



THIRTIETH WORLD HEALTH ASSEMBLY

Agenda item 2.3.1

INDEXEL

WHO - Budget, 1978-1979

REVIEW OF THE PROPOSED PROGRAMME BUDGET FOR 1978 AND 1979

Comments from other organizations, the United Nations,
the specialized agencies, and the International
Atomic Energy Agency on the proposed
programme budget for 1978 and 1979

In accordance with the arrangements made by the Administrative Committee on Coordination and with resolutions 1549 (XLIX) and 1643 (LI) of the Economic and Social Council, the Director-General transmitted on 9 December 1976 the proposed programme budget for the financial years 1978 and 1979¹ to all organizations of the United Nations system. The comments received are submitted for the information of the Assembly.

1.1 UNITED NATIONS

"1.1.1 The United Nations has reviewed the above-mentioned document and would like to offer some comments on the following four substantive areas of the proposed programme budget which are related to the work programme of the United Nations Centre for Social Development and Humanitarian Affairs (CSDHA): (A) Integrated social welfare services; (B) Popular participation; (C) Crime prevention and criminal justice; and (D) Integration of women in development.

A. Integrated social welfare services

"1.1.2 Our comments under this sub-title cover four specific areas of mutual concern to WHO and CSDHA of the United Nations which appear throughout the document. These are: (a) programmes for disability prevention and rehabilitation; (b) programmes for the elderly; (c) family health including population and family planning; and (d) health and manpower development.

(a) Programmes for disability prevention and rehabilitation

"1.1.3 The WHO programmes are intended "to increase the coverage of disability/rehabilitation services, with emphasis on the prevention of disability in support of primary health care". (3.1; p. 129). This refers to a new WHO policy concerning disability prevention and rehabilitation adopted by the last WHO Assembly. The new policy, when it was at the planning stage, was discussed at the 1975 Ad Hoc Inter-agency Meeting on Rehabilitation of the Disabled. Its principal aim, in accord with WHO's new approach to "technical co-operation" (p. xiv) is to reach the greatest possible number of disabled persons and to provide services at the lowest cost. The policy is concerned with the development of services at the community level and with full community participation. This approach was approved by the interagency meeting as a joint interagency policy in this

¹ WHO Official Records, No. 236, 1976. Page and section numbers in the following text refer to this volume.

field. It was noted, in particular, that this new perspective of the question of disability prevention and rehabilitation had a significant social component and was closely related to the objectives of the Centre with regard to social welfare and popular participation.

"1.1.4 The WHO programme indicates that in the further development of its activities in disability prevention and rehabilitation, it will work in co-operation with the United Nations system. Close co-operation has been extended to some country projects, the latest example of which is a long-term WHO project in Indonesia which is specifically aimed at experimenting with the new policy and its principles in a demonstration project. For its initial phase last October-November, the representatives of the United Nations (Interregional Adviser in Rehabilitation of the Disabled) and ILO joined the responsible WHO staff member to make a preliminary survey of local resources and collect material for the preparation of a questionnaire for the project. It is expected that the inter-agency consultation will continue throughout the period of project implementation.

"1.1.5 To further develop the new approach to disability prevention and rehabilitation, regional meetings are scheduled for Southeast Asia in 1978 and for Africa (two) in 1979, and an Expert Group Meeting in 1979. The Centre's participation in these events should be made possible in view of the closeness of our objectives in this area.

"1.1.6 It should be noted that WHO has also kept the other interested agencies informed of its activities in the areas of prevention of blindness and mental health. These aspects have been discussed occasionally at interagency meetings. We are, at present, preparing comments on a WHO mental health (legislation) project at the request of WHO.

(b) Programmes in the field of the aging

"1.1.7 The WHO document makes specific references to the aging in two programme areas - general health services (3.1) and communicable diseases prevention and control (5.1). We have noted that the emphasis of WHO's programme in this field would be the European Regional Office (p. 133). The general health services programme aims at collecting basic information necessary to define impairment, disability and dependency in the elderly, and to identify areas of priority for their care. It would attempt, also, to generate alternative strategies for the development of services and the involvement of the elderly in programme development and evaluation, as well as to stimulate health education programmes in preparation for old age.

