WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTE

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EXECUTIVE BOARD

Eighty-fourth Session

PROVISIONAL SUMMARY RECORD OF THE FIRST MEETING

WHO Headquarters, Geneva
Monday, 22 May 1989, at 9h30

CHAIRMAN: Dr M. QUIJANO NAREZO
later: Dr S. TAPA

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FIRST MEETING

Monday, 22 May 1989, at 9h30

Chairman: Dr M. QUIJANO NAREZO
later: Dr S. TAPA

1. OPENING OF THE SESSION: Item 1 of the Provisional Agenda (Decision EB64(3))

The CHAIRMAN declared the eighty-fourth session of the Executive Board open, and welcomed the participants.

2. ADOPTION OF THE AGENDA: Item 2 of the Provisional Agenda (Document EB84/1)

The CHAIRMAN informed the Board that item 11 could be deleted from the agenda and that the words "(if any)" should be deleted from item 12.

The agenda, as thus amended, was adopted.

3. ELECTION OF CHAIRMAN, VICE-CHAIRMEN AND RAPPORTEURS: Item 3 of the Agenda.

The CHAIRMAN invited nominations for the office of Chairman.

Dr MOHITH proposed Dr Tapa, the nomination being seconded by Dr SIALIS, Dr MARGAN, Dr MUGITANI (alternate to Dr Shimao), Dr LIEBESWAR, Professor BORGOÑO and Dr HYZLER (alternate to Sir Donald Acheson).

Dr S. Tapa was elected Chairman. He took the Chair.

The CHAIRMAN thanked the Board for its expression of confidence in electing him as Chairman. He would endeavour to serve the Board to the best of his ability. He invited nominations for the three offices of Vice-Chairman.

Dr OWEIS proposed Mr Srinivasan, the nomination being seconded by Dr MARGAN and Dr CHOWDHURY.

Professor BORGOÑO proposed Professor Medina Sandino, the nomination being seconded by Dr NTABA and Mr DAYAL (alternate to Mr Srinivasan).

Dr MOHITH proposed Dr Oweis, the nomination being seconded by Dr AL-SAKKAF, Dr MUGITANI (alternate to Dr Shimao), Dr ZEIN and Dr NUR.

Mr R. Srinivasan, Professor Marta Medina Sandino and Dr H. Oweis were elected Vice-Chairmen.

The CHAIRMAN noted that, under Rule 15 of the Rules of Procedure, if the Chairman was unable to act between sessions, one of the Vice-Chairmen should act in his place, and that the order in which the Vice-Chairmen would be requested to serve should be determined by lot at the session at which the election took place.

It was determined by lot that the Vice-Chairmen should serve in the following order: Dr Oweis, Professor Medina Sandino and Mr Srinivasan.

The CHAIRMAN invited nominations for the offices of English-speaking and French-speaking Rapporteurs.

Dr OWEIS proposed Dr Ntaba as English-speaking Rapporteur, the nomination being seconded by Mr DAYAL (alternate to Mr Srinivasan), Mr CHOWDHURY and Professor HASSAN.

Professor COLOMBINI proposed Dr Tall as French-speaking Rapporteur, the nomination being seconded by Dr ZEIN and Dr RODRIGUES CABRAL.

Dr H. Ntaba and Dr O. Tall were elected English-speaking and French-speaking Rapporteurs respectively.

4. REPORT OF THE REPRESENTATIVES OF THE EXECUTIVE BOARD AT THE FORTY-SECOND WORLD HEALTH ASSEMBLY: Item 4 of the Agenda (Resolution EB59.R8, paragraph 1(2))

Dr QUIJANO NAREZO, speaking on behalf of the representatives of the Executive Board at the Forty-second World Health Assembly, reminded the Board that it had appointed Dr Ntaba, Dr Oweis, Mr Song Yunfu and himself as its representatives.

