



THIRTIETH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

Palais des Nations, Geneva  
Tuesday, 17 May 1977, at 9.30 a.m.

CHAIRMAN: Dr M. L. IBRAHIM (Egypt)



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FOURTEENTH MEETING

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1. REVIEW OF SPECIFIC TECHNICAL MATTERS: Item 2.4 of the Agenda (continued)

Système international d'Unités: use of SI units in medicine: Item 2.4.8 of the Agenda  
(Resolution WHA29.65; Document A30/16) (continued)

Dr BONDZI-SIMPSON (Ghana) welcomed the Director-General's report on SI units (document A30/16). He agreed that the medical community could not be left behind the rest of the scientific world. However, he hoped that the change would not be too traumatic for health workers who had used the present system for a long time, and that it would not prove too expensive. He supported the draft resolution contained in document A30/16 as amended.

Dr SPAANDER (Netherlands), speaking as the representative of the International Society of Hematology at the invitation of the Chairman, referred to the final paragraph of section 6 of document A30/16. Although the societies mentioned in the paragraph had issued a common declaration endorsing the SI in 1972, those societies had subsequently issued a common declaration stating that the haemoglobin content of blood should be expressed in grams per litre in conjunction with its expression in moles per litre. The use of both expressions in parallel was designed to avoid misunderstanding and mistakes by clinicians during the reasonably long period of transition. That idea had been reflected in the amendment proposed by the delegate of the United Kingdom, and the recommendation had been well received by the clinical profession.

Professor LISICYN (Union of Soviet Socialist Republics) supported the draft resolution, bearing in mind that a number of units, including the pascal, could not be introduced immediately into medical and, particularly, clinical practice. He considered that the new units should be introduced gradually and asked for the old terminology to be retained throughout the transition period with the new units shown in brackets. That would enable students, research workers and others to become accustomed to the new system and be prepared for the changeover. He agreed with the point made by the representative of the International Society of Hematology concerning the mole. He also supported speedier standardization of the units used to measure intraocular pressure. Many countries had different methods of measurement, which made both standardization and the exchange of equivalent information more difficult. An effort should be made to speed up standardization not only as regards SI units but also as regards terminology. Without standardized terminology it was difficult to exchange information on the management of programmes and projects and on other health services. Work was being done in his country to standardize biomedical terminology and to produce a standard vocabulary for use in medical publications.

Dr ÉLIAS (Hungary) said that standardization through the use of SI units would be of benefit to all Member States. Most SI recommendations had already been implemented in his country. An exception was the proposed use of the pascal as the unit of pressure. Although it was extensively used outside the medical profession, he thought that any attempt to introduce it in medicine should be cautious and gradual.

Dr NAIR (India) supported the draft resolution. He regretted that there was much inadequate and inaccurate information about SI units in the medical literature. WHO's cautious approach to the use of the pascal was fully justified; the millimetre or centimetre of mercury was used internationally. He thus supported the amendment proposed by the delegate of the United Kingdom. He was in favour of an early changeover from the nutritionist's calorie, or thermochemical kilocalorie, to the joule. That would clear much present confusion; however, it would require great efforts from Member States, since dietary tables giving values in joules were not readily available. WHO had an important role to play, particularly in developing countries, which had inadequate facilities to adopt a systematic and unified approach.

Dr ENDARA (Ecuador) said that a single system of units in use in all countries would be beneficial as it would greatly simplify the international exchange of information, particularly in medicine. He considered that WHO should coordinate activities for an orderly introduction of SI units, and expressed support for the draft resolution.

Dr FOEGE (United States of America) supported the draft resolution. He asked whether it was wise to adopt the kilopascal as a measurement of pressure, especially blood pressure. That point had been made by the delegate of the United Kingdom. He further questioned how quickly pathology laboratories could change from mass units to the use of the mole, since most automated equipment in those laboratories currently reported in mass units. Although the Director-General's report referred to mass in kilograms and amount of substance in moles or gram molecular weights, it did not deal with the reacting mass used in clinical chemistry. In the last line of the first paragraph of section 1, the "metric" system should be referred to as "MKS" to indicate which system was meant; several metric systems had been in use since 1901. In section 2, the second part of the first paragraph, from "the unit of pressure" to "does the work" would be better worded as "the unit of pressure (the pascal), for example, is simply related to the force that causes the pressure and the area to which the force is applied; similarly the unit of work or energy (the joule) is simply related to the force that does the work and the distance through which the force acts". In lines 4-5 of the first paragraph of section 6, the parenthetical comment would be clearer if it read "(possibly in connexion with related terms such as molality, molarity and gram molecular weight)". That question was made because the "gram molecular weight" was the mass of a mole of a substance, not a mole per se.

