, secondary effects, allergy, idiosyncracy and other causes, by indicating the nature of each reaction. In addition, the overall effectiveness of a drug could be determined and correlated through the study of a variety of population groups. Finally, a full list of all concomitant drugs being taken by each patient could be drawn up, making the study of drug interaction possible.

He encouraged other countries to use the procedures he had described as a contribution to international drug monitoring.

Professor STRALAU (Federal Republic of Germany) said that the delegate of the Federal Republic of Germany, a member of the Executive Board, had already stated at the forty-fifth session of the Board that his country was in favour of the continuation of the WHO pilot research project for international drug monitoring.

Since the Federal Republic of Germany was an important exporter of pharmaceutical products, its Government was fully aware of its responsibilities as far as they concerned the efficacy and safety of drugs placed on the market by the pharmaceutical industry. It was for that reason that his country supported all efforts to make international drug monitoring more effective.

He drew attention to paragraph 41 of document A23/P&B/7, which referred to "monitoring methodologies in other fields": such a system would be very useful for discovering and checking carcinogenic factors, to give only one example.

His delegation felt that the present pilot project should now enter a preliminary operational phase, financed from the 1971 regular budget of WHO, and was in favour of the transfer of the project from Alexandria, Virginia, to Geneva, where the WHO computer would be available. Such action would lead to a reduction in expenditure, as would be seen from the table in paragraph 54 of document A23/P&B/7.

Dr BRZEZINSKI (Poland) said that he wished to join previous speakers in congratulating the officers of the Committee on their election.

The Polish delegation had carefully studied the Director-General's report on the WHO pilot research project for international drug monitoring and also the supplementary technical information supplied, and noted with great interest the results obtained by the group working in Alexandria, Virginia. His delegation considered that work on the project should be continued, and that the full operational system of monitoring adverse reactions to drugs should begin as soon as practicable. Drug monitoring systems should be developed in all countries which were technically prepared for doing so and which possessed the necessary facilities. Such action would speed up the operational stage of the WHO project.

The Ministry of Health and Public Welfare of Poland devoted much attention to the question of the side-effects and adverse reactions of drugs, and had issued regulations concerning side-effects in 1953. Further regulations to be issued were expected to cover all types of pharmaceutical preparations. The Institute of Drugs had recently prepared a draft regulation concerning the collection of observations made on the side-effects of drugs, and that regulation provided that all clinics, hospitals and physicians should supply the Institute with comments on side-effects. Each finding would be analysed in order to ascertain the possible cause of the side-effect and the circumstances in which it occurred, along the lines developed by WHO. The Government of Poland would co-operate in that important field. As far as the financing of the project was concerned, his Government considered that the expenses should be borne by funds other than those of the regular budget.

Dr KENNEDY (New Zealand) congratulated the officers of the Committee on their election and also the Director-General on the very valuable report before the Committee.

New Zealand noted with satisfaction that the Executive Board of WHO had recommended in Resolution EB45.R26 that the activities of the WHO pilot research project should be developed into a primary operational phase, as a further step towards a fully operational system of monitoring adverse drug reactions.

His country had a well-developed reporting system for adverse reactions and, because of the compact character of its medical services, the reporting of such adverse reactions to the WHO pilot project centre was good and was improving. As one of the ten countries with established drug monitoring systems, New Zealand had participated in the WHO pilot project centre, and the quality and consistence of the information transmitted to the centre had been particularly satisfactory.

Professor McQueen, medical assessor of the New Zealand Committee on Adverse Drug Reactions, was one of the investigators who had met in Geneva from 22-27 September 1969 to study the development of the WHO pilot research project.

So far as New Zealand was concerned, its Government considered that, although its monitoring service was good, it was essential for its findings to be considered in relation to large populations under surveillance; the WHO project, when fully operational, would provide invaluable information against which New Zealand's findings could be compared and checked.

New Zealand supported the step towards a primary operational phase, and looked forward to the time when a fully operational system of monitoring adverse drug reactions would be an integral part of WHO's programme. His Government considered that the costs of the drug monitoring unit should be included within the present budget estimates for 1971 and that they should thereafter be included in the regular budget of the Organization.

In conclusion, his Government wished to thank the United States Government for the generous support which had made the pilot project possible.

Dr ARNAOUDOV (Bulgaria) said that his country considered the monitoring of adverse drug reactions extremely important.

Bulgaria had set up government bodies which were independent of drug manufacturing concerns. The main control over drugs was exercised by the national ministry of health and was carried out in two stages, the first being the authorization of new drugs manufactured in Bulgaria or imported and the second being control over production, import and supply of drugs already tested and authorized.

The national drug control institute carried out its functions in special laboratories, in local control laboratories and in certain factories. In the case of an inferior quality drug, the national institute had the right to fine those responsible, to ban the use of the drug and to forbid its manufacture for a certain period. A special department was being set up in the national institute to monitor adverse effects of drugs used in the country and collect information on toxic effects of new imported drugs.