The Forty-second World Health Assembly had been attended by a large number of delegates who had participated attentively and had shown interest in all the items covered. With the exception of one meeting, the plenary meetings had proceeded smoothly and according to schedule; a large number of delegates had taken part in the debates on items 10 and 11 and their comments had been better directed than in previous years - towards general matters of health policy rather than a detailed account of the activities carried out in individual countries.

The same could be said for the work of Committee A. Nevertheless, although the Chairman and Vice-Chairman had insisted that statements should be brief, on items such as tobacco or health, maternal and child health, and nursing and midwifery, perhaps too many statements had been concerned with specific local activities; there had also been a great many irrelevant and time-consuming repetitions, so that time had begun to run dangerously short towards the end of the Assembly. In practice, not many comments had been concerned with an analysis of the programme budget, although some delegates had complained of the limited funds allocated to certain programmes. Delegates had praised the documents submitted by the Director-General and the Executive Board on almost every item and had also been generous with their congratulations to the Secretariat.

Committee B had proceeded more rapidly and concluded its business in a very short time. The discussions had been relatively straightforward, since delegates had displayed a spirit of understanding and consensus. There had been no recourse to roll-call voting, and on the whole discussions had proceeded calmly and expeditiously.

A meeting of the Committee of the Executive Board to Consider Certain Financial Matters had been held prior to the Health Assembly. It had dealt, inter alia, with the question of the application of resolution WHA41.20, pursuant to which the voting rights of four Members in arrears in the payment of their contributions at the opening of the Assembly were due to be suspended. Committee B had decided not to take a similar decision in 1989 for application in 1990. Such a reluctance to enforce the provisions of Article 7 of the Constitution was not new.

Another point of concern for many delegations and for the representatives of the Executive Board had been the large number of draft resolutions submitted in addition to the draft resolutions put forward by the Board, especially in connection with agenda item 18 on the programme budget. The Board had devoted considerable time in the past to the methods of work of the Health Assembly and had reached the conclusion that the Board itself should have an opportunity to examine most of the draft resolutions and matters arising from them, reducing the excessive numbers of resolutions, and to set a deadline for the submission of new draft resolutions at the end of the first week of the Assembly. There appeared to be resistance to those measures on the ground that the Assembly was a sovereign body. The Board's representatives believed that the Board

should continue its quest for more effective means of keeping the number of resolutions under control.

The discussion of amendments also took up considerable time, and it might be useful to recommend to the Chairmen of Committees A and B that they should more often appoint drafting committees to ensure that there was consistency in the wording of texts and in the various additions or deletions proposed. Since the Executive Board was due to review, in 1990, the methods of work of the Assembly, it should, at its eighty-fifth session in January 1990, devise some procedure to avoid the proliferation of draft resolutions and to restrict the time taken up by debates on them.

The Board's representatives realized that it was not possible to prevent the Assembly from being affected at times by purely political questions which gave rise to undesirable concerns and situations. At the Forty-second World Health Assembly WHO's image, which had been unambiguously described as exemplary within the United Nations family, had not been lived up to in one debate, at which delegates had become too excited and there had been repetitions and mistakes in procedure and erroneous interpretations, all of which had resulted in a lengthy and tedious meeting. It was to be hoped that the same situation would not occur in 1990, when the same matter was due to be discussed again after the Director-General had made the studies requested of him. In the case of matters which had political implications, there should also be an insistence that draft resolutions or draft decisions should be submitted to the Secretariat before the opening of the session, so that they could be distributed sufficiently well in advance for delegates to have time to consult their governments.

There were no doubt many other points relating to the methods of work of the Assembly on which comments and proposals might have been made. The Board would no doubt identify and study them and submit proposals on them to the Forty-third World Health Assembly, without prejudice to the rights of the delegations of Member States.