Dr KRAUSE (German Democratic Republic) said that his country intended to introduce SI units into the field of medicine, the target date being 1 January 1980. The close inter-relationship between medicine, the natural sciences and engineering made it important that standardization be introduced comprehensively. Under WHO's leadership, and in coordination with international nongovernmental organizations in the fields of medicine, standardization, and metrology, recommendations should be worked out for units of measurement, based on the SI units, to be used in medicine. His country would be pleased to take part in such work.

Miss PÁROVÁ (Czechoslovakia) was in favour of the changeover to SI units. The transition would take some years and implementation should be gradual. The most important problem concerned the measurement of blood pressure, as the pascal (or kilopascal) was not commonly used in medicine. Perhaps a period of 10 years would be realistic for the changeover; it would give time for apparatus to be modified and for personnel to become accustomed to the new units. Continuity should be maintained by using the old and new systems simultaneously.

Dr MATTHEIS (Federal Republic of Germany) supported the amendment proposed by the United Kingdom delegate. Her country was prepared to introduce SI units from 1978, on the understanding that the transition would be gradual and a double system would be used for some years.

Dr HIDDLESTONE (New Zealand) supported the amendment proposed by the delegate of the United Kingdom. He described the experience in New Zealand, where a joint committee of the New Zealand Society of Pathologists, New Zealand Association of Clinical Biochemists and the New Zealand Institute of Medical Laboratory Technology had investigated the proposal to introduce SI units. The committee had prepared a booklet for distribution to all medical practitioners in 1976. The changeover had taken place between February and April 1976 and seemed to have been accepted without fuss and with few inquiries on results expressed in the new units. Problems had been encountered in the measurement of blood gases, the measurement of drug levels, and the conversion of some instrumentation and equipment. The 1976 examinations of the Medical Technologists Board and the New Zealand Certificate in Science (Paramedical) papers had been expressed in SI units for the first time and trainees had been able to express their results adequately. That experience led him to support the move towards SI units.

Mr KATAWNEH (Jordan) asked for clarification concerning the use of SI units in the field of pharmaceuticals. Pharmacists used different systems of measurement in making up preparations, thus giving rise to the possibility of errors on the part of doctors, who might easily misunderstand the composition of the preparations. There should be a uniform system.

Miss SAWADA (Japan) supported the draft resolution. She assumed that in the transition period SI units should be introduced in WHO and national publications; she asked when that would come into effect.

Professor PENSO (Italy) drew the Committee's attention to the work done by the European Pharmaceutical Commission of the Council of Europe. The new European Pharmacopeia listed SI units in an aide-memoire, although retaining the old system in the text. Specialists should be informed about SI units before the changeover. He supported the draft resolution but said that both systems should be used in parallel until the new units became wellknown and popular.

Dr SPAANDER (Netherlands) regretted that the Pharmacopeia should be published with the old units and that SI units should merely be listed in an annex. The publication would be in use for some time. The old units should only be used in conjunction with SI units. He supported the draft resolution as amended by the delegate of the United Kingdom.

Mr KATAWNEH (Jordan) supported the comment made by the Netherlands delegate. The SI units should be introduced progressively. He stressed the importance of creating uniform standards.

Dr JADAMBA (Mongolia) said that his country always welcomed efforts towards standardization of measurements in medicine. He supported the draft resolution provided that the suggestions made by the delegates of the USSR, Czechoslovakia, and India were taken into account.

Mr LOWE (Terminology), referring to the intervention by the delegate of the United Kingdom, noted that he had spoken of using two scales on sphygmomanometers - millimetres of mercury and kilopascals; the proposed amendment, however, could be taken to mean that only a millimetre scale should be used. The USSR delegate and others had stressed the importance of using both units, side by side, to accustom the profession to the new units. Since the preparation of document A30/16, WHO had received a request from the Organisation internationale de Métrologie légale (OIML) requesting an official opinion on that subject. OIML was an inter-governmental body that established standards and criteria for the manufacture and certification of measuring instruments. Its present standard on sphygmomanometers stated that they should be calibrated either in bars or in millimetres of mercury. The standard was at present under revision and it was in that connexion that WHO had been asked for advice on the units that should appear on the scales of sphygmomanometers. The Secretariat had replied that WHO could have an official position only as a result of action by the Health Assembly, and that the matter was to be considered by the Thirtieth World Health Assembly. The amendment proposed by the United Kingdom delegate did not answer the question raised by OIML.

