



COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva  
Friday, 17 May 1974, at 9.55 a.m.



CHAIRMAN: Professor J. TIGYI (Hungary)

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Note: Corrections to this provisional summary record should be submitted in writing to the Chief, Records Service, Room E.136, WHO building, within 48 hours of its distribution. Alternatively they may be handed in to the Conference Officer.

1. DETAILED REVIEW OF THE PROGRAMME AND BUDGET ESTIMATES FOR 1975: Item 2.2.3 of the Agenda (Official Records No. 212; Official Records No. 215, Resolutions EB53.R24, EB53.R30, EB53.R31 and EB53.R38; Official Records No. 216, Chapter 1, paras. 48-347; Documents A27/8, A27/9, A27/WP/3, A27/WP/4, and A27/WP/5; A27/A/Conf.Doc. No.1 and Add.1; A27/A/Conf.Doc. No.4 Rev.1 and Add.1; A27/A/Conf.Doc. No.8 and Add.1; A27/A/Conf.Doc. No.9 and Add.1; A27/A/Conf.Doc. No.10 and Add.1; A27/A/Conf.Doc. No.13)

The CHAIRMAN reminded the Committee that the Health Assembly had adopted the first report of Committee A, including the resolution on the proposed effective working budget level for 1975. The Committee could therefore proceed to the detailed review of the programme and budget estimates. He proposed that Official Records Nos. 212 and 216 should be considered section by section.

#### General considerations

Dr ŠČEPIN (Union of Soviet Socialist Republics), commenting on the new form of presentation of the proposed programme and budget estimates, used for the first time in Official Records No. 212, said that, in his delegation's opinion, WHO's proposed programme and budget estimates should be presented in a way that would enable Member States to become fully acquainted with what was proposed, in order to take part, at the sessions of governing bodies, in planning the Organization's programmes and its financial policy. Further steps in that direction should be taken.

The proposed programme and budget estimates for 1975 contained no descriptions of individual projects, but only their titles and the sums allocated to them. Their objectives were not stated and there was no breakdown of the estimates. It was impossible, therefore, to make a concrete assessment of the measures planned. The descriptions given of the headquarters, regional and national programmes could not, in his delegation's opinion, replace project descriptions. Moreover, the programme analyses were full of general information that would be repeated from year to year, and in many cases they consisted merely of amplified repetitions of parts of the Fifth General Programme of Work, whereas the purpose of such analyses should be to set out clearly what it was proposed to undertake in the budget year, and how it was proposed to go about it.

In previous years a separate section had been devoted to interregional projects and projects of assistance to research; now, however, they were dispersed throughout the part of the volume concerned with headquarters activities, which made it extremely difficult to find out what was planned in the way of assistance to research. Formerly, also, there had been a separate section for projects planned to be financed from the Voluntary Fund for Health Promotion. Those projects were now spread all over the volume, making it impossible to obtain an overall picture.

Finally, his delegation, having examined the organizational chart showing the structure of the WHO Secretariat as at 1 November 1973, considered that, while the form of presentation of the programme and budget estimates was being revised, it might be well to consider, at the same time, making some changes in the organizational structure of headquarters.

Dr de CAIRES (United States of America) said that the new format of the programme and budget document represented a step forward in the attempt to develop a comprehensive approach to the activities of the Organization as a whole. It allowed the reader to see at a glance the main activities of the Organization at the headquarters, regional, and country levels for a given programme area. Although the first attempt was most promising, he hoped that it would be possible to improve still further the definition of objectives at each level. Although for each major area at headquarters the objectives ranged from the most complex to the most basic, it was necessary to define more sharply, within the constraints, the priorities and the context of the health needs of individual countries

at each level. The programme budget should be based on distinct work elements, i.e. programme units or projects, each of which should be oriented and should contribute to programme objectives. For each of those programme units or projects there should be a statement of the expected results, or "project outputs", so that accomplishment could be assessed in terms of the progress made in attaining the expected results. Thus, the programme units should be output-oriented. For each of the programme units there should be a statement of the anticipated beneficiary or beneficiaries. Those might be countries, geographical areas within countries, regions, population groups, or segments external to the Organization. Each project should indicate the anticipated financial obligation, as well as all sources of funds.