Professor BORGOÑO noted that WHO, as Dr Quijano Narezo had just stated, enjoyed great prestige, both within and outside the United Nations system, as a very efficient specialized agency that was not very politicized. It was important not to upset that situation, and all countries must make efforts to that end. It was, of course, impossible to be absolutely apolitical, since some topics were political by their very nature. However, an endeavour should be made to treat them in a way appropriate to a specialized agency and not as at the United Nations in New York. Otherwise it would be difficult to maintain the dialogue and to reach the consensus that had given WHO so much prestige and had made it so efficient in the past. At the same time WHO must devote itself fully to its work of achieving the goal of health for all by the year 2000.

A number of specific points were worth mentioning. For example, there was undoubtedly a need for delegates to acquaint themselves with WHO's Constitution and with the Health Assembly's Rules of Procedure. It had become clear that many delegates were not familiar with the Rules of Procedure at the tenth plenary meeting, when they had repeatedly quoted the wrong rules. Moreover, the rather contemptuous references to small countries with small populations that were difficult to find on the map had hardly been appropriate. All Member States had their rights and obligations and deserved equal respect. Failure to observe that principle had clearly led to a harsh and undesirable debate, as had the politically inspired presentation of an amendment to a draft resolution of such a nature as to turn the draft resolution into an obviously new proposal.

In budget years Committee A should concern itself solely with discussing the proposed programme budget. The addition to its agenda of further important items such as the Global Strategy for Health for All by the Year 2000 (monitoring and evaluation) and the global strategy for the prevention and control of AIDS had left insufficient time for the discussion of the proposed programme budget. The discussion on AIDS had, in fact, had to be transferred to Committee B. The Board should take up the suggestion made by the delegation of the United Kingdom of Great Britain and Northern Ireland and consider whether Technical Discussions should be held in years when the proposed programme budget was to be debated.

In addition, there had been an epidemic of draft resolutions in Committee A, some of them submitted almost at the last moment. Amendments, too, had caused problems. For example, the delegation of Canada had proposed an amendment to the draft resolution on health promotion which the Committee had approved without having the text of the amendment in front of it. The substance of the amendment had enriched the draft resolution, but the procedure had been difficult to follow. In any case, some kind of mechanism was needed to solve the problem of the multiplicity of draft resolutions. The average number of resolutions approved by the Health Assembly was 32. At the Forty-second World Health Assembly, however, the number had been 45. Some of them had dealt with subjects on which the Health Assembly had already adopted resolutions on many occasions, while others had been of questionable importance. It might therefore be advisable to establish a sub-committee of the Board to study the recurring problem of the Health Assembly's methods of work.

Professor MEDINA SANDINO expressed her regret that the discussion on the admission of Palestine as a Member of WHO had been unnecessarily politicized and had had to take place under strong pressures and threats of a kind which was not conducive to decision-taking based on the principles of independence and sovereignty that ought to govern relations among Member States of WHO. She hoped that such a situation would not arise again.

When the proposed programme budget was being discussed, Committee A should concern itself solely with that topic. On those occasions when other important topics required a more thorough discussion for the better guidance of the Secretariat, ad hoc sub-committees of Committee A should be set up to deal with them. It was true that a larger number of resolutions had been adopted at the Forty-second World Health Assembly than had traditionally been the case, but that was only natural in an Organization whose work was progressing and expanding. Perhaps the right solution would be for the most important differences to be settled in drafting groups, so as to reduce the time spent on the discussion of draft resolutions in the Committee itself.

Dr RODRIGUES CABRAL recalled that in the course of discussion in Committee B of item 27 of the Assembly's agenda (Special Account for Headquarters Extension and Repayment of the Swiss Loan), at least one delegation had argued that the fact that a decision had been taken to build a new headquarters extension should not mean that there should be no further discussion within the Secretariat and WHO's governing bodies of the possibility of relocating certain technical units outside Geneva. At earlier Health Assemblies, in the late 1970s, consideration had been given to the idea that at least some technical units should be installed nearer to the regional offices, where there were fewer currency fluctuations and where costs in general were lower than in Geneva. That idea should not be abandoned simply because the time had now come to build a new headquarters extension.