The delegates of Belgium and the USSR had raised the question of the measurement of intraocular pressure. That had been considered by the Secretariat. There were, however, numerous other pressures that were measured in the body: for example, intracranial pressure, intrathoracic pressure, and the pressure of cerebrospinal fluid. If one had been mentioned, then it would have been necessary to mention all; but if an attempt had been made to write an exhaustive list, one might have been overlooked and omitted, implying that the draft resolution did not apply to that one. Consideration had been given to using a general statement for all body fluids. That that would have been too sweeping was demonstrated by the fact that in urology there had recently been an international recommendation that pressure in the urinary bladder be measured in pascals and that the millimetre of mercury be abandoned. It had been felt that the units used in these many specialties were the province of the international organizations concerned with the specialties involved, and that the draft resolution should deal only with the one pressure that was used throughout the entire profession. The delegate of Poland had given an account of the methodical way in which SI units had been introduced in his country as from 1966. This was despite the fact that the subject had not appeared in the medical literature until 1972. However, only in the last three years had a substantial amount of information on SI units appeared in that literature in spite of the fact that the base units of the system had been adopted 23 years ago. That was what the report had meant by saying that the medical literature had fulfilled its task less than adequately. He fully agreed with the delegate of India, who had pointed out that much wrong information had been disseminated; of all the articles on the subject that he had read in the medical literature, not one had been entirely free of error. The delegate of Ghana had hoped that transition to SI units would not be too traumatic. Experience showed that the transition was not nearly as traumatic as had been feared.

The importance of the gradual introduction of the pascal had also been emphasized by the delegate of Hungary and numerous other delegates. In his view, a most unfortunate situation could arise if, for example, the Health Assembly were to advocate the temporary retention of the millimetre of mercury alone and if, some years ahead, there were a sudden change to the pascal alone; great confusion could result. It was essential that both units should be used side by side during a transitional period to accustom the medical profession to the pascal. The importance of the matter lay in the "intuitive significance" of values. A clinician immediately recognized a blood pressure of 120/90 mmHg as "normal", but not its equivalent, 16/12 kPa. With the use of both units side by side, the pascal would gradually take on the same instinctive meaning for clinicians.

The delegate of India had correctly pointed out that the only obstacle to an immediate change from the calorie to the joule was that dietary tables based on the latter were not yet widely available. Once such tables were available, he agreed, there should be no difficulty in making the change.

The delegate of the United States had raised several questions. One was the speed with which the change should be made to the mole. In that connexion, three groups of users had to be distinguished. The first group was medical research workers, who had been using the mole all their lives. The second group consisted of those working in hospitals. It had been amply demonstrated, e.g. by Canadian experience, that the change to the mole could be made in a hospital in six months. In Canada, the total cost of the change in a 3000-bed hospital had been approximately US\$ 200 and there had been no problem with automatic equipment. The third group included physicians practising outside institutions, who could be educated about the new units only through the medical literature.

With regard to another question raised by the United States delegate, the expression "MKS" had not been used in the report because it might not have been understood by many delegates. Moreover, MKS was merely one of the names that had been applied to the system referred to; it was also officially known as the MKSA and Giorgi systems. As for the suggested clarification of the first paragraph of section 2 of the report, it would not in his view add anything; the relationship between force and area for the pascal and between force and distance for the joule was mentioned specifically in the two examples given in that section.

The United States delegate had also remarked that the report should have classified the terms "gram molecular weight", "molality", and "molarity". Resolution WHA29.65 had requested the Director-General not to produce a detailed guide to the SI and its application but rather to study its effect on the international exchange of health information. It could be pointed out, however, that the term "molarity" was deprecated by all international scientific bodies, and the term "gram molecular weight" had been abandoned many years previously.

As regards the standardization of units in the field of pharmaceuticals, it had been suggested that the old and new units should be used together. There would of course be no objection to the continued use of the familiar gram and milligram which formed part of the SI; he assumed that delegates had not been thinking of such old terms as scruples and minims, and thus he did not really understand what was meant by "old" units in that connexion.