The programme budget was an integral part of, and a key element in, the WHO programme management system, which involved a cycle of planning, presentation, approval, implementation, evaluation, reporting and, if necessary in subsequent budgets, replanning, re-presentation, approval, and so on for all projects and programmes. The first programme and budget document in the new format (Official Records No. 212) dealt with broad objectives at all three levels but rarely specified priorities, goals, or outputs. As a country's plan deliberately defined its priorities, the Organization could determine the areas in which its contribution to a country's overall health programme could be maximized.

Some modifications in the texts of the country narratives could improve their value and clarify what was already being done within the country and WHO's role in relation to those activities. An example (taken at random) could be seen, in a country that did not yet have a health plan, in the area of Health Manpower Development. There was a brief but adequate description of the government's role and its own priorities, but WHO's role was unclear. There were no details of the goals, the outputs expected, or the way in which WHO's activities complemented those of the government.

Another improvement in the document might be a brief summary of what other agencies, both multinational and bilateral, were contributing to that programme area within the country. Some information might be available to the WHO representative or to the Regional Director. An example could be found on page 506 of Official Records No. 212, for Bangladesh, a country with a health plan, under the heading "Other assistance". That type of information could be a valuable part of each programme area, even though the outside funding was not guaranteed. Perhaps the Secretariat would comment on that sensitive issue, which had been discussed before.

His delegation had two specific suggestions to make. First, it would be beneficial to have in one place not only the proposed expenditures for the year but also the cumulative expenditures on that project to date. That information might be placed in Appendix 4 of the Financial Report of the External Auditor (Official Records No. 214), under the breakdown by region and country of the project costs. Second, in relation to the sections entitled "Details of projects included in above schedule", which were to be found throughout all the programme areas at headquarters (pp. 75-334 of Official Records No. 212) most of the information was already provided in the preceding tables entitled "Estimated obligations" (pp. 23-32). The small differences between the figures in the two sections represented the costs for regional advisers; those could be found in the corresponding tables for the regions, or could be gathered in one place. By constructing a table showing the programme activities present in each country some repetition would be avoided, and a reduction of approximately 70-100 pages might be achieved.

Mr FURTH, Assistant Director-General, said that the Director-General was grateful to have the suggestions put forward by the delegates of the USSR and the USA with regard to the improvement of the presentation of the programme and budget estimates. As the Director-General had said the preceding day in introducing his programme and budget estimates for 1975, he had no illusions that the present form of presentation adequately reflected the intent of the World Health Assembly when it had approved the new form of presentation in resolution WHA25.23. He realized that it would take several budget exercises before a form of presentation could be developed which would meet the requirements of real programme budgeting and which would at the same time satisfy all delegations. However, if one compared this first attempt at programme budgeting with the budget document of former years, one had to recognize that some significant progress had been made.

The specific suggestions and comments that had been made on the form of presentation of the budget document would be carefully studied by the Secretariat, although it might not be possible to adopt all the suggestions entirely or in exactly the form in which they had been made. The implementation of some of them might give rise to considerable difficulties, as they appeared to be contrary to the concept of programme budgeting or would result in a much more voluminous budget document - and possibly even two budget volumes.

The delegate from the USSR appeared to regret that the programme and budget estimates no longer contained detailed descriptions of individual country, inter-country and inter-regional projects. That question had been discussed in both the Executive Board and the Health Assembly when the Director-General had presented his proposals on the new form of presentation, and there was at the time general agreement with the Director-General's proposal to replace individual project descriptions by comprehensive country programme statements. If in addition to country programme statements the budget would have to include project descriptions, several hundred additional pages would be required. It should also be pointed out that individual project descriptions could still be included in the regional programme and budget documents, which were carefully examined by the Regional Committees. He wondered whether it would be appropriate or feasible for the Executive Board and the Health Assembly, in the limited time available to them and in the light of their responsibility to concentrate on the broad programme objectives and priorities of WHO, to study the details of individual projects, some of which involved not more than a few fellowships or a single medical officer. While he appreciated the wish of some delegates to see more information on projects in the document, he hoped that the further development of the methodology for country programming would lead to improved country programme statements with greater focus on major projects to be implemented through WHO assistance.