At the last session of the Executive Board, some members had expressed the view that the first stage in the global strategy for the prevention and control of AIDS was now completed, and that sufficient experience and information had now been gained to enable the Organization to embark on the second stage. He suggested that at the eighty-fifth session of the Board in January 1990 a presentation should be made outlining the approach to that second stage, in preparation for the Forty-third World Health Assembly, on the basis of information gained from the second meeting of the Global Commission on AIDS, from further meetings of the GPA Management Committee, from meetings of advisory committees, or from appraisals of country implementation reports. The oral presentation should include sufficient scientific and operational details to provide Board members and Health Assembly delegations with the necessary background.

With regard to the methods of work of the Health Assembly, he supported Dr Borgoño's proposal for the establishment of a working group. Many Board members had had occasion to familiarize themselves with the Assembly's working methods over a number of years, and numerous reports had already been prepared by the Secretariat on the subject, which should enable the working group to come up with some useful proposals for the Board's next session.

Dr HYZLER (alternate to Sir Donald Acheson) said that although he was in general agreement with the report given by the outgoing Chairman of the Board, he shared the

concern expressed by earlier speakers that not enough time was being devoted to a proper assessment of the programme budget in budget years. In addition, any review of the methods of work of the Assembly should look again at the question of the holding of Technical Discussions in programme budget years.

He had been concerned, particularly in the current year, to note that although Committee A was considering a programme budget dealing with very serious health problems, when it had come to discuss one of the more important groups of programmes, namely communicable diseases, time had run short, and on more than one occasion there had not even been a quorum. In relation to malaria, for example, one delegate had stated that the problem of malnutrition in his country was worsening, that 70% of the population were undernourished, 11% suffered from goitre, and 87% of children had parasitic diseases. The Assembly ought to be giving its full attention to solving such problems, the very reason for its existence.

It was vital that the Board should reconsider the methods of work of the Health Assembly. By tradition, the most important group of programmes had been placed at the end of the review of the programme budget, but there was nothing sacrosanct about that arrangement, and he suggested that consideration might be given to moving those programmes up to the beginning of the review, so that more time could be devoted to them. It was also a tradition that the work of Committees A and B did not begin until the second week, after the health ministers of Member States had addressed the plenary Health Assembly. However, it might well be an advantage to reverse that order. If the committees met in the first week, their reports, containing their conclusions on the very serious health problems confronting most Member States, could be brought to the attention of the health ministers arriving in the second week. He had not yet worked out the details of that arrangement, but wished merely to put it forward for consideration by the Secretariat and by the Board. He was very seriously concerned that in regard to the methods of work of the Health Assembly the Board had perhaps got the balance wrong, and by being too rigid in its approach was failing to observe the proper priorities.

Professor KALLINGS said he too had been deeply concerned that there had been too little time to deal properly with Committee A's agenda, which had covered some of the most important of WHO's programme areas. He was also concerned that there had been so many revisions and amendments to resolutions submitted that it had been impossible to consider them adequately.

A number of suggestions for the solution of that problem had been put forward in the past: for example, it had been suggested that chairmen be urged to exercise even more leadership in guiding the discussions, that drafting groups be appointed more frequently, and that draft resolutions be handed in in sufficient time to allow Member States to consult their authorities on technical matters. Unfortunately, none of those suggestions had led to any improvement; on the contrary, the problem had become more acute. He strongly supported the proposal that a working group be set up to look into the situation in detail, and to come forward with proposals for improved methods of work for the next Health Assembly.

Dr NTABA fully endorsed the views just expressed. The communicable diseases programme was a highly important one, and the Board should give serious consideration to reviewing the order in which programmes were discussed in order to give it the priority it deserved.