"1.1.8 Since the United Nations Centre for Social Development and Humanitarian Affairs has a responsibility in this area of work too, it would like to work closely with the WHO European Regional Office in the formulation of policies and programmes. Additional areas for collaboration may include an exchange of field experience and research results. For example, the Centre's Information Exchange System on Aging has been collecting data on, inter alia, the health needs and priorities of the aging. In addition, through its various country studies and research efforts, the Centre has collected basic data on the conditions and needs of the aging particularly in the developing countries. Consequently, strategies have been developed to involve the aging population in programme development and evaluation.

"1.1.9 Under programmes 5.2.6 and 6.1 (mental health and promotion of environmental health) references are made to the need for "promoting the integration of mental health care and fostering collaboration between mental health services and general health, social welfare, education and other services" (p. 229). WHO has also proposed specific programmes dealing with psycho-social problems linked to rapid socio-economic development. In this context, we should like to point out that the Centre's activities in this field are geared towards evaluating the effect of industrialization and modernization particularly on vulnerable groups such as the aged; and efforts have been made to develop guidelines for action-oriented programmes. For example, the Centre has completed a study on the aging in slums and uncontrolled settlements. The major conclusions and suggestions contained in the study may strengthen WHO's work programme in this field.

(c) Family health, including population and family planning

"1.1.10 In this area, the objectives of the proposed programmes include the promotion of the health of the family as a whole and the strengthening of an intersectoral approach to family health. The integrated approach to the delivery of services for families is likewise an important area of concern to the Centre. In this regard, CSDHA has undertaken a study of the integration of social welfare into family planning information, education and motivation programmes in rural areas. The attention the Family Health Division has given to the integration of services and the lead it has taken in promoting intersectoral programmes among United Nations agencies working in family planning are particularly significant. Exchange of information in this area could be mutually beneficial.

"1.1.11 WHO's activities in the field of population dynamics, human reproduction and family planning are directed to Population as a whole, but there are specific aspects of programme areas within the provision of services, training and research, which particularly affect young people both as beneficiaries and contributors. It should be pointed out that the Centre has recently compiled a set of data on the extent of youth participation in the population field. In this connexion an inventory assessment of youth-related population activities of WHO was prepared in cooperation with WHO. The assessment clearly indicates that WHO possesses a built-in mechanism, particularly through its rural health programme, to implement actions aimed at the improvement of participation of youth in rural health activities in general and population activities in particular. Moreover, WHO-assisted rural development programmes provide excellent channels of communication with rural youth population. These could be fully utilized to promote educational and training programmes pertaining to health education. This would require further collaboration and cooperation between CSDHA and WHO in order to develop concrete health education and training programmes aimed at increasing the participation of the rural population in general and youth in particular.

(d) Health manpower development

"1.1.12 The objectives and approaches outlined under this sector are of considerable interest to CSDHA since they are closely related to our recent activity on a multisectoral approach to social welfare training. We particularly support the objectives and approaches related to manpower systems development where there is significant mention of an intersectoral approach, including representation from social welfare. In this connexion, we should like to point out that the Centre organized an Expert Group Meeting on the Improvement of Social Welfare Training (New York, 13 - 22 October 1975) in which WHO was represented (by Sherwood Slater). The Expert Group recommended, inter alia, that: "In order to promote and plan systematic collaboration and coordination among different sectors primarily in matters of training and research, coordinating bodies should be established at national, provincial or state and local levels wherever they do not already exist".

"1.1.13 WHO activities proposed under Manpower Resources Development implicitly call for increasing involvement of social welfare personnel in a broad range of health services, aimed, on the one hand, at enhancing the effective delivery of services to people and, on the other, at facilitating a more meaningful participation in this exercise of people at various levels of decision-making affecting their health. This trend to increase the role of social welfare personnel in the health sector is gaining further recognition and is also supported by some of the recent studies conducted by the European Centre for Training and Research in Social Welfare in Vienna.

"1.1.14 In this context, we wish to observe that under "Proposals for 1978 - 1979" there is very little indication of intersectoral activities or approaches actually planned. If health education and training is considered to be a part of social development, it would seem reasonable to emphasize the close relationship of social welfare training and education programmes with that of health manpower resource development, following closely the integrated approach to development.

B. Popular Participation

"1.1.15 Some elements of the convergence of goals and methods in the proposed WHO Programme Budget and the projected medium-term plan of action of the Centre deal with community participation and local institution development, which focus on the physical and mental health problems of certain segments of the population, notably the elderly and the disabled. In sections 3.1 (general health services) of the WHO document and 5.2.6 (mental health), there are specific references to promoting community participation with a view to exploring approaches in physical and mental health services with emphasis on the primary health care approach and rural development.