As regards interregional projects, including assistance to research and projects to be financed through the Voluntary Fund for Health Promotion, it was true that they no longer had separate sections devoted to them in the document, but they were now included, together with all other projects financed from all sources of funds, in the sections relating to the programmes and sub-programmes of the new programme classification structure. It seemed to him that that form of presentation was in line with the concept of programme budgeting, which required that all of WHO's activities, whatever their nature or source of financing, should be seen as an integrated whole in relation to a given programme objective. It might be possible, if the Health Assembly so wished, to include in the document a list of all the interregional projects as well as a list of all projects financed through the Voluntary Fund for Health Promotion, although that would represent a duplication of information in the same document and would again increase its size. If the Assembly really wished to see all the interregional projects and all the Voluntary Fund projects in one place, consideration might perhaps be given to including such lists in working papers to be distributed for the information of the Board and the Assembly.

It was true that there was no longer included in the Explanatory Notes at the beginning of the budget document a description of the organizational changes that had been made at headquarters in the preceding year. It had been thought that such descriptions were not particularly relevant to programme budgeting. However, Official Records No. 212 contained at the end two tables showing the organizational structure of the secretariat and the organizational structure of the secretariat at headquarters as of 1 November 1973. He wondered whether that did not provide sufficient information.

He agreed entirely with the delegate of the United States of America that all the programme statements needed considerable improvement. Programme objectives should be more clearly defined and there should in addition be more precise statements

of the progress achieved so far in the implementation of programmes and major projects and of how WHO's contribution related to national health plans. To the greatest extent possible financial indicators should also be included in the programme statements. Moreover, programme statements should relate much more than at present to the General Programme of Work covering a Specific Period, and he hoped that, once the Sixth General Programme of Work had been elaborated, it would be more useful to the Secretariat than the Fifth General Programme of Work had proved to be in preparing the programme and budget estimates.

The delegate of the United States of America had made a specific suggestion to the effect that it would be useful to have in one place not only the proposed expenditures for the year but also the cumulative expenditures of a given project to date. It was doubtful whether such information could be given in the budget document, but consideration could be given to including it in the Financial Report. The United States delegate had also mentioned that most of the information included in the sections "Details of Projects included in above Schedule", was already provided in the tables on pages 23-32. He could not agree. It seemed to him that the sections giving the details of projects included in the schedules were essential to permit the reader of the document not only to obtain an overview of the geographical location and the type of activities of the Organization in the given programme area, but also to find, by cross reference, the details of projects in the same programme area under the appropriate country project schedules.

#### Policy Organs (section 1)

There were no comments.

#### General Management and Coordination (section 2)

There were no comments.

#### Strengthening of Health Services (section 3)

Sir John BROTHERSTON (United Kingdom of Great Britain and Northern Ireland) welcomed the new format of the programme and budget estimates, while recognizing that further improvements would be possible. The change had been useful to his Government as it had come at a time when the National Health Service in the United Kingdom was being reorganized.

When the National Health Service in the United Kingdom was started in 1948 a tripartite organization was decided upon - hospital, primary care, and preventive services. After 26 years, experience had shown the need for reorganization and integration of the three parts. The development of a strongly administered and increasingly powerful hospital service had threatened to overshadow the other elements of the service. Continuity of care for the elderly, for example, could be achieved only if hospital and primary care services worked together. The time had come also for the population and preventive aspects of public health to permeate the whole of the service.

On 1 April 1974 a new organization had been introduced that placed all the health service responsibilities and resources in the hands of area health authorities. The changes involved were important steps in the removal of administrative barriers to integration, but there remained some psychological barriers to integration among members of the medical professions. Professional involvement at the advisory and planning stages was being emphasized, however, and the general public were also being consulted on the planning and functioning of the health services by means of government health councils.

His Government welcomed the WHO studies on planning and planning methodology, especially those undertaken by the European Regional Office. The health authorities in Scotland had recently worked together with the WHO project systems analysis team.

Dr ALAN (Turkey) shared the pleasure expressed by previous speakers at the constant improvements in the presentation of the programme and budget estimates.

With regard to section 3.1.3 (health laboratory services), he drew attention to page 12 of Official Records No. 216; paragraph 64 referred to the publication by WHO of a manual for the training of laboratory assistance, and stated: "The manual would be used for one year in training programmes in different WHO projects . . ." He asked whether the manual would be used in certain countries selected by WHO, or whether it would be used in reply to requests from governments.

