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Item 9

ECONOMIC DEVELOPMENT OF UNDER-DEVELOPED COUNTRIES

Technical Assistance for Economic Development

The Secretary-General has received a request from the World Health Organization to publish the following corrigenda to the World Health Organization Report on Technical Assistance for Economic Development, submitted to the Economic and Social Council at its present Session:

TECHNICAL ASSISTANCE FOR ECONOMIC DEVELOPMENT

Plan for an expanded co-operative programme through the United Nations and the specialized agencies (E/1327/Add.1 May 1949)

CHAPTER 12: PROPOSALS OF THE WORLD HEALTH ORGANIZATION

Corrigenda arising from decisions of the Second World Health Assembly, Rome 13 June - 2 July 1949.

Page 255:

Delete line 15 and substitute "First year, \$1,163,440. second year \$1,396,128".

Page 259:

After line 12 add the following:-

"1. The General Assembly of the United Nations, on 11 December 1946, adopted a resolution on the 'world shortage of cereals and other foodstuffs', requesting 'the international organizations concerned with food and agriculture to publish full information in their possession on the world food position and the true outlook, and to intensify efforts to obtain as full information as possible on this subject, in order to assist governments in determining their short term and long term agricultural policy.'

2. Having in mind the General Assembly resolution, the Economic and Social Council, during its sixth session on 2 March 1948, invited 'the specialized agencies concerned and the regional economic commissions, in consultation with the FAO, to study suitable measures to bring about an

increase in food production' and 'requested the FAO to make a report to the seventh session of the Council on progress achieved in co-ordination of these studies, and to present a factual report to the first session of the Council following the 1948 annual conference of FAO, on the measures which have been taken by Member States, regional commissions and the specialized agencies, to alleviate the world food crisis, and to recommend specifically what further action might appropriately be taken in this field.'

3. During its seventh session, the Economic and Social Council in its resolution of 27 August 1948 'noted with satisfaction the progress recorded in the report of the Food and Agricultural Organization with regard to co-ordination of the work of the specialized agencies concerned and of the regional commissions to bring about an increase in food production throughout the world:.... requested these organs to continue their efforts to that end in the closest co-operation.'

4. The Executive Board of the World Health Organization, at its third session, adopted the following resolution:

I. The Executive Board

- (1) NOTES with approval the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health; and
- (2) REQUESTS the Director-General to continue collaboration with FAO in order to prepare plans for the implementation of this programme in 1950.

II. The Executive Board

- REQUESTS the Director-General, in consultation with FAO,
- (1) to present to the Economic and Social Council at its eighth session the proposal for a joint action programme of FAO/WHO to increase world food production and raise standards of health;
 - (2) to request the Council to consider the means by which such a proposal might best be implemented.

III. The Executive Board

RECOMMENDS that the proposal for a joint action programme of FAO/WHO to increase the world food production and raise standards of health, together with the Board's approval and the recommendations of the Economic and Social Council, be brought to the attention of the Second Health Assembly.

This resolution was circulated to the eighth session of the Economic and Social Council for information. No action was taken by the Council at that time.

5. In view of the interest repeatedly expressed by the General Assembly, the Economic and Social Council and other Bodies on the agricultural development of territories in order to increase world food production; because of the Resolution of the First World Health Assembly 'that development without adequate health measures is necessarily incomplete and it is the right of the people to expect that proper health measures be taken concurrently with such economic effects' (1); and, because a prerequisite to development in many undeveloped territories situated in the tropics or sub-tropics is the improvement of the health of the inhabitants, including the elimination of malaria and other preventable diseases, the following plan is submitted:

6. PROPOSED PLAN FOR CO-OPERATIVE ACTION BY GOVERNMENTS, FAO and WHO, TO INCREASE WORLD FOOD PRODUCTION AND RAISE STANDARDS OF HEALTH

6.1 Objective

Joint Government, FAO and WHO co-operative action to increase food production in areas susceptible to agricultural development and in which ill health, particularly severe endemic malaria, is the primary obstacle to such development. This will contribute towards a solution of the problem posed in the General Assembly and the Economic and Social Council Resolutions by helping to decrease the deficit in world food production and at the same time improving the

(1) Off.Rec.World Hlth Org., 13, 321

Ibid, 10, p.65

Ibid, 7, Annex 20

health of millions of people. The total acreage which will be covered by the plan must be of a magnitude adequate to bring about an increase in agricultural production which will have a significant effect. (2)

6.2 Programme

The programme will extend over a minimum of five years (i.e. 1951 to 1955). This excludes the period required for the preliminary selection and the joint area selection survey. Preparation for operations including initial staffing and the provision of supplies and equipment will commence in the fourth quarter of 1950. Operations will reach full scale in 1951.