"1.1.16 Section 6.1 (promotion of environmental health) of the WHO programme budget which, among other features, refers to the need to strengthen regional centres in dealing with health problems is related to the Centre's activity in the area of locally-based institution building and rural development. WHO's programmes on community participation in developing health services is also closely related to CSDHA's medium-term plan for 1978 - 1981, which among other objectives encompasses a review of national experiences in popular participation during the Second Development Decade as a basis for formulating policies and strategies for the Third Decade.

"1.1.17 The joint WHO and UNICEF sponsored international conference on primary health care and rural development (3.1.3) which is proposed for Alma Ata in the USSR in 1978 is related, in purpose, to the proposed expert group meeting to be held in 1979 at Headquarters. The latter will deal with perspectives and strategies in promoting popular participation in the Third Development Decade. The Alma Ata conference will presumably focus on issues and problems of community involvement and institution-building in primary health care. The Centre's activity on monitoring and evaluation is related to the Health Services Development section of WHO's programme budget (3.1.2) as it relates to techniques for evaluating the effectiveness of services and health education programmes in preparation for old age. Similarly, monitoring and evaluation projects could prove useful in assessing the usefulness of WHO information packages for the initiation and management of primary health care and rural development programmes. Mental health programmes relating to drugs and alcohol-related problems involving child and adolescent mental health (5.2.6) are related to the Centre's concern with the ways of integrating youth more effectively into the development process.

C. Crime prevention and criminal justice

"1.1.18 The following three aspects of the WHO document are relevant to this substantive area of the work of the Centre for Social Development and Humanitarian Affairs of the United Nations:

(a) Study in forensic psychiatry (p. 232)

This study is related to our work programme because of the close interrelationship of forensic psychiatry with penology and criminology. It is expected that the study will survey, among other things, treatment policies for the mentally abnormal offender. Moreover, it is hoped that the study will explore the potential for the development of preventive work by forensic psychiatrists and for the extension, in future, of community work aftercare, crisis intervention and outpatient care for mentally ill offenders.

(b) Drug and alcohol dependence (pp. 229-230 and 232-233)

The Fifth United Nations Congress on the Prevention of Crime and the Treatment of Offenders dealt, among other things, with criminality associated with alcoholism and drug abuse. In view of the conclusions and recommendations of the Congress on this topic (A/CONF.56/10, paras. 10 and 65-77), the following aspects of WHO's proposed programme budget are relevant for our work programme: (i) Development of mental health services and manpower to cope with psychological problems, including dependence on drugs and alcohol-related problems (p. 229); (ii) Research on variations of response to psychoactive drugs in

different populations (p. 230); (iii) Work of the expert committee on drug dependence (alcohol problems) (p. 232); (iv) Control and management of drug dependence and alcohol-related problems: treatment methods for drug dependence (p. 232); (v) Research and reporting on epidemiology of drug dependence (p. 232); (vi) Response to WHO international drug treaty obligations (p. 233); and (vii) Control and management of drug dependence and alcohol-related problems (p. 233).

(c) Psychological aspects of the human environment (p. 230)

This activity of WHO is relevant for the Centre's activity under paragraph 1771 (b) of the Medium-Term Plan for the period 1978-1981 (A/31/6/Add.1): incorporation of environmental and social crime prevention policies in housing and town planning. This project is being carried out in continuation of the effort to incorporate crime prevention policies in sectoral and intersectoral development programmes. In accordance with the recommendation of the Committee on Crime Prevention and Control at its fourth session (E/CN.5/536, para. 69 (b)). This project will be directed in particular toward the strengthening of the human element in human settlements. In this context, the programme of WHO on psychological aspects of the human environment is of interest to the Centre, particularly the co-ordination of research on uprooting and family functioning in conditions of rapid socio-economic change and stress and the definition of groups at increased risks of psychological problems because of their greater vulnerability or because of increased stress. The findings of WHO in this area would assist us in developing guidelines to cope with crime through an appropriate social design, specifically to provide for improved social cohesion, so as to avoid anomie and alienation, which frequently characterize urban life.