Dr ZAMFIRESCU (Romania) introduced the following draft resolution, cosponsored by the delegations of Algeria, Brazil, Central African Republic, Costa Rica, Cuba, Dahomey, Democratic People's Republic of Korea, France, India, Indonesia, Iran, Mongolia, Morocco, New Zealand, Peru, Romania, Syrian Arab Republic, Thailand, Tunisia, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, Yugoslavia and Zaire:

The Twenty-seventh World Health Assembly,

Having reviewed the Director-General's annual report for 1973 which points out the disparities that exist between the levels of development of the health services of the Member States owing to the different stages reached in their economic development, and taking into account the discussions to which the review of this report gave rise and which depicted the health situation at the national level;

Considering that the lofty goals and objectives of WHO as regards the improvement and protection of health can be attained only through harmonious development of the basic national health services;

Mindful of the need to concentrate WHO's activities in order to ensure that they produce a lasting impact;

Taking into account the experience which has been acquired by many of the Organization's Member States and which can be put specifically to the service of the developing countries in order to accelerate the development of their health structures and systems,

1. CONSIDERS it necessary to concentrate WHO's efforts in order to assist governments to adopt global national programmes oriented towards the major health objectives, priority being accorded to rapid and effective development of the basic health services in the light of the specific economic and social context of each country, and at the same time to support the continuous training and instruction of the necessary national health personnel; and
2. REQUESTS the Director-General to take the necessary measures within the framework of the Organization's programmes to ensure still more effective co-ordination between the activities undertaken by WHO and the national health programmes, and to report to one of the forthcoming World Health Assemblies on the progress achieved in this direction.

Experience in a number of countries, he said, had demonstrated the validity of the basic concept of the draft resolution - namely, that in each country the health programme should be established in accordance with the priorities dictated by its own specific problems. It was essential to establish a system of basic health services adapted to each country's economic and social condition, and the programme should include the training of the medical and auxiliary personnel required to ensure its effective implementation. Discussions that had taken place in various WHO meetings, the experience of a number of countries, and Romania's own experience during the past 30 years had all shown that - however great the progress in science and technology and however vast the financial resources - valid long-term results in the field of health could not be obtained without a basic health network effectively covering a country's whole territory and having competent health personnel at its disposal.

Dr ACUÑA (Mexico) agreed with previous speakers who had referred to the possibilities of improving the form of presentation of the programme and budget estimates.

The urgent need to find new ways of improving the health services and of solving health problems had been stressed by the Director-General. While the needs of the world, and of the developing countries in particular, were constantly increasing, the resources of even the developed countries were insufficient to meet all those needs; the resources of the Organization were, of course, also limited.

A new system of health planning had been started in Mexico. In the past the planning, which had been carried out at central level, had been technical and political in character; it had taken into account the resources available at central level, and had had no relevance for the small community living in a remote rural area or, for that matter, for the individual living in a large town. Under the new system small communities were encouraged to take part in the planning, which was started at the periphery and concluded at the centre. Mexico's new health plan, which would be completed in mid-1974, had been drawn up on that basis - i.e., planning at the level of the small community, using local resources, to which were later added resources from the district, provincial and, finally, national levels.

WHO could play a valuable role in assisting countries in that type of planning activity, but it was essential that the population should be adequately prepared through an effective programme of health education. He felt that more emphasis should be laid on health education in WHO's activities, and in that connexion he presented the following draft resolution, cosponsored by the delegations of Bangladesh, Belgium, Canada, Egypt, the Federal Republic of Germany, Finland, France, Ghana, Iran, Ireland, Italy, Luxembourg, Madagascar, Mexico, the Netherlands, New Zealand, Philippines, Romania, Sierra Leone, Singapore, Sweden, Thailand, Trinidad and Tobago, the United Kingdom of Great Britain and Northern Ireland, and Yugoslavia:

The Twenty-seventh World Health Assembly,

Noting the discussions at the fifty-third session of the Executive Board on the programme review on health education, and the resultant resolution EB53.R38; and

Reiterating that health education is basic both for individual motivation and for community participation in the improvement of health conditions and should, therefore, form an integral part of all health programmes,