In reply to the representative of the International Society of Hematology, he said that the preliminary version of the report before the Committee had in fact included the following statement: "Concentrations of substances whose relative molecular mass ('molecular weight') is unknown cannot, of course, be expressed in terms of moles per litre . . . and should therefore be expressed in grams per litre. The International Committee for Standardization in Hematology has recommended that haemoglobin concentrations also should preferably be expressed in grams per litre until the problem of plasma proteins is resolved, although the use of moles per litre is permissible provided it is specified whether the monomer or the tetramer is involved". That information had been eliminated because it was not called for in resolution WHA29.65. As delegates knew, the Director-General was trying to economize on Health Assembly documentation by including only the information essential for that body to perform its task. If, however, the draft resolution were to be adopted, the document referred to in operative paragraph 6 would of course provide the necessary clarification.

The USSR delegate had raised the question of the standardization of terminology. The Secretariat was acutely aware of the great importance of terminology, not for pedantic reasons but because WHO's concern was with communication, that is, the relaying of timely, understandable, and usable information. A number of steps had already been taken to encourage standardized terminology. First, on the basis of standard international rules a set of guidelines had been produced on the selection and definition of terms and the

preparation of glossaries. Second, a bibliography of some 600 international recommendations on terminology in fields of concern to the Organization had been compiled. Considerable assistance on the subject had also been provided to WHO regional offices upon request. Lastly, in response to the suggestion of members of the Executive Board at its fifty-seventh session, the first step had been taken in the production of what it was hoped would be a multilingual glossary of international health care terminology. The views of regional office and field staff had been solicited on a list of terms requiring clarification, and the definitions of those terms now being prepared would again be circulated for comments.

He informed the delegate of Japan that WHO publications already used SI units. With regard to the issuing of the account of the SI mentioned in operative paragraph 6 of the draft resolution, he noted that it was at present envisaged simply to make available to Member States, medical societies, and journals an explanatory text authenticated by the international organizations, but the possibility of publishing that account in some form might be examined.

Mr SEABOURN (United Kingdom of Great Britain and Northern Ireland) had listened with great interest to the previous speaker's statement. He had had two main reasons for his proposed amendment to operative paragraph 3 of the draft resolution. The first was a rather parochial reason - to prevent a breach with the directive of the European Economic Community. The second was to enable the old and new scales to be used side by side. In the last sentence of section 5 of the report, it was said that manufacturers should be encouraged to include kilopascal scales on their instruments in addition to the old scales. His proposed amendment represented a slight change of emphasis from that in that it would permit manufacturers to continue using the conventional scale once they had added the new one. Speaking on behalf of the draft resolution's sponsors, he said that the clarification proposed by the Secretariat would be helpful in that connexion.

Dr SPAANDER (Netherlands) agreed with the United Kingdom delegate's comments. He wondered whether the remaining ambiguity in operative paragraph 3 could be resolved by inserting the word "also" before the phrase "be retained for the time being", or something along those lines. The point was to make it clear that the two scales should be used side by side.

The SECRETARY believed that, with the amendment just proposed and the one proposed by the delegate of the United Kingdom, operative paragraph 3 would read as follows:

"3. RECOMMENDS that, in addition to the scale in kilopascals, the millimetre (or centimetre) of mercury and the centimetre of water be retained for the time being on the scales of instruments for the measurement of arterial and venous blood pressures, respectively, pending wider adoption of the use of the pascal in other fields".

Professor PENSO (Italy) wanted operative paragraph 3 to make it clear that manufacturers of blood pressure instruments were recommended to use both units of measurement; simply recommending that the old scale be retained for the time being was not sufficient.

Professor HALTER (Belgium) asked why instruments other than those for the measurement of blood pressure could not be specified in operative paragraph 3.

Mr LOWE (Terminology) replied that such instruments, for example, those for the measurement of intraocular, cerebrospinal and intrathoracic pressures, would all have to be individually specified and that would result in a very cumbersome sentence. Moreover, in the absence of a recommendation by the relevant international professional bodies it would be wrong to add such details to the draft resolution, and for that reason they had been deliberately omitted. In principle, however, there would be no objection to the introduction of the phrase "... and other body fluids ...".

Professor HALTER (Belgium) said that he would be satisfied if operative paragraph 3 simply did not specify blood pressure. He suggested deleting the phrase "arterial and venous blood".

Mr SEABOURN (United Kingdom of Great Britain and Northern Ireland) accepted that amendment.

Dr SPAANDER (Netherlands) considered that the unqualified acceptance of the amendment would lead to problems since the resolution would be seen to be recommending the use of both pressure scales on such instruments as the manometer on anaesthesia gasometers. That was surely not what was intended.

Professor HALTER (Belgium) replied that the paragraph in question specified pressures of body fluids and therefore he saw no problem in the wording.