D. Integration of women in development

"1.1.19 To ensure that the objectives set forth in the World Plan of Action of the International Women's Year Conference in the area of health are achieved, the following points are made as a means of generating adequate discussion and co-ordination of effort in this regard:

(a) WHO programmes on health are designed to give priority to the needs of rural populations, slums and squatter settlements. These programmes should also focus, for example, on the participation of women in the urgent task of eradicating endemic and transmittable diseases such as diarrhoea, schistosomiasis, river blindness and Chagas' disease. In the implementation of such programmes, adequate consideration should be given to health education for men, women and children as a means of bringing into existence attitudinal and behavioural change regarding health habits for the total community.

(b) WHO programmes should also attempt to correct imbalances in the training of men and women regarding basic technological developments in water, housing and sanitation. For example, such an imbalance exists where women who normally benefit more than men in educational programmes in general public health, do not, however, receive specialized training in health-related technological improvements including special skills in construction, maintenance and planning of water, housing and sanitary facilities. Women should also participate, on an increasing scale, in occupations related to the training for and planning of public health preventive technologies. The Health Technology Programmes established in 1976 by WHO should attempt to develop new approaches in the field of appropriate technology for the needs of rural women in particular. To this end, effort should be made to establish a special task force, perhaps with the help of national Commissions on the Status of Women and/or Women's Bureaus and grass-roots organizations. This task force should participate intensively in the process of developing an information system on health technology which is planned for 1978 by WHO.

"1.1.20 Finally, listed below are activities to be undertaken during United Nations Decade for Women which would fall within what WHO describes as "intersectoral programmes for the participation of women and youth in health and development:" (a) maternal and child health (increasing the participation of fathers); (b) human reproduction; (c) nutrition; (d) health education (with emphasis on the participation of women not only in preventive medicine, but

also in basic environmental sanitation, occupational health, breast-feeding and improvement of dietary practices); (e) health manpower development (more attention to women's needs in terms of specialized skills); (f) special programmes for research and training in tropical diseases (increasing training of rural populations of senior women personnel); (g) mental health (with participation of women in research in cultural differences especially those that affect the socialization process of the child and female/male relationship in the family and the community); (h) drug policies and management (with particular emphasis on the negative aspects of drugs among female adolescents); (i) water-related technology development for rural populations and environmental health (with particular emphasis on interregional training courses for female senior personnel and on local training courses for rural women on concepts and skills regarding the planning and execution of rural water supply as part of a national comprehensive rural development programme); (j) food safety programmes (with emphasis on the education of women as consumers and producers of basic foodstuffs needed for subsistence). In this respect, the participation of women in grass-roots organizations should be encouraged; (k) health statistics (the situation of rural women regarding their lack of access to basic infrastructural needs such as water, sanitation and housing should be incorporated as part of health statistics and as crucial indicators of the socio-economic situation related to health)."

1.2 UNITED NATIONS FUND FOR DRUG ABUSE CONTROL (UNFDAC)

"I would like to respond to your letter of 14 March 1977 with reference to the Director-General's letter of 9 December 1976 transmitting WHO's proposed programme budget for 1978 and 1979 and requesting comments concerning those activities of WHO which are relevant to the objectives of the United Nations Fund for Drug Abuse Control. We have deferred commenting until the conclusion on 25 February of the 27th session of the United Nations Commission on Narcotic Drugs, which provides policy guidance to UNFDAC and indeed to all agencies involved in the formulation and execution of the expanded United Nations programme for drug abuse control.

"Since your organization was represented at the recent session of the Narcotics Commission it will have been informed through its delegation of the decisions and resolutions applicable to the role of WHO in the programme for the prevention and reduction of drug dependence, and more specifically in the reduction of illicit demand. I am sure the WHO delegation as well as the Fund took note of the following statements which were included in the draft report of the Commission on its deliberations concerning UNFDAC and the operations financed by it:

The majority of the Commission urged the Fund to make a concerted effort to reduce the number of secretariat posts funded by it in the United Nations and in specialized agencies, since such posts should be provided for from the regular budgets of those bodies. The relatively low priority assigned to narcotics questions in other United Nations bodies was cited as one of the reasons for this situation. (Underlining supplied)

The Fund was praised by a majority of Commission members for its increased support of projects intended to reduce the demand for illicit drugs, following the suggestion made at the fourth special session of the Commission.