1. NOTES with satisfaction the trend of activities of the Organization in the field of health education;
2. EMPHASIZES the importance of health education not only in health programmes but also in programmes of education and related socio-economic development efforts that affect health;
3. RECOMMENDS that the World Health Organization should
  - (1) intensify health education activities in all the programmes of the Organization;
  - (2) endeavour to enlarge its support to interested Member States in strengthening the planning, implementation and evaluation of the health education components of their national programmes including manpower development, strengthening of health services, promotion of environmental health, disease prevention and control;
  - (3) cooperate more actively with the United Nations, the specialized agencies, and the appropriate international non-governmental organizations and bilateral agencies in programmes in which health education plays a part, and should be continuously alert to opportunities for inserting health education into all such programmes;
4. REQUESTS the Director-General:
  - (1) to bring to the attention of Member States and international agencies the need for the inclusion of health education activities in all health and other related programmes; and
  - (2) to develop ways and means of providing additional support, including manpower and funds, for the Organization's programme of work in health education in accordance with available budgetary resources, taking into account its essential role in programmes for socio-economic development.

Dr ȘTEPIN (Union of Soviet Socialist Republics) said that the Soviet delegation fully supported the draft resolution presented by the delegate of Romania. However, he drew attention to the following very similar draft resolution, cosponsored by the delegations of Bulgaria, the Democratic People's Republic of Korea, the German Democratic Republic and the Union of Soviet Socialist Republics:

The Twenty-seventh World Health Assembly,

Having reviewed the Director-General's annual report for 1973, and the Fifth Report on the World Health Situation which point out the substantial disparities that exist in the development of the national health services of the Member States owing to the great differences in their social and economic development;

Considering that the lofty goals and objectives of WHO as regards the improvement and protection of the health of the peoples can be attained only through harmonious development of the basic national health services and the effective coordination of their activities under WHO auspices;

Taking into account the positive experience acquired by many of the Organization's Member States and which can be used, particularly by the developing countries, in order to accelerate the development of their health structures and systems, as reflected in resolution WHA23.61,

1. CONSIDERS it necessary to concentrate WHO's efforts on the rendering of consultative and other assistance to governments for the development of their national health services, priority being accorded to rapid and effective development of the basic health services in the light of the specific economic and social context of each country, and at the same time to support the continuous training and instruction of the necessary health personnel; and

2. REQUESTS the Director-General to take the necessary measures within the framework of the Organization's programmes to ensure still more effective coordination between the measures undertaken by WHO and the national health programmes, and also to conduct in 1975-1976 an international conference under WHO auspices for the exchange of experience as regards the development of national health services, and to report to the World Health Assembly on the progress achieved in this direction.

Operative paragraph 2 of the latter included the proposal that an international conference for the exchange of experience in the development of national health services be conducted under WHO auspices during 1975-1976. WHO would not have to accept all the responsibility for such an endeavour, since several countries would no doubt be prepared to cooperate. The conference that had been organized in Bucharest by the WHO Regional Office for Europe had illustrated the great usefulness of that type of activity.

Apart from that point, and the fact that the draft resolution included a reference to resolution WHA23.61, which he considered important, there were so few differences between the two texts that he would propose the establishment of a working group to draw up a joint text.

Dr ZAMFIRESCU (Romania) thanked the delegate of the USSR for his remarks supporting the draft resolution cosponsored by the Romanian delegation, and for his reference to the success of the conference held in Bucharest.

The Romanian delegation would be pleased to consider any constructive suggestions, and would be happy to participate in the proposed working group.

The CHAIRMAN suggested that the working group consist of delegates of the following countries: Algeria, Brazil, the German Democratic Republic, India, Indonesia, Romania, the Union of Soviet Socialist Republics, and the United Kingdom of Great Britain and Northern Ireland.

Dr ZAMFIRESCU (Romania) suggested that the United Republic of Cameroon should be included in the working group.

Professor SENAULT (France) said that France would also like to be included.

Professor SULIANTI SAROSO (Indonesia) said that there were two main aspects of the strengthening of health services - planning, and the delivery of health services.

In accordance with its general policy, the Government of Indonesia was seeking to ensure the delivery of health care to the greatest possible number of people. It believed that, if the system for the delivery of health services complied with quality requirements and was effectively reaching the people, activities such as communicable disease control, nutrition, health education and family planning could be carried out more effectively. It therefore aimed at integrating those activities into the general programme for the delivery of health care by the time of the next five-year development plan.

A good information system was essential for the other aspect, planning, and in that connexion she drew attention to page 101 of Official Records No. 212. She asked why no budgetary provision had been made for 1975 for project STR 12 (health service information systems).