The time table will be broadly as follows:

Late 1949	Preliminary selection of six areas by FAO/WHO,
1950	Joint area selection surveys of six areas, at appropriate seasons,
4th Quarter 1950	Final selection of three areas and start of procurement of supplies and equipment and the recruitment of personnel,
1st Quarter 1951	Pre-operational detailed survey merging into
2nd Quarter 1951	Operations

6.2.1 Preliminary selection of areas

As the choice of areas will of necessity be based upon their agricultural potential, the preliminary selection will be made by FAO. WHO will then screen the chosen areas, concentrating on those where

- (a) poor health and particularly malaria represent a major obstacle to development.
- (b) malaria would be amenable to control;
- (c) such control would be economically feasible.

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- (1) In the proposal for a Joint Action Programme to increase World Food Production and raise Standards of Health, presented by FAO and WHO at the Central Committee of UNRRA in 1948 it was stated that the total area for such a joint project was expected to cover 'at least ten million acres of agricultural land inadequately worked by disease-ridden people'.

A number of areas meeting these requirements will then be provisionally selected by agreement between the two organizations. According to the resolution of the First Health Assembly 'that, except in cases of emergency, it shall be the policy of WHO to insist on full preliminary consultations with the other organizations concerned and that a satisfactory joint survey shall be required before any such joint project may be considered by the Executive Board of the Health Assembly'¹.

6.2.2. Joint 'area selection survey teams' will be sent to these areas for a period of not less than three months in order to investigate the circumstances on the spot and furnish the data on which the final choice shall be made. Six areas in all will be surveyed, and on the basis of the report, three will be selected jointly by the two Organizations.

This joint survey will be carried out with the full co-operation of the governments concerned which will be expected to provide auxiliary personnel and assistance in kind or in local currency, including the provision of accommodation, laboratories, offices, stores, etc. Provision for assistance will be covered by an agreement with the government before the survey begins. Such a survey will, in itself, be valuable to the country concerned.

6.2.2.1. It will be necessary to ensure that funds be made available for the completion of the whole programme involving at least five years' operation, before the area selection surveys are authorized.

6.2.3. Final selection of areas

The final selection of the three areas will require the fullest co-operation of the governments concerned and their agreement (a) to collaborate technically and financially as far as possible, and to give complete assistance to WHO and FAO in the operations; and (b) to maintain the measures of control and the level of development attained in the areas when the assistance of the two organizations is withdrawn.

6.2.3.1. The three areas finally selected should belong to different regions.

1. Off. Rec. World Hlth. Org., 13, 324.

6.2.3.2. Recruitment of personnel and procurement of supplies and equipment will be started during the last quarter of 1950.

6.2.4. Pre-operational detailed survey

This phase of the plan is of the greatest importance and the success of the operation as a whole may well depend upon the care with which it is done.

The personnel necessary for the pre-operational survey to which a minimum of three months should be devoted, will be required to be in the area during the first quarter of 1951 (northern hemisphere). The survey team will:

6.2.4.1. Carry out a detailed malaria survey of the area with the view of planning the control operations.

6.2.4.2. Carry out a general public health survey, paying proper attention to nutrition and other major public health problems. Priority will be given to those problems which might be affected by the anti-malaria campaign.

6.2.4.3. Plan the operation for the five-year period. The project is designed for under-developed territories and from the health standpoint, it will aim, not only at controlling malaria, but also at a simultaneous raising of general standards of health. The survey group will therefore be required to place the several health problems in an order of priority. Malaria will probably be placed in top priority, not only because it is likely to be the most serious obstacle to the development of the area, but because it is likely that in the first year of operation transmission of malaria may be interrupted by insecticides and a large part of the health problems solved.

6.2.4.4. Negotiate with the government an agreement on the basis of such a plan, specifying the commitments of the government in implementing the plan. The governments concerned will be expected to recruit and pay all local personnel, to furnish accommodation for the WHO staff members, for laboratory, offices, surgeries, stores, etc., to supply drivers and as much transportation as possible, to make the continuing local investments necessary for the success of the scheme and to make provisions for agricultural development programmes in consultation with FAO.