Following further discussion, Mr LOWE (Terminology) read out the proposed amended text of operative paragraph 3, as follows:

"RECOMMENDS that in addition to the scale in kilopascals, the millimetre (or centimetre) of mercury and the centimetre of water be retained for the time being on the scales of instruments for the measurement of the pressures of body fluids pending wider adoption of the use of the pascal in other fields."

Dr JOYCE (Ireland) considered that the original text was less confusing.

Decision: The draft resolution, as amended, was approved.

The role of the health sector in the development of national and international food and nutrition policies and plans: Item 2.4.9 of the Agenda (Documents A30/34 and A30/INF.DOC/3)

The CHAIRMAN recalled that the item had been placed on the agenda at the request of the Government of Sweden. He drew attention to document A30/34, which included a document submitted by that Government and a document submitted by the Turkish Government (A30/INF.DOC/3). The Committee also had before it a draft resolution proposed by the delegations of Benin, Denmark, Finland, Federal Republic of Germany, Iceland, India, Indonesia, Netherlands, New Zealand, Nigeria, Norway, Poland, Romania, Swaziland, Sweden, United Republic of Tanzania, United States of America, and Yugoslavia, which read as follows:

The Thirtieth World Health Assembly,

Having reviewed in detail the background document for the Technical Discussions on "The Importance of National and International Food and Nutrition Policies for Health Development", and having reviewed the report of the Technical Discussions on this subject held at the current session;

Recognizing that malnutrition is one of the major health problems in the world, becoming all the more evident as some communicable diseases are being controlled; and that dietary deficits in the developing countries and excesses and imbalances in developed countries continue to affect large sectors of the population in both groups of countries;

Concerned with the inadequate attention and commitments being given by the health and other sectors to improve this critical situation,

1. EXPRESSES its general agreement with the conclusions and recommendations that have emerged from the Technical Discussions;

2. URGES governments:

- (1) to give a high priority to nutrition within their health programmes;
- (2) to develop multisectoral programmes specifically oriented to improve the nutritional situation of the population;
- (3) to consider the nutritional implications of their development policies and plans;
- (4) to give to these actions greater political, technical and financial support than heretofore;

3. REQUESTS the Director-General:

(1) to take the additional necessary steps to strengthen the WHO nutrition programme in order that the Organization may play its legitimate role in the development and implementation of national and international food and nutrition policies and plans, with the aim of:

- (a) providing the necessary stimulus and technical cooperation to Member countries for improving the efficiency and effectiveness of their health services in health-related nutritional programmes;

- (b) strengthening the research capacity and education and training in nutritional programmes with priority in the developing countries;
  - (c) eliminating the florid forms of malnutrition like kwashiorkor, marasmus and keratomalacia as public health problems at least by the turn of this century;
  - (d) identifying problem areas such as the interaction between malnutrition on the one hand and infection and productive capacity on the other, and hence integrating relevant action programmes;
  - (e) establishing priorities in regard to health-related nutritional problems, according to the particular conditions of the country;
  - (f) developing systems for nutritional surveillance as a basis for action programmes and for their evaluation;
  - (g) supporting the ministries of health in their efforts to introduce nutritional objectives in the national development plans, and to develop and implement multisectoral food and nutrition policies and programmes;
- (2) to consult with Member States and relevant national and international agencies in order to obtain assistance in the development of intensified nutrition programmes, including the technical and financial aspects;
- (3) to report on the progress being made on the implementation of this programme to the sixty-first session of the Executive Board and to the Thirty-first World Health Assembly.

Dr TOTTIE (Sweden), introducing the draft resolution on behalf of the sponsors, recalled that WHO's role in the field of nutrition was laid down in Article 2(i) of its Constitution. WHO had always paid much attention to nutritional problems and had worked together with other United Nations agencies, notably UNICEF, for the maternal and child health programme, and FAO on food standards. It was therefore quite natural that the subject should have been selected for the 1977 Technical Discussions. The importance of nutrition was also stated in the Sixth General Programme of Work for 1978-1983.

During the past decade the emphasis on health care delivery systems had also changed somewhat from highly sophisticated and costly services mainly located in the cities to simpler facilities for rural populations. That changing attitude had to some extent been reflected in the joint WHO/UNICEF studies on different systems of and community participation in primary health care, and in the great interest shown in the conference to be held in Alma Ata the following year. The discussions on WHO's work in the regions had underlined the role of malnutrition in morbidity and mortality from infectious diseases, while the Technical Discussions had made it clear that nutritional aspects were playing an increasingly important part in the planning of preventive measures. The Technical Discussions had also focused on high-risk groups and the need for strengthening health education, and it had been recognized that important parts of a nutrition programme should be carried out by developing the primary health care services.