Dr SHRIVASTAV (India) said that an important element of the minimum needs programme drawn up as part of India's fifth five-year plan was the development of a cadre of multipurpose workers. However, some caution was required in the integration of specialized health activities into a general programme, particularly in developing countries. In India, for example, it had been found that in certain areas some communicable diseases whose incidence was still very high (for example, smallpox) required the undivided attention of the health workers available. On the other hand, it had been found possible to start integrated programmes in certain other areas - for example, where the malaria programme had reached the maintenance phase and only limited activities, such as surveillance, were required. The integrated programmes, using multipurpose workers, covered nutrition, family welfare, maternal and child health, and immunization. The last-named included certain activities that had normally been carried out by specialized workers - for example, primary immunization, BCG and diphtheria/pertussis/tetanus immunization.

Dr HOSSAIN (Bangladesh) shared the reservations expressed by the previous speaker. Similar problems had been encountered in Bangladesh, particularly in connexion with the emergency situation there. An attempt to use multipurpose workers for the smallpox project had had an adverse effect on the project for the development of the basic health services, and it had been decided to send groups of between 50 and 100 senior medical students to carry out immunization programmes in the areas particularly affected by smallpox. It was clear that the training of more multipurpose workers was essential for the improvement of the basic health services.

Dr TOUA (Papua New Guinea) stressed the importance of governments being closely involved in all stages of the planning of health services.

Dr FERREIRA (Chief, Health Laboratory Services), replying to the query raised by the delegate of Turkey, explained that the manual for the training of laboratory assistants had been prepared on an experimental basis. The French edition had been prepared, and it was hoped that the English edition would be completed during 1974.

The regional offices were sending it, together with a questionnaire, to certain countries that had programmes for the training of laboratory assistants, and the manual would be subsequently revised. It would ultimately be made available to any country requiring it, together with film strips.

Dr NEWELL (Director, Division of Strengthening of Health Services), replying to the delegate of Indonesia, said that although it might appear from the estimates for health service information systems on page 101 of Official Records No. 212 that support would end in 1974, that was not the case. Many small programmes had been amalgamated into large programme areas as from 1975, and the programme for health information systems would continue as a part of the planning and development of health service delivery systems and related research activities for several years.

In relation to the objectives and methods of approach in the programme and budget estimates for the strengthening of health services, the proposals in the budget document related to three main types of activity: programming, planning and implementation of health systems on a country basis; assistance in improving the coverage, and utilization

of national innovatory approaches; and measures to improve the national capacity for change. The role of health service development institutes was incorporated in the activities in the third group. It was recognized that community involvement must be an integral part of programmes for the planning, implementation and administration of health services; the current process in Mexico, where planning measures started in the peripheral services and would proceed to the central services before being implemented from the centre outwards again to the periphery, merited the active support it was receiving from WHO.

Family Health (section 3.2)

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) said that, at a time when breast-feeding was declining for a variety of reasons related to socioeconomic change and lack of health education, some mothers, particularly in developing countries, were wrongly beginning to think that feeding babies with manufactured substitutes was superior to breast-feeding. A tendency to malnutrition in poorer families might thus be aggravated when the mother could not afford adequate amounts or was unaware of how much was needed for the normal development of the child. Additional hazards to infant health related to the difficulty of ensuring the necessary hygiene in the preparation of substitutes.

The Health Assembly should therefore clearly declare the superiority of breast-feeding and draw the attention of all concerned to the need to examine the promotional policies of the baby-food industry. Attention must also be drawn to the important role of health education in the solution of the problem as a responsibility of health administrations and other authorities concerned with child health.

His delegation had cosponsored the following draft resolution:

The Twenty-seventh World Health Assembly,

Reaffirming that breast-feeding of infants has proved to be the most appropriate and successful nutritional solution;

Noting the general decline in breast-feeding, related to socio-cultural and environmental factors including the misunderstanding caused by some sales promotion that breast-feeding is inferior to feeding with manufactured breast milk substitutes;

Observing that this decline is a significant factor contributing to infant mortality and malnutrition in particular in the developing world; and

Realizing that mothers who feed their babies with manufactured foods are often unable to afford an adequate supply of such foods and that even if they can afford such foods the tendency to malnutrition is frequently aggravated because of lack of understanding of the amount and correct and hygienic preparation of the food which should be given to the child,

1. RECOMMENDS strongly the maintenance of breast-feeding of infants whenever the mothers' health allows it;
2. URGES the Director-General to intensify various activities relevant to the promotion of breast-feeding including reviewing with the food industry their promotional policies related to baby foods in order to ensure that no implication is made that these products are superior to breast-feeding, and that the amounts required for the normal development of a child are clearly set out for the benefit of those mothers who for health reasons cannot breast feed; and further urges the Director-General to bring those matters to the notice of health administrators, and emphasize the need for health personnel, mothers and general public to be educated accordingly; and
3. REQUESTS the Director-General to promote and further support activities related to the preparation and use of locally-produced weaning foods.