The opinion of Bulgarian specialists was as follows: (1) The control of the quality of drugs should be exercised by the national ministry of health or similar state institutions. The national ministry of health should be the only state institution empowered to authorize the production and use of new drugs and the issue of publicity or information. (2) Drug control should be carried out by special bodies having on their staff a sufficient number of specialists and possessing the necessary facilities for effective control. Those control bodies should come under the ministry of health. (3) Drug exporting countries should submit the following documents: (a) a document issued by the ministry of health or by a competent state body to the effect that the drug exported was used in the country manufacturing it; (b) a certificate issued by the official control body of the country, giving adequate information on the characteristics of the drug; and (c) a statement of the analytical methods by which the drug was characterized. Should the drug be included in the official pharmacopoeia, a copy of the relevant certificate should be attached.

His delegation did not agree that the WHO pilot research project for international monitoring of drugs should be financed by postponing the extension of the use of the Spanish and Russian languages.

Dr ESCALONA (Cuba) said that all appeared to agree on the importance of the WHO pilot research project for international drug monitoring, since measures must be taken to prevent the harmful effect of many drugs. He cited the case of thalidomide.

As regards the financing of the project, his delegation considered that it should be by voluntary contributions from those countries in which most of the great pharmaceutical industries were to be found. Such industries were extremely wealthy and should contribute proportionately to the expenses of the project. His delegation could not agree that the project should be financed from funds released by the postponement of the extended use of the Spanish and Russian languages.

Professor VANNUGLI (Italy) said that he had been unable to study the documents on the item, because they had been distributed only a few days previously. Moreover, he considered that the Executive Board's resolution on the subject should have been referred to in the Director-General's report (document A23/P&B/7). A matter of such importance and complexity deserved careful study in delegates' home countries, with the assistance of experts, if any valid contributions were to be made to the discussion at the Health Assembly, especially from the scientific and technical points of view.

His delegation appreciated the importance of the international monitoring of drugs and shared the view that something should be done and that for it to be done by WHO would give the best results on an international scale.

The manner in which the project had been conceived, however, warranted some remarks. He would have liked some information on the proposed use of computers. The delegate of Argentina had warned against placing absolute reliance on computers. The results obtained from them depended on the data fed to them, and if those were inaccurate, the results would be controversial. The limitations of the information to be obtained from computers had also been illustrated by the delegate of Norway.

The research in question was, in fact, retrospective, the project providing only for recording a happening and relating it to something - the administration of a drug - that had occurred previously. There was no control group. Statistically, that was probably insufficient. He imagined that the experts had studied the matter and that the difficulties had been more or less overcome; but, in the absence of opportunity to study the technical documentation thoroughly, the Committee did not have the conclusions of such study.

He had heard no mention in the discussion of what he considered the most important point - the advantages that would accrue to Member States from the project. The Director-General's report touched on that only in its paragraph 48. It was essential to consider now the ultimate usefulness of the activity, which should be of benefit to all countries. The drug-importing countries, however, ought to be the most interested in it and do everything possible to ensure that it gave practical results. If, as seemed probable, the project was to be financed from the regular budget, then the first concern should be to ensure that all Member States benefited.

His delegation, in spite of its reservations, was not against the continuation of the activity, in which his country hoped to participate. With regard to its financing, if it would benefit world health, then it would be worth the postponement of some other activity benefiting only a small number of people. His main concern, however, was with the efficacy of the project. For instance, could the project, had it existed at the time, have foreseen the effects of thalidomide? He had not found any answer to that question.

Dr SEPERIZA (Chile) said that his delegation was in complete agreement with the project presented by the Director-General. The majority of new drugs were tested on animals before release on the market; but testing in humans was not always sufficient and suitable methods to complement it were needed.

As regards the financing of the project, his delegation did not think that funds earmarked for other purposes, such as the extension of the use of Russian and Spanish, should be used. It therefore shared the view that the project should be financed from the regular budget, which would ensure its normal implementation.

Dr WATKINSON (Canada) said that, as one of the ten Members participating in the pilot project, Canada continued to support fully the principles and objectives of that project. Like others who had spoken, he expressed the hope that the primary objective enunciated - that of an early warning system for adverse drug reaction - would not be lost sight of. Other relevant information would naturally be useful in establishing cause and effect relationships, but that should be regarded as supplementary and not as replacing the primary purpose of the project.

As to financing, it would appear that the current year was very close to being in hand. For 1971, his delegation shared the views of other delegations that to the maximum extent possible the estimated costs of the project, wherever it might be located ultimately, should be met by savings in the proposed regular programme and budget for that year. Subsequently, it would seem appropriate for the project to remain as a regular component of the on-going programme of WHO.

Dr EL-GOWEINI (Qatar) congratulated the officers of the Committee on their election and also the Director-General on his report on the WHO pilot research project for international drug monitoring.

His delegation considered the project of great importance to countries where national centres for drug monitoring did not exist. In his country, as in many others, all medicines used were imported and therefore the proposed research would be of great value. He asked WHO to circulate as early as possible the results obtained in the various national centres which could be used as a guide for the selection of the safest drugs possible.