In studying the background documents for the Technical Discussions, the Swedish delegation had concluded that the matter was of such importance that it should be included in the Health Assembly's agenda and become the subject of a formal decision. His delegation felt that WHO's role was to emphasize to decision-makers at all levels the importance of nutrition. However, medically sound programmes might be useless if based on food that did not exist or was unacceptable. Recommendations unrelated to local circumstances were of little value. In the planning of nutritional programmes there was a need for simple statistics to give a sound base for decisions. In some developing countries over 50% of deaths occurred among children aged under 5 years, with malnutrition as the underlying cause. Breastfeeding and good nutrition for the expectant mother were also important. The role of the health sector, therefore, was based on facts that would differ in different Member States. Programmes in Member States should be developed according to existing resources and dietary habits and be coordinated with decisions taken in other countries; they must also be acceptable to the consumer. He considered that WHO had an important role to play, and commended the draft resolution, which took into account the Turkish document, to the Committee.

Dr CARDORELLE (Congo) expressed his delegation's wish to be included among the co-sponsors of the draft resolution.

Dr NDOYE (Senegal) observed that the Turkish report, and particularly its section III, shed light on the state of malnutrition but did not explain how the health sector could play

an effective role in national policy. The Swedish document, on the other hand, presented the elements of such a strategy. The latter document spoke of the leading role of the health sector in the elaboration of national and international food and nutrition policies and plans and he considered that that direction should be followed, especially with respect to technical leadership. According to the same report, the health sector had to define the biological terms of reference that could serve as a basis for food and nutrition planning. He would go even further, and suggest a system of analysis for socioeconomic development in general. It was time that health and good nutrition were regarded as objectives of development, and not simply factors in the process. He welcomed the draft resolution, of which his delegation wished to become a cosponsor; the reference in its preamble to the report of the Technical Discussions was particularly apposite.

Dr GEBRE-AB (Ethiopia) said that the nutritional problems of a country could not be seen in isolation, but reflected its whole socioeconomic structure. The solution called for a multisectoral and multidisciplinary approach and a political commitment to bring about a change in the socioeconomic structure. Though improvements in nutritional status were dependent on the overall development effort, unless there was also an effort to introduce social justice and equitable distribution of the products of development, there would not automatically be an improvement in nutrition. Economic development plans at all levels should incorporate a nutrition component. The health sector would have to play a leading role by stressing that fact to all those concerned in decision-making. His delegation wished to become a cosponsor of the draft resolution.

Dr GARRIDO (Spain), commenting on document A30/34, said that, in order to achieve the necessary goals in the sectors of food production and price policy, it was necessary to increase the production of protein foods, especially those of animal origin. That would entail the necessary agricultural reform before industrial development was undertaken. In developing countries, production should be increased by restocking with cattle and by stock-raising on both an industrial and smallholder scale. Secondly, economic help should be given to developing countries in order to subsidize animal production, avoiding increases in prices beyond the reach of the family budget. Thirdly, food imports of high biological value should be restricted so as not to endanger national production, the only stable base for self-sufficiency. His delegation supported the draft resolution and welcomed the proposal in the last paragraph of the Swedish report to explore the possibility of establishing a standing committee made up of representatives of WHO, FAO and other appropriate United Nations agencies, which would continuously review problems relating to health and nutrition.

Dr MOHAMMED (Nigeria) said that health was unattainable without a proper diet, and that the primary health care approach proposed by the Health Assembly could not be successful without the improvement of living conditions and diet, including, in the developing countries, improvement in the quality and quantity of local foods.

In 1976, Nigeria had embarked on a programme known as "Operation feed the nation", which covered the whole country and involved the whole community in growing more and better food. Research stations had been established or strengthened for the production of cereals, root crops and legumes. Subsidized fertilizers were being distributed to all farmers, and storage facilities were being developed at the farms, in the regions and at national level. The Nutrition Subcommittee of the National Council of Health, together with the Ministries of Agriculture and Education and the universities, was preparing a national food and nutrition policy. The Nutrition Unit of the Federal Ministry of Health arranged training courses in each state for middle and low level nutrition workers, and the training facilities for public health nutrition at the University of Ibadan had been opened to students from all over Africa. Over 300 nutritionists from over 25 countries had been trained there in the past 10 years; the Government was strengthening those training facilities and was ready to make them available to students from all over the world. Nigeria was one of the countries participating in the WHO global studies on breast-feeding.