That resolution would define the views of the Health Assembly on an important issue and focus attention on the further action necessary to reduce a significant hazard to infant health. It would also encourage WHO in its work connected with the development and use of locally-produced weaning foods as an important way of overcoming infant nutrition problems in many developing countries.

Professor HALTER (Belgium) said that his delegation, also a sponsor of the draft resolution, proposed the following amendments to the French text: in the second paragraph of the preamble, the English word "misunderstanding" should be rendered by "malentendu" rather than "idée fausse"; and "breast milk" by "lait maternel" rather than "lait simple". In operative paragraph 1, "infants" should be translated as "nourrissons" and not "enfants".

Professor SENAULT (France) said that it seemed to his delegation, also a sponsor of the draft resolution, that "idée fausse" conveyed the right impression in the context of the second preambular paragraph, and he preferred that it should be maintained.

Professor HALTER (Belgium) agreed, saying that the English word should however then be changed to some such term as "misleading idea".

Dr LEKIE (Zaire) preferred "enfants" to "nourrissons" in operative paragraph 1, because of the juxtaposition of "nourrir" and "nourrissons".

Professor HALTER (Belgium) withdrew his proposed change to that paragraph.

Dr ALAN (Turkey), referring to paragraph 68 of Chapter I of Official Records No. 216, asked whether the results of the field tests of the manual for project formulation in family health, including family planning, were available for application in his country, which was engaged in amalgamating its maternal and child health and population planning services.

His delegation supported the draft resolution introduced by the delegate of the United Kingdom, with the amendments to the French text proposed by the delegate of Belgium.

Dr DE CAIRES (United States of America) said that a World Population Conference would take place in Bucharest in the summer of 1974 at a most significant moment, and it would be of great relevance to the family health programme of WHO. He said that, in that connexion, his delegation, together with the delegations of Colombia, Indonesia, Mexico, the Netherlands, Romania, Thailand, and the United Kingdom, proposed the following draft resolution:

The Twenty-seventh World Health Assembly,

Recognizing the importance of 1974 as World Population Year and the interest expressed at this Health Assembly by many Member governments; and

Noting that during August of this year, under the auspices of the United Nations, the World Population Conference will be held in Bucharest,

1. WELCOMES the emphasis given to health and the enhancement of the quality of life in the draft World Population Plan of Action, to be considered at the World Population Conference;
2. CALLS ATTENTION to the importance of including health officials in national delegations to the World Population Conference; and
3. REQUESTS the Director-General to report to the fifty-fifth session of the Executive Board and the Twenty-eighth World Health Assembly on implications of the results of the World Population Conference and the action taken thereon by the Economic and Social Council and General Assembly of the United Nations for the work of the World Health Organization.

He urged that WHO should take an active part in the Conference.

Dr TOTTIE (Sweden) said that breast-feeding was a subject of interest to the developed as well as to the developing countries. Sweden had instructed a special committee to recommend national measures to arrest its decline.

His delegation wished to see some mention of the psychological or psychosomatic aspects of the problem in the draft resolution, and proposed the addition of the words "for the harmonious development of the child" to the first preambular paragraph. He referred to the importance, for example, of body contact as an important influence in child development.

He was also concerned lest operative paragraph 1 offend those mothers who were unable to breast-feed their babies, and suggested that the wording be altered, in particular by the omission of the word "strongly". Otherwise his delegation supported the draft resolution.

Dr ŠČEPIN (Union of Soviet Socialist Republics) said that his delegation welcomed the draft resolution on infant nutrition and breast-feeding. He considered, however, that it should contain some recognition of the importance of artificial breast milk substitutes in the modern world.