Several members of the Commission noted with satisfaction the positive results obtained in the projects in Afghanistan, Thailand and Turkey, and they endorsed the statement made by the Executive Director in that connexion. The Commission confirmed the view that the Fund should continue to serve as a catalyst, emphasizing the "pilot" nature of its projects. The Thailand project had served as a clear example in that respect, and note was taken of the efforts being made to assure the wide dissemination of the results of that particular pilot project. The new country programmes in Burma and Pakistan were cited as further examples of what could be achieved in using a similar approach. (Underlining supplied)

The representative of the World Health Organization reiterated his organization's dedication to co-operation in the fight against drug abuse and summarized the involvement of WHO in Fund-supported projects in Burma, Pakistan and Thailand and in projects being planned in Afghanistan and Egypt. An exposé of progress to date in the WHO programme on the epidemiology of drug dependence was also provided, describing the various research tools which had been developed, and pointing out the close collaboration with other Fund-supported programmes in several countries.

"Your delegation will also have been informed of the resolutions approved by the Narcotics Commission which are related to the functions and responsibilities of WHO under the United Nations multi-agency and multi-sectoral drug abuse control programme. I am enclosing copies of certain of them which have been particularly noted by the Fund.

"Apart from the policy guidelines provided by the Commission on Narcotic Drugs, the Fund itself is continually commenting on WHO drug dependence programmes in the context of the consideration of projects which WHO is executing or proposes to execute with financial assistance from UNFDAC."

1.3 UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION (UNIDO)

"Among the nine main groups of activities in which the WHO programme for 1978 and 1979 is divided, the following would be ones where UNIDO could offer a valuable contribution and would like to co-operate with WHO:

- (1) National Health Programme
- (2) Communicable Disease Prevention
- (3) Drug Policy.

"1. National Health Programme

The availability and supply of drugs (prevention or cure) is one of the important factors in the implementation of the National Health Programme in each country. Therefore, parallel to the development of the National Health Programme, the possibility of the supply of drugs in the most economical way should be elaborated and studied. One of the possibilities is local production at different levels according to the country's infrastructure and capability. The aspect of local production has to be fitted in, side by side with the National Health Programme, in order to secure the permanent function of this process.

UNIDO could carry out feasibility studies in order to make the plan for production in accordance with the country's Health Programme, wherever technically and economically possible.

At a later stage UNIDO could assist the Governments in all aspects involved, prior to, during and after the establishment of the production unit. (Preparation of a list of appropriate machinery for production, assistance in designing the factory, evaluation of bids for machinery, source of technology training of technicians, maintenance of equipment and production, improvement in quality and quantity of drugs by introducing a better technology.)

"2. Communicable Disease Prevention and Control

In this group of activity the availability of sufficient amounts of pharmaceuticals is required. This programme can be successful in the long run if governments could make the required pharmaceuticals in the most economical way, and become independent and self-reliant in these commodities. Many countries are not in a position to implement, for example, an anti-malaria campaign or campaigns against other diseases because of a lack of pharmaceuticals needed for such a programme.

UNIDO, in co-operation with WHO, could work out a full programme of production taking care of the technical and economic aspects. Some of the most important factors of the technical aspects are the source of technology and its transfer and the training of technical staff.

"3. Drug Policy

UNIDO would like to contribute to the countries' studies a drug policy which includes production aspects in order to economize time, effort and funds in the interest of the developing countries, as well as to the preparation of guidelines for the selection of essential drugs in respect of cost and effectiveness.

UNIDO could co-operate with WHO on the Programme of Medicinal Plants for health care, in the transfer of technology or the development of appropriate technology for storage, production, packaging and distribution. A pilot plant facility for countries rich in medicinal plants for health care could also be envisaged.

UNIDO has given high priority in the past to the programme of Technical Co-operation among Developing Countries, collecting information concerning the levels of sophistication, capacity, raw materials, etc. for different industries. UNIDO's pharmaceutical programme has also worked on these lines and has made some notable programmes for the transfer of technology, training of technicians, investment, etc. Several projects in this area are under implementation. The UNIDO/WHO programme for the establishment of pharmaceutical units in developing countries could be implemented under the programme of co-operation among developing countries.