Enough was known about the prevention and management of florid malnutrition for kwashiorkor, marasmus and keratomalacia to be eliminated as public health problems by the year 2000 with the proper planning and resources. Was there sufficient will and readiness to plan and cooperate in order to control those conditions, which killed over 20% of African children and caused losses in working efficiency and mental incapacity? Action was urgently needed to strengthen the WHO nutrition programme, giving higher priority to it in health

planning, providing stimulation and technical cooperation, strengthening research and training facilities in the developing countries, and setting the goal of the elimination of florid malnutrition by the turn of the century.

Professor SZCZERBAN (Poland) said that food and nutrition policies were recognized by Poland as one of the most important objectives of government activity. In many parts of the world malnutrition was a major health problem. It affected both developing and developed countries in its two main manifestations - undernutrition and overnutrition. The former had grave consequences for health in many developing countries, while overnutrition and metabolic diseases of civilization were increasing dramatically in developed countries. At both the national and international level, well prepared, balanced nutritional policies could contribute to the improvement of health conditions of populations.

The health sector should play an important role in nutrition plans and policies in every country. The health authorities should guide the government as to desired trends in nutrition. The health sector should also develop monitoring of nutritional status in order to register the practical effects of the policies, while health education on rational diet could help considerably with their implementation. At the international level, WHO should give authoritative backing to national experts designing nutrition programmes for government decision-makers. His delegation accordingly supported the draft resolution.

Dr ADDY (Ghana) said that his delegation also supported the draft resolution, and would like to become a cosponsor. His Government recognized the contribution of nutrition to the wellbeing of the population and to national development programmes, and had taken initial steps to introduce some of the measures recommended in the draft resolution. The implementation of those measures would benefit both developing and developed countries.

Dr MALETNLEMA (United Republic of Tanzania) said that in his country nutrition programmes received high priority, not so much because of great activity in the medical professions but because of political conviction of the need to improve conditions for the poor. Nutrition did not just mean supplying food for the malnourished; it meant changing the whole course of socioeconomic development to enable man to harness the environment for his own benefit.

With other sponsors of the draft resolution, his delegation anticipated that WHO interpret nutrition in the broad sense often outlined during the Technical Discussions. WHO could be particularly useful in training not only professional nutritionists, but also administrators. In the African Region, for example, the few schools for nutrition training had difficulty in finding resources to operate with. He further appealed to WHO to assist in the provision of equipment and the development of nutrition parameters, reliable data collection, and particularly aids for the field worker in nutrition.

Finally, he warned that a re-examination of nutrition strategies was essential because, despite genuine efforts to improve the nutritional status, malnutrition was increasing. WHO was in an excellent position to give guidelines towards a better approach.

Dr MUNDIA (Zambia) said that the Technical Discussions had clearly shown that malnutrition was a major public health problem, and unless a sustained political commitment was made by governments little could be done to solve it. His Government attached great importance to finding a solution, and would welcome assistance in that respect. He commended WHO's efforts so far, and expressed full support for the draft resolution, of which his delegation wished to be a sponsor.

Professor HALTER (Belgium) said that he was concerned about the absence of any mention of food quality from the draft resolution. The industrial processing of food in industrialized countries held considerable risks, and he would suggest certain amendments to the draft resolution conveying that concern, as certain manufacturers were sometimes a little unscrupulous about food quality in products destined for the countries which had the greatest need. The question of quality was largely the responsibility of public health departments, whereas FAO, for example, was active in measures to increase quantities of food in different parts of the world.

Food additives presented an increasing problem in industrialized countries, and it would soon be inherited by developing countries. He referred to irradiation of food products as an example of methods of food conservation that should be subject to controls, which only health authorities were competent to provide, against qualitative malnutrition. Certain delegations -

including his own - had already stressed, during the Technical Discussions, the important role to be played by WHO in emphasizing the responsibility of public health authorities in all countries for food quality; however, they must be given the means to shoulder that responsibility, and the necessary staff and equipment to carry out the necessary tests.

Dr GÁCS (Hungary), noting that hunger and malnutrition were commonplace problems in some countries, said that much work faced the health sector if they were to be overcome. One important task was the study of the components of diet and the publication of recommendations for its improvement. As nutrition policy involved whole communities, the main responsibility was with governments and with the communities themselves.