He recalled that at the Forty-first World Health Assembly a resolution had been adopted suspending the voting rights of four Members on the grounds of arrears in payment of contributions. He had been greatly concerned to see that at the Forty-second, Committee B had decided to reject an identical resolution in the case of other Member States. At the meeting at which the issue had been decided, only 85 Members' delegations had been present, 29 had abstained, and of the 55 who took part in the voting only a relatively small number had voted against the resolution. Such a way of proceeding was highly inconsistent, and the Assembly appeared to be using two different yardsticks to judge the same issue. He wondered what must be the feeling of those Member States which had already had their voting rights suspended, when they saw the Assembly take the opposite decision on the same issue in the case of other Member States the following year.

The Board should urgently consider ways of remedying the situation. If the Health Assembly could so easily set aside one of its own resolutions only a year after it had been adopted, how could Member States be expected to take seriously other Assembly resolutions?

Dr OWEIS said he, too, deprecated the slow progress of work in Committee A, which had meant that the General Committee had been forced to transfer some items to Committee B. For many years, the Board had been urging delegates, both in the plenary and in the committees, to keep their statements brief and to confine themselves to the item under discussion. Despite those appeals, there had been no improvement.

He suggested that the Board should make a more determined effort to increase awareness among Member States of the importance of keeping to the point in their interventions, perhaps by adding a footnote to that effect, prominently displayed, on all relevant official documentation. The Board should also prepare the provisional agenda for the Health Assembly in such a way as to ensure that items were allocated on a more realistic basis between Committee A and Committee B.

The DEPUTY DIRECTOR-GENERAL recalled that many of the issues raised by the members of the Board in the light of work during the Forty-second World Health Assembly were not new and had been examined and discussed in past years by a number of working groups, whose recommendations had been followed to varying degrees by the Health Assembly.

The Secretariat had duly noted the specific suggestions made by certain members of the Board and would be reviewing the methods of work of the Health Assembly with a view to submitting a document to the Programme Committee of the Executive Board, which was to meet in July 1989. The Executive Board at its session in January 1990 would thus have before it proposals from the Programme Committee that would enable it to take appropriate decisions regarding the next Health Assembly.

The CHAIRMAN asked whether the suggested procedure involving prior consideration by the Programme Committee was acceptable to the Board.

It was so agreed.

At the invitation of the CHAIRMAN, Dr TALL (Rapporteur) read out the following draft resolution:

> The Executive Board,
> Having heard the oral report of the Executive Board representative on the work of the Forty-second World Health Assembly;
>
> THANKS the Executive Board representatives for the work accomplished by them and for their report.

The resolution was adopted.

5. REPORT ON MEETINGS OF EXPERT COMMITTEES AND STUDY GROUPS: Item 5 of the Agenda (Document EB84/2)

Joint ILO/WHO Committee on Occupational Health: Tenth report (WHO Technical Report Series, No. 777, 1989)

Dr HYZLER (alternate to Sir Donald Acheson), reviewing the report, said that the document rightly focused on common diseases of multifactorial origin in which the occupational etiological fraction could be difficult to determine. The report stressed the critical role of data on exposure and pointed to the infrequency with which epidemiological methods had been applied to the investigation of accidents. In the United Kingdom of Great Britain and Northern Ireland epidemiological methods had long been applied in that area.

He supported most of the recommendations in the report, especially in respect of the need to assess the magnitude of the problem posed by work-related diseases and

accidents. Epidemiological methods had been most effectively applied to that end, yet much more remained to be done.

With reference to recommendation 7, he said that techniques must also be developed to study the health impact and economic aspects of occupational diseases, especially since the problem of quantifying the etiological fraction and the long latency of many occupational diseases made it difficult to reach valid conclusions.

Poor standardization undermined the effectiveness of data collected at the international level. However, even at the national level where standardization was applied, the problem was often one of inadequate reporting.