It is understood that after food, the availability and supply of drugs is one of the most important responsibilities of each country. Consequently even the poorest country allocates quite a large part of its budget for the supply of drugs. Developing countries should, therefore, receive the appropriate assistance in order to make better use of the limited funds, to cope with increased demands and also to economize on their hard currency, which could be used for other national development programmes. Based on the above, UNIDO would like to co-operate with WHO very closely in the promotion of local production wherever possible, in order to make drugs available within the limited budget in accordance with the social health programme on communicable diseases and the policy of each government. As mentioned above, these programmes could be implemented under the co-operation among developing countries programme."

2. FOOD AND AGRICULTURE ORGANIZATION OF THE UNITED NATIONS (FAO)

"We note that Chapter 6.1.6 has been renamed "Food Safety Programme". The Programme is completely complementary with the proposals of the Codex Alimentarius Commission and FAO; it avoids duplication of efforts and provides full support to those activities which are undertaken jointly by FAO and WHO.

"Chapter 3.2.4, "Nutrition", which places emphasis on various aspects of the World Food Conference resolutions on food and nutrition, is also complementary to FAO proposals for 1978/79 in the various fields of nutrition.

"Another area in which FAO has an interest and has been cooperating with WHO is "Control of Environmental Pollution and Hazards" (6.1.4). In this respect, close cooperation is called for on the studies of water pollution in Argentina, Brazil, Ecuador, El Salvador and Venezuela. Special reference in this connection should be made to pollution control in the Danube Basin and the Mediterranean Region. With regard to the former, FAO undertook a consultant mission in Czechoslovakia on behalf of WHO to assess the impact of agriculture on the quality of surface and ground waters. As for the latter, FAO is currently conducting a study on the relationship between agriculture and pollution of inland sea water. It is of considerable importance that WHO and FAO maintain close contact on this project so that food production requirements can be taken into account when establishing criteria for environmental protection. Indeed the share of agriculture inputs in the pollution process has frequently been overestimated.

"With reference to my cable mentioned above, I should like to bring to your attention the following. Unfortunately, we have no provision in our 1978/79 Programme of Work and Budget for substantial support for project numbers VPH 402: Expert Committee on Parasitic Zoonoses, and VPH 029: Seminar on teaching of public health and epidemiology in schools of veterinary medicine. Earlier, we had agreed in principle to provide the services of a small number of consultants for the Expert Committee with respect to VPH 402, provided that the Committee was convened in the present biennium. We are not, however, able to extend this arrangement into the forthcoming biennium because of our own budget restrictions and changed priorities. Under the circumstances, the best we would offer would be FAO Headquarters participation and we would not be able to make any contribution to publication costs in respect of these projects.

"The remaining items covered under 5.1.6: "Veterinary Public Health", on pages 195-197 of the document, have also been examined with interest and we are pleased to say there is no overlapping or duplication with our proposed activities for 1978/79; in fact there is a considerable degree of complementarity."

3. INTERNATIONAL LABOUR ORGANISATION (ILO)

"Employment and Development Department:

We have noted with interest the activities which WHO plans to carry out in primary health care and rural development (p. 138). It is stated that "all agencies and organizations concerned with health must work together in a mutually supportive and complementary manner", in particular to ensure that the primary health care concept is understood and promoted at national level. We are very much on the same wavelength and, given the "basic needs" approach to development which has become the focus of our work, we would welcome close substantive co-operation with WHO in this particular field.

Indeed we were already aware of WHO's intention to convene in 1978 an International Conference on Primary Health Care, and have tentatively included provision for a technical contribution to that Conference - cf. paragraph 60.26 of the ILO Programme and Budget Proposals for 1978-79.

WHO is a member of the ACC Task Force on Rural Development for which ILO is currently acting as "lead agency", and the next meeting of which is scheduled for 2-4 March 1977. WHO has also been invited, by letter from the Director-General dated 27 December 1976, to attend an ACC working group which will consider the implications of the results of the World Employment Conference for the work of the UN System: this meeting is scheduled for the week beginning 7 March 1977. Thus two important opportunities are on the horizon for co-ordinating the research, operational and other activities of WHO in the field of primary health care and of ILO in the field of basic needs strategies.

"We have also noted with interest the activities which WHO plans to carry out in the field of health manpower development (pp. 162-163). We shall continue to invite WHO to be associated with any comprehensive employment strategy missions which the ILO might organize in 1978-79, which in the past have received active support from Health Manpower Planning in WHO. We notice (p. 163) that WHO plans to hold an inter-regional seminar on the training and utilization of "barefoot doctors" in China, and would be prepared to consider sending a representative to such a seminar if WHO is contemplating inviting observers from other UN agencies; the subject would be relevant to work on basic needs satisfaction in rural areas.