His delegation was, moreover, somewhat concerned over the wording of the first part of operative paragraph 2. WHO's task was to set standards, not to consult with firms producing baby foods. The resolution should also contain some reference to the importance of health education in connexion with infant nutrition and breast-feeding and, somewhere in the preamble, draw attention to the fact that even in developed countries infant nutrition could not be considered balanced.

Finally, the Russian translation of the first preambular paragraph required correction.

Professor PACCAGNELLA (Italy) stressed his delegation's interest in projects for family health as a whole, considering the family as a social group and taking into account the somatic, mental and social aspects of family wellbeing. Family planning was important in more developed countries, where measures to reduce abortions were necessary and for various other reasons, but family problems varied greatly in different countries according to the mental health and social influences.

Social and health services similar to marriage guidance councils in other countries had recently been developed in Italy on a voluntary basis with teams including psychiatrists, physicians and social workers, and it would be worth while to make a study of its experience and that of other countries to determine the role that such services might play.

Dr VALLADARES (Venezuela) supported the draft resolution, but wished to add to operative paragraph 2, before "health administrators", the words "the medical profession and". Many members of the medical profession, with the possible exception of paediatricians, had no clear idea of the advantages of breast-feeding and even recommended that mothers should not breast-feed their infants.

He also proposed that operative paragraph 1 be amended to read:

1. RECOMMENDS strongly the maintenance of breast-feeding of infants as the ideal method of feeding for the achievement of the harmonious psychosomatic development of children.

Dr HOSSAIN (Bangladesh) also supported the draft resolution. It was well known that there was no substitute for mothers' milk; babies should continue to be breast-fed for as long as possible. However, when complementary foods could be made available, infants should perhaps have them.

There was a crisis in breast-feeding in Bangladesh, where pregnancies succeeded each other too rapidly - sometimes as little as three months after the birth of a baby. The fertility rate for women in the country was 6.6. The Government was trying to introduce the idea of "replacement reproduction", limiting families to two well-spaced children. Meanwhile, the infant mortality rate was high and undernutrition was prevalent among children throughout the country. "Repeated pregnancies are a preventable disease" was the slogan being used, with the added warning that they could eventually kill the mother and destroy the family.

His delegation also agreed with the United States delegate on the part WHO should play in the World Population Conference to be held in Bucharest in August. The United Nations had done well to draw the attention of the world to the population explosion. His country's position had already been discussed with the Secretary-General for the Conference, and Bangladesh attached great importance to its success. Countries with less urgent population problems should help those most seriously affected, remembering that 67% of the world's population lived on 17% of the land area in the South-East Asia Region.

The future of family health depended very much on the outcome of the Conference, which, together with the Nutrition Conference to be held in Rome in November 1974, might make 1974 a historic year for the United Nations and for the improvement of living conditions throughout the world.

Dr VIOLAKI (Greece) expressed her delegation's support for the draft resolution on infant nutrition and breast-feeding. It believed that the resolution, as well as noting the general decline in breast-feeding related to socio-cultural and environmental factors, should reflect the need to improve social measures during the lactation period for working mothers in both developed and developing countries.

Dr KUPFERSCHMIDT (German Democratic Republic) said that much health education would be needed to convince not only mothers but also obstetricians of the superiority of breast milk to manufactured substitutes.

In relation to the third preambular paragraph of the draft resolution on infant nutrition and breast-feeding, the experience of his country in assistance to developing countries indicated that the problems of infant mortality and malnutrition were complex and involved such factors as the spacing of pregnancies, mentioned by the delegate of Bangladesh, and the mixing of water with breast milk substitutes. He therefore proposed that the words "one factor" be substituted for "a significant factor" in that paragraph.

Dr MOKETE (Lesotho), stressing the importance of the subject for developing countries, said that mothers could be divided into three categories for the purposes of the Organization's activities in maternal and child health: first, those who had no means to buy milk substitutes but who could breast-feed and should be encouraged to do so; secondly, those who might have the means but were unable to breast-feed because of poor health and working conditions; thirdly, those who had no means and no breast milk, who were often found in countries without the means for the local production of substitutes. The second category should be advised on how to use substitute milk products properly. Operative paragraph 3 of the draft resolution dealt with weaning foods but should include special recommendations for the last category, particularly as the World Food Programme had reported that it would not have enough milk to distribute, at least in 1974. Assistance should be given and directives issued for the use of breast milk substitutes to help reduce malnutrition and gastrointestinal disease.

The meeting rose at 12.30 p.m.