Any international projects as recommended in the report would require sound pilot studies and should concentrate on a few specific types of accidents and readily diagnosed illnesses. The value of national mortality statistics would be enhanced by the incorporation of accurate occupational data into death certificates, thereby making it possible to identify hypothetical causal links between occupations and diseases. The recommendation concerning cooperation between international agencies, such as WHO and ILO, and national governments should be supported. Lastly, he supported the call for more comprehensive data to be collected at the enterprise level and proposed that countries should be encouraged to exchange experience in that field.

Dr AL-SAKKAF expressed support for the recommendations set out in paragraph 1.3 of document EB84/2.

Dr WILLIAMS indicated that he had received the reports under consideration that morning only; he urged the Secretariat to ensure that documents were distributed earlier in future.

Occupational health was a relatively new branch of medicine in most developing countries, and data on occupational diseases and accidents were virtually unavailable in those countries. Furthermore, the trade unions in many developing countries were hardly interested in occupational health and primarily concerned with wages. However the document would enable many such countries to set up viable occupational health programmes. Yet, if such programmes were to be effective, the trade unions must be made to realize that it was in the interest of the workers themselves to be in good health at all times.

Much legislation on occupational health and safety had been enacted but it was hardly ever enforced. Collaboration between WHO and ILO should make it possible to assist countries wishing to strengthen their occupational health programmes.

The transfer of hazardous industries, such as those involving asbestos, to the developing countries was posing a serious problem. In many developing countries, the workforce was untrained and had no understanding of industrial processes and the hazards they involved.

Lastly, many industries must modernize their plant. Such was the case in the textile industry where working conditions were excessively noisy, thereby impairing the hearing of workers.

He supported the recommendations in the report for they would be of great use to the developing countries.

Dr NTABA said that the report would indeed be very useful, especially in countries, like Malawi, where work-related diseases were not fully recognized. Furthermore, the expression "work-related diseases" was preferable to "occupational diseases" since it implied a wider scope. The section of the document on musculoskeletal disorders was particularly interesting in view of the very large proportion of the workforce in the developing countries engaged in small-scale farming, which was particularly likely to cause such disorders. It was indeed essential to consider the needs of such workers as opposed to the workforce of the industrialized countries, and it was unfortunate that that question had been somewhat overlooked, because many countries could have benefited from guidance in that area.

Professor SANTOS associated himself with Dr Hyzler's comments regarding cooperation between international agencies and governments in research, training, etc. In spite of the joint ILO/WHO Committee on Occupational Health, cooperation at the regional and country levels as between WHO and UNICEF in respect of maternal and child health had been

much more active than cooperation in the field of labour, which must be spread from the central to the regional and country levels.

WHO should take very practical measures to give effect to the recommendation on that question.

Mr DAYAL supported Dr William's request for the documents to be submitted earlier to make it possible to consider them more carefully. The report before the Board provided a splendid example of cooperation between international agencies. The conclusions and recommendations were very important, especially in respect of the need for more research, because of the increasing frequency of work-related accidents.

Dr ZEIN said that the report failed to place sufficient emphasis on the desire of the developing countries for closer contact with WHO in connection with work-related diseases and accidents in the developing countries. Indeed, in those countries, industrial growth was unplanned and unmonitored by the government, hence the lack of data on such matters. Furthermore, in those countries people tended to start work at a very early age, either in industry or in agriculture, a situation which exposed children to occupational hazards. He therefore proposed that contacts should be established with all countries, especially developing countries, to ensure that work-related diseases and accidents were given more importance in policy-making.

Dr SIALIS said that some developing countries probably needed much more assistance in planning and managing work-related health problems. WHO, through its regional offices, should therefore look into country planning in that field with a view to providing such assistance.

Dr ESPINOSA recalled Dr Williams' comments regarding the possibility of working out a strategy to increase the awareness of the workforce in the developing countries while striking a balance between State or private interests in production and the health of the workers. Furthermore, the possibility of establishing an information and surveillance system on industrial activities recognized as hazardous should be considered. ILO could perhaps serve to generate such information.