"Vocational Training Branch, Training Department:

(a) Vocational Rehabilitation

We expect that the existing well-developed system of co-operation between WHO's disability prevention and rehabilitation activities and the ILO's vocational rehabilitation programme will be maintained and strengthened through day-to-day working contacts between the specialist staff concerned, informal inter-agency consultations and the ad hoc inter-agency meetings on rehabilitation of the disabled and drug abuse control.

In particular, we are anxious to co-operate closely with WHO, other interested agencies and non-governmental organizations in developing low-cost rehabilitation interventions which will achieve as high a coverage as possible, particularly in the rural areas of developing countries (page 133 of proposed Programme Budget).

We can also offer support to WHO's efforts in the prevention of blindness (page 208), especially in those regions where river blindness and trachoma constitute a major health hazard; ILO action aimed at resettlement and retraining of affected families would help considerably to improve their socio-economic well-being.

Similarly, since the ILO has an important role to play in the vocational rehabilitation and reintegration in the community of the mentally handicapped and drug dependent persons, we would closely co-ordinate our activities in this area with the WHO's mental health programmes (pages 229-230).

Finally, may we suggest that the ILO's Regional Vocational Rehabilitation Advisers serving Africa, Asia and Latin America co-operate closely with WHO disability prevention and rehabilitation specialists to help in promoting and developing the concept of simple, low-cost rehabilitation services in individual countries of the regions concerned.

(b) Health Technology and Development of Educational Methodology

We would continue our collaboration with WHO in joint activities involving the training aspects of health technology and primary health care (p. 138). Likewise, we believe that we can share with WHO our experience in training methodology under their health manpower development major programme (pp. 161-164).

"Occupational Safety and Health Branch, Working Conditions and Environment Department:

We are glad to see the emphasis placed on collaboration and joint action with the ILO in the areas of occupational health (pp. 244-246) and control of environmental pollution and hazards (pp. 278-279). Here, there is considerable scope for dovetailing our and WHO's activities to achieve maximum effectiveness in matters of particular concern to the working population in the broadest sense of the term.

We have one specific comment: we hope that a way can be found to associate the ILO's tripartite constituency in the preparation, as appropriate, of the guidelines on methodology for the recognition, evaluation and control of health hazards in the working environment described on page 244, so that these guidelines would have a broader impact and wider diffusion."

4. UNITED NATIONS EDUCATIONAL, SCIENTIFIC AND CULTURAL ORGANIZATION (UNESCO)

"Section 2.2

Unesco notes with particular interest the approach advocated concerning coordination with other organizations of the UN system, which reflects the policy adopted by Unesco towards greater harmonization of programme action in the system. In this connexion, the 1978-79 proposals to further pursue inter-agency planning in medium-term and short-term programmes, which has already started in the field of rural development under the aegis of the ACC Task Force on Rural Development, are strongly endorsed. The collaboration foreseen in the preparation and holding of the proposed World Conference on Agrarian Reform and Rural Development is also welcomed.

"Section 3.1

The proposals in the programme area of health service information systems include the identification of essential information packages for initiation and management of rural development programmes. This is an activity in which Unesco could usefully be involved, not only in assisting with identification of essential information, but also in the dissemination of information packages to rural development workers, and in particular rural school teachers.

The programme activities listed under this section are of general interest to Unesco in as much as its own programmes are concerned with the development of a better understanding of the nature of science and technology and their role in a changing society and subsequently, through them, with the improvement of the community life as well as individual and collective behaviour with regard to human environment.

In particular, the primary health care and rural development programmes foreseen in this section focus on "increasing the role of the community" and on a "multisectoral approach to health at the grassroots level". Such an approach will naturally involve the rural school, and has implications for the development of appropriate education systems, both formal and non-formal, for rural communities. Thus Unesco would wish to participate in the WHO/UNICEF International Conference on Primary Health Care, to be held in 1978, and also to be involved in the follow-up activities concerned with the integration of health development with rural development.