In 1976 the Hungarian National Assembly had promulgated a new foodstuffs bill governing conditions of manufacture and marketing, with emphasis on the protection of food quality, mainly as the responsibility of the health sector. Nevertheless, the health sector could not solve the problem without the involvement of communities and other government departments.

Mr GOUBA (Upper Volta), noting the reference in the draft resolution to the interaction between malnutrition and infection, said that, as his country's Minister of Health had stressed in the general discussion in the plenary Health Assembly, there had been a recrudescence of the measles epidemic in Upper Volta in spite of the vaccination campaign; there was a clear link between child malnutrition and the success of vaccination.

The draft resolution also stressed the effect of malnutrition on productive capacity; even if man could adapt to all levels of protein-calorie intake, external factors could result in collapse if the nutritional balance was very precarious. The first results of a research project being carried out among peasants in farming villages in Upper Volta indicated that a serious calorie loss followed periods of intense physical activity. He suggested that seasonal variations in calorie requirements should be recognized if standards were to be set for developing countries.

He stressed the importance of cooperation between WHO, FAO and other agencies in a standing committee on nutrition, as suggested in the last paragraph of the Swedish report, in view of the confusion that sometimes arose at ministerial level and the need for work in nutrition as a multidisciplinary science.

His delegation wished to be listed as a sponsor of the draft resolution, and to stress the importance of operative paragraph 2(4) urging greater "political, technical and financial support".

Dr NAIR (India) said that nutrition was being given its due place among essential conditions for health for the first time at the current Health Assembly, at which the Technical Discussions had been among the best ever organized by WHO. He stressed that Member States must act immediately to ensure that the excellent documentation on the matter did not remain a dead letter.

The plight of national nutrition services was the result of the low priority which nutrition had been given for financial support and staffing within health services. He noticed that, as in many countries, the regular budgetary provision for related activities in WHO had decreased. His delegation supported the draft resolution.

Professor KÖKSAL (Turkey) expressed his delegation's full support for the draft resolution, of which it wished to become a sponsor. His country's views had already been expressed in document A30/INF.DOC/3, which emphasized the particular importance of nutrition in prenatal development, childhood and adolescence.

Referring to the increase in the consumption of manufactured infant foods in developed and developing countries, chiefly because of advertising and the fact that many mothers now worked, he informed the Committee that the Ministry of Health of Turkey had introduced legislation in 1968 to guard against the possible deleterious effects of such foods on child health and to ensure that the required nutritional and hygiene standards in baby food production were met.

He underlined the value of nationwide nutrition and food consumption surveys made under the leadership of the health sector and with the participation of planners and administrators from other ministries, with a view to the addition of any necessary measures to the national development plan in order to combat malnutrition. WHO should assist in developing methodology for and in implementing such surveys to enable those in the health sector to convince their governments of the need for action on the basis of a true picture of the size, causes and type of nutritional problems present.

Professor ŠARMANOV (Union of Soviet Socialist Republics) emphasized the importance of nutrition, which had been examined in detail in the Technical Discussions. He commended the documents under consideration, and agreed with most of the recommendations. However, the Swedish report contained no reference to the valuable research work under WHO on pesticides and mycotoxins, particularly aflatoxin, which were particularly important in the protection of food from pollution. Account should also be taken of research on food additives, which had been mentioned by the Belgian delegate, in order to find harmless substances. It was further necessary to provide for investigations on the special needs not only of maternal and child health but also of working populations, in accordance with the Sixth General Programme of Work.

In general, his delegation supported the draft resolution, which fully reflected the Technical Discussions. He noted that the economic and sociopolitical aspects had been taken into account. He recalled that the Twenty-fifth Congress of the Communist Party of the Soviet Union had placed nutrition among the priority subjects in medical science.

However, he would propose the following amendments to the draft resolution: in the second preambular paragraph the words "continue to affect" should be replaced by "continue to have negative effects on"; in operative paragraph 3(1)(d) the words "determining the most vulnerable population groups (risk groups) in relation to the programmes for maternal and child health, the working population, and protection of the environment" should be inserted after the words "on the other"; in operative paragraph 3(1)(f) the words "including the control of contamination of foodstuff by pesticides, mycotoxins and other toxic substances" should be added at the end.

He recalled that during a visit to Alma Ata in Kazakhstan some two years earlier, WHO officials had suggested collaboration between the Organization and local specialists in the field of nutrition. He reiterated his country's readiness to take part in the programme and hoped that WHO would take more positive steps in that direction.

The meeting rose at 12.30 p.m.

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