The DEPUTY DIRECTOR-GENERAL pointed out that the publications in the Technical Report Series were sent to Member States as soon as they were published. The reports being considered had been sent to members of the Board with document EB84/2 on 13 April 1989. However, the new members designated by the Member States elected on 17 May had received them on 18 May only.

Dr NG (Office of Occupational Health) said that the document before the Board was only a starting point and hoped that it would stimulate interest and efforts, especially in the developing countries, to study problems such as musculoskeletal disorders in agricultural workers, and give effect to the recommendation concerning the exchange of information between Member States.

Salmonellosis control: the role of animal and product hygiene: Report of a WHO Expert Committee WHO Technical Report Series, No. 774, 1988)

Professor KALLINGS recalled that the growing problems arising in the area covered by the report had been the subject of a lively discussion at the last World Health Assembly.

He failed to understand the sentence in recommendation 4 in section 12 of the report: "Any sampling and testing for salmonellae in food of animal origin from an exporting country should be carried out only if a strong scientific basis for sampling exists and then only if the data will have scientific credibility upon which a judgement can be made." It appeared to be inconsistent with the need to control salmonellosis as expressed throughout the rest of the report.

Furthermore, the important question of the control of antibiotic resistance, dealt with in section 9 of the report, should have been covered in the recommendations. The new and efficient use of competitive micro-flora for the prevention of salmonellosis in animals had succeeded in practically eliminating salmonellosis in poultry in the country

he knew well. Lastly, in paragraph 2.4 of document EB84/2, shigellosis was inappropriately listed alongside very common agents causing disease in human beings, such as salmonellosis and listeriosis, although it only affected primates and a species of bat occurring in Madagascar.

Professor BORGOÑO said he was sure the report would be of value in addressing what was a growing problem in the world.

With regard to the conclusions and recommendations, he stressed the importance of epidemiological surveillance and monitoring, which should be a continuous process providing really useful information, and of updating legislation rapidly to take account of the changes that were taking place in countries.

He drew attention to research recommendation 2 in section 13, calling for investigations to establish useful epidemiological markers and to detect virulence factors in salmonellae. That was a good approach, and he felt research could be speeded up in that field. Cost-benefit studies, dealt with in research recommendation 6 in section 13, were also extremely important since those who took the political decisions that gave effect to technical proposals would find it much easier to implement them if they were backed by evidence of the great benefit to be derived from proposed measures.

He wished again to raise the question of late issue of reports. The Board was discussing in May 1989 the report of an expert committee which had met in September 1987. Something should be done, as developments took place so rapidly in some fields reviewed by expert committees that delay could mean that the information also rapidly lost its value.

Dr WILLIAMS said the report would be of greater relevance to the needs of the industrial societies, where food production and processing were more advanced and where facilities were available for laboratory identification and characterization of the pathogen. Such facilities were poorly developed in the Third World and it was difficult to conduct surveillance without proper laboratory support. The first requirement in the developing countries was therefore to strengthen the existing laboratory facilities for surveillance in order to generate data for policy decisions and to provide effective food control services.

Dr HYZLER (alternate to Sir Donald Acheson) said that for effective control of salmonellosis outbreaks, it was important to consider the whole food chain in order to ensure animal and product hygiene on the farm, in animal production and processing and in food preparation - even in the home.

Dr BÖGEL (Veterinary Public Health), replying to Board members' questions, agreed that recommendation 4 in section 12 might seem difficult to understand; the wording had, however, been established by the experts to describe a particular situation in international trade in food of animal origin. The problem was that some exporting countries used sampling procedures that were not scientifically based, and there might be a great discrepancy between their results and the findings of the importing countries, which used different sampling procedures. Also, countries might refuse to import products on the grounds that they contained certain levels of salmonellae that were in fact no higher than those in domestic products. Hence there were complications in international trade, and it was essential to obtain data having "scientific credibility on which a judgement can be made". As had been pointed out, there was no doubt that many specimens would be found infected in import batches if an appropriate diagnostic procedure was applied.