"Section 3.2

These activities are complementary and supportive to UNESCO's programmes in the related fields of education (19 C/5 - para. 1176, Biology education, and para. 1179, Home economics and nutrition education), inasmuch as the family condition, nutritional situation and general health of children are fundamental to educational achievement. Some of UNESCO's programme activities concern development and production of endogenous educational materials on child caring/rearing aspects of home economics, including such details as nutrition, growth and development of the child (para. 1179), and scientific aspects of human food, environment, disease, reproduction, sexual behaviour and fertility, etc. (para. 1176). All these are not only of direct relevance to the WHO activities but will also go a long way in improving the general well-being and health of the community if executed in a mutually supportive and complementary manner."

UNESCO is particularly interested in the study of the cost-effectiveness parameters of training methods, and a seminar is to be held on this subject in Dijon in May 1978. WHO participation in this seminar would therefore be welcome. Moreover, UNESCO would like to cooperate with WHO on projects HED 003, HED 004 and HED 006, regarding all the methodological aspects raised by these problems.

"Section 4.1

WHO and UNESCO have already cooperated in this field, either directly - attendance at each other's meetings on the methodology of evaluation, suitable equipment - or within the Working Group on Educational Technology set up by the ACC Sub-Committee on Education and Training (development of self-instructional units, pooling of technical resources). Such cooperation has already proved fruitful and should be strengthened in the forthcoming financial years, particularly by the joint utilization of some of the technical resources of the two organizations available in Member States. As regards specific programmes, UNESCO is interested in projects HMD 035, HMD 038 and, in connexion with appropriate technology, in project HMD 051 in particular.

"Section 5.1

UNESCO notes with interest the continuation of the onchocerciasis control programme (also referred to in the Regional Programme for Africa), which has already formed the subject of inter-agency discussions through the medium of the FAO/UNESCO/ILO Inter-Secretariat Working Group on Agricultural Education and Training. As the affected river valleys are progressively cleared of the vector, the resettlement and rehabilitation of these potentially highly productive areas will present multisectoral rural development problems which will call for joint agency action. UNESCO would wish to be kept informed of the progress of this campaign.

"Section 5.2

UNESCO is interested to note that activities concerning problems related to alcohol and drug dependence are now included under the Mental Health programmes and considered in an overall psychosocial perspective. This is very much the UNESCO approach and will no doubt foster our cooperation in this field. The same remark applies to the indication that attention will be given to providing training also outside the health sector to people who can help improve mental health care, including teachers.

"Section 6.1

UNESCO notes with interest the programmes concerned with the improvement of rural water supplies as an essential component of rural development, and in particular will wish to receive the recommendations and reports of the interregional training courses for rural development personnel. These could provide inputs into courses for educational personnel designed to provide a wider orientation to the problems of rural areas, and to the role of education in the process of rural development.

Activities of interest to UNESCO's environmental education programme (19 C/5, paras 1134-1186) include those which are referred to as "information" and would fall under the environmental education of the general public and those which are referred to as "training" and would possibly concern the environmental education of particular professional or social groups under the Project on Pre-investment planning for basic sanitary services.

It should perhaps be noted that WHO's Proposed Programme Budget does not include any reference to Physical Education.

Finally, we would like to inform you that the volume XXIX, No. 2, 1977 issue of the ISSJ (International Social Science Journal) will be devoted to the sociology of medicine, with special emphasis on health systems and the delivery of health services, in several countries from various regions of the world. This issue may be of interest to WHO as far as their programmes called "General Health Services" and "Health Services Development" are concerned.

5. INTERNATIONAL ATOMIC ENERGY AGENCY (IAEA)

The following cable was received from IAEA:

"113 reurlet bg/370/2(78/79) of nine december 1976 and official record no. 236 containing proposed programme budget 1978 and 1979. on behalf dirgen eye suggest following references . . .

"aaa page 146 para 4 the iaea collaboration on project on trace elements in human milk might be mentioned

"bbb page 154 para 2 same applies for project on intestinal malabsorption

"ccc page 234 quote network of iaea/who collaborative centres for secondary standard dosimetry laboratories unquote information given on that project does not give the distribution of activities and duties between iaea and who

"ddd page 287 para 2 line 2 expression appearing in brackets quote irradiated food unquote should in our opinion be replaced by quote food irradiation unquote

"eee finally we hope that a joint fao/iaea/who expert committee meeting on food irradiation will be scheduled and included in 1980 budget programme since data from ifip experiments and large scale wholesomeness studies on beef in usa will be made available in 1979"