Dr AUJOULAT (France) said that, although France was not a participant in the pilot project, it recognized the importance of the work being carried out.

His delegation regretted that the Director-General's report was not more explicit as regards the evolution of the project. He would like to have more details as regards the observations made by the consultants who had met in November 1969. He also questioned the extension of the activities to be introduced into the international drug monitoring system following the primary phase.

Referring to the various means of financing the pilot project, outlined in paragraphs 56-59 of the Director-General's report in document A23/P&B/7, he wondered how the proposal to include the costs of the project in the regular WHO budget could be reconciled with the appeal for a strict ceiling to that budget. While in favour of the project, his country had certain reservations concerning the budgetary impact and hoped that great caution would be exercised in the development of the project.

Dr HEMACHUDHA (Thailand) congratulated the officers of the Committee on their election and also the Director-General on his excellent report on the WHO pilot research project for international drug monitoring.

All would remember the terrible tragedy caused by the use of thalidomide and no-one would wish to witness a similar incident in the future.

As regards the three proposals concerning the financing of the project, his delegation supported possibility 1, and also supported transferring the research project to Geneva.

Dr ALAN (Turkey) was convinced that the pilot project was a useful one, but had reservations regarding the method of financing.

Recalling the statement by the delegate of Norway, he said that there appeared to be general agreement that the project should be transferred from the United States of America to Geneva. The only discussion seemed to be about the method of financing.

He echoed the statement of the delegate of Argentina concerning drugs of which the therapeutic value was doubtful, and supported that delegate's suggestion that the centre should try to identify such drugs.

He felt that the whole question of teaching therapeutics in schools of medicine should be stressed, particularly in the light of the modern tendency to prescribe an increasing number of drugs.

As regards the financing of the project, his delegation was concerned at the rapid increase in the regular budget of WHO and agreed with the French delegate that caution should be exercised. His delegation considered that the project should be financed by voluntary contributions - perhaps from the pharmaceutical industry, as suggested by the delegate of Norway. The Turkish delegation was in favour of the continuation of the pilot research project, but thought that the budgetary repercussions of such a project should be borne in mind.

Mr MONTERO (Venezuela) said that all would agree on the importance of the international drug monitoring system. His delegation considered that it should be financed from the regular budget of WHO. That could be achieved by normal savings made in the budget, but also with some voluntary contributions that could be obtained from the pharmaceutical industry.

His delegation could not support the proposal in the Director-General's report that the project should be financed by the postponement of the extended use of the Russian and Spanish languages.

Dr JOYCE (Ireland) said that, as one of the Members participating in the pilot research project, his country considered that it had been successful and that the gradual setting-up of a drug monitoring system was essential.

His delegation agreed that the project ought to be financed by savings in WHO's activities in 1971 and should be included in the regular budget for 1972. As regards 1970,

his country would make a voluntary contribution, calculated on the basis of its assessment for the regular WHO budget. His delegation had no strong feelings as regards the location of the centre.

3. MALARIA ERADICATION - ACTION TAKEN IN PURSUANCE OF THE REVISED GLOBAL STRATEGY: Item 2.4 of the Agenda (Resolution WHA22.39; Document A23/P&B/1) (resumed)

The CHAIRMAN drew attention to the revised draft resolution contained in document A23/A/Conf.Doc. No.2, which read as follows:

The Twenty-third World Health Assembly,

Having considered the report of the Director-General on measures taken in pursuance of the revised global strategy of malaria eradication adopted by the Twenty-second World Health Assembly in resolution WHA22.39;

Recognizing the importance of close collaboration between governments and the assisting agencies in reviewing malaria eradication programmes to determine the future course of action best suited to the specific requirements of each country;

Realizing that malaria constitutes a major public health problem in many tropical countries where eradication is at present impracticable, and the urgent need to reduce its ravages and to facilitate the promotion of socio-economic development;

Realizing the importance of the research for finding new weapons and for evolving rational methods of controlling malaria, as well as for improving diagnostic and treatment techniques and methods of vector control applicable to various specific epidemiological situations; and

Realizing further that safe, effective and inexpensive insecticides are essential for the effective control of malaria,

1. NOTES with satisfaction the action taken and the progress made in the implementation of resolution WHA22.39 on the revised strategy of malaria eradication;

2. APPRECIATES the active collaboration of both multilateral and bilateral agencies in assisting governments in the review of their malaria eradication programmes;

3. EMPHASIZES the need to initiate malaria control schemes within the general health services where eradication is at present impracticable and to increase the assistance of WHO and other international agencies to such schemes;

4. REITERATES the need for intensifying both fundamental and applied research for the furtherance of the objective of malaria eradication;

5. STRESSES the need for more comprehensive training of malariologists in order to implement the new strategy of malaria eradication in the context of the socio-economic development plans of countries;

6. URGES the countries manufacturing insecticides to continue to make available to the developing countries insecticides for malaria control; and

7. REQUESTS the Director-General to continue to keep the World Health Assembly and the Executive Board informed of the development of the programme following the revised strategy of malaria eradication.

Decision: The draft resolution was approved.

The meeting rose at 12.30 p.m.