The question of antibiotic resistance had also been raised. His service had already started developing guidelines on the control of antibiotic resistance and a report should be available towards the end of the year.

Finally, he noted that there had been some reports in the literature of shigellae occurring in animals, possibly only as a passenger, but he agreed that infections due to shigellae in animals had not been proven.

Health of the elderly: Report of a WHO Expert Committee (WHO Technical Report Series, No. 779, 1989)

Dr HYZLER (alternate to Sir Donald Acheson) said he considered the report very helpful; it represented a considerable shift in orientation from previous reports, stressing the need to capitalize on local strengths and incorporate into planning provision for services for the elderly. The report might perhaps have said more about monitoring and quality control; but in general it provided a useful checklist for those responsible for planning and developing services for the elderly, whether in developing or developed Member States. He particularly appreciated the report's emphasis on building on what was already in place. He also welcomed the broad-based approach advocated, since the elderly were likely to develop multiple problems, possibly both medical and social. No single agency could meet all those needs.

The next step would be to consider how the report could best be used. One option would be for Members to share examples of good practice, and the report showed that there was considerable scope for cooperation. A second approach would be to link the report to the work connected with the International Plan of Action on Aging. Steps were now being taken by the United Nations to review progress in implementing the Plan, so it might now be opportune to take that step.

Professor BORGOÑO said he agreed that there had been a substantial change in the strategy and that consequently the recommendations in section 7.2 on primary care were of the greatest importance. It should also be borne in mind that nursing could meet many of the health care needs of the elderly. He felt that that point was not sufficiently emphasized in the report. The same applied to the support given by the family in "adding life to years" for the elderly. Finally, attention should be paid to the recreational needs of the elderly.

On the question of research, he asked about the link between the activities of the special programme for research on aging and the four main themes identified by the working group on the subject that had met in March 1988 in Geneva.

Dr CABA pointed out that progress in birth control and reduction of mortality had led to aging populations. That process could be seen as a conquest for health, but it also had social and economic implications. Various problems had arisen, mostly in developed but also in developing countries. The report showed that by the year 2000 the elderly population would be growing even more rapidly, leading to structural changes in society. The first objective must be to maintain the independence of the elderly, and maintain their active participation in societies. A good way to promote that strategy would be to study a number of projections which could be drawn from different variables, e.g. economic, social, educational and demographic, as described in the report.

It was also clear that, apart from their numbers, the elderly as a group had a number of specific characteristics. Generally, they did not enjoy stable family relationships and were therefore more likely to suffer from loneliness. Their mortality pattern was also different. They frequently died from ill-defined causes. They were more subject to accidents than other population groups. Their habits were different. In particular they tended to consume excess amounts of medicaments, and were the least able to tolerate the side-effects. All those characteristics should be taken into account in working out a health strategy specifically for the elderly.

Professor SANTOS drew attention to section 6 of the report, dealing with the balance between improving pension income and providing services. That was merely one aspect of a broader problem, namely health economics, which merited more attention worldwide. Although a few pages of the body of the report were devoted to that complex question, which had not only technical but also ethical implications, very little reference was made to it in the conclusions and recommendations and particularly in section 7.10 on research. The economic aspect of the health of the elderly was part of the broader issue of health economics, and should be studied accordingly.

Dr HELANDER (Programme on Health of the Elderly), replying to the question by Professor Borgoño, confirmed that there was a link between the four main themes of the special programme for research on aging and the programme activities described in the report. The four themes were immunological factors among the elderly, osteoporosis, senile dementia, and factors related to healthy aging. A number of groups had met to work out a consensus on what should be included in those categories. Recently, a working group had been convened to provide an opportunity for discussions between possible donors and technical staff, and he hoped it would be possible to continue on those lines.

The meeting rose at 12h40.

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