6.2.4.5. Train local personnel for the 1951-1955 campaign.

6.2.5. Operations

These will be timed in accordance with the seasonal implications of agricultural malaria transmission, and will start in the second quarter of 1951 in the case of areas in the Northern Hemisphere, and in the third quarter in the case of areas of the Southern Hemisphere.

The pre-operational detailed surveys will be arranged so that they will merge into the operational phase, using the same personnel and equipment and transport as much as possible.

The type of operation which will be undertaken by WHO in the selected areas will vary according to the diseases to be controlled, the priority in which they will have been placed and the particular approach to health that will have been decided upon. It seems, however, that during the first year of operations emphasis should be placed upon malaria, environmental sanitation and on health education of the public. The types of soil and the local possibilities for agricultural development will probably govern their choice of operation. WHO will place a number of technically equipped officers in each of the selected areas to advise and assist, as far as circumstances permit in the facilities for procurement of equipment, supplies and transport which cannot be provided locally. It will be the responsibility of the government concerned to arrange for provision of mechanical and other equipment necessary for carrying out programmes of agricultural development with such consultation and advisory assistance from FAO as may be desirable and feasible.

6.3. Estimates (WHO only)

The first year of operation will include capital expenditure which will not be repeated in the following years. Moreover, considering that the international personnel will devote a large part of its activities to training of national personnel, it is expected that in the latter years the expenses related to WHO staff members will fall. A minimum figure for a single area of some two million acres would imply an average yearly expense for WHO amounting to \$489,540. Thus, as an illustration, if three areas of some two million acres each are selected, total cost for WHO's participation in this project in 1951 is estimated at \$1,468,620.

The following therefore are the estimated costs for Area selection surveys and preparation for operational responsibilities -

First year, \$501,300; second year, \$1,468,620.

These items have been included in the corrected totals on page 260.

7. The following resolution was adopted by the Council of FAO at its meeting in Paris on 16 June, 1949:-

Resolution on Joint Programme of Co-operation between FAO and WHO to increase World Food Production and Raise Standards of Health (Adopted by the Council of FAO - Paris, 18 June, 1949)

The Council,

Having considered the memorandum submitted by the Director-General (CL 6/29), enclosing a document prepared by WHO for submission to the World Health Assembly meeting in Rome during June,

Endorses the continued collaboration between FAO and WHO in preparing and implementing schemes for the elimination of malaria and the stimulation of food production, and,

Recommends to the Conference that, in preparing schemes of extended technical assistance, provision should be made for full FAO co-operation in the joint FAO/WHO scheme (CL 6/29).

7.1. The following resolution was adopted by the Second World Health Assembly in Rome 30 June, 1949:-

Joint Action programme of FAO/WHO to increase world food production and raise standards of health

Whereas the Economic and Social Council at its sixth session (2 March 1948) invited the specialized agencies concerned and the regional economic commissions, in consultation with FAO, to study suitable measures to bring about an increase in food production;

Whereas the present necessity of increasing food production in the world requires development of tropical and subtropical areas where standards of health in general should be raised and in particular where malaria must be controlled before any scheme of agricultural development and settlement can be started;

Whereas FAO has already given favourable consideration to joint WHO/FAO broad scale projects aiming at increasing food production, at raising standards of living and at achieving malaria control in fertile areas;

The Second World Health Assembly

RESOLVES that the 1950 Programme should include provision to enable WHO to carry out, in collaboration with FAO, general surveys for the selection of the areas where operations will be undertaken in the following five years; and

RECOGNIZES that such provision will involve the obligation to provide in the programme of WHO for the following five years for the operation of the various projects; and

RECOMMENDS to FAO that similar action be taken with a view to enabling the two Organizations to plan the projects in 1949 and to initiate joint surveys in 1950.

Page 260:

Delete line 2 and substitute: "First year, \$1,294,075; second year, \$2,407,950."

Page 263:

Delete line 10 and substitute: "First year, \$787,250; second year, \$944,700."

Page 267:

Delete line 29 and substitute: "First year \$847,175; second year, \$1,016,610."

Page 273:

Delete lines 27 and 28 and substitute:

"The programme for 1950 as set out above was approved subject firstly to the transfer to the regular programme of the whole of the activities concerned with the collection of information, meetings of the expert committee and provision of consultants (including seminars), and secondly to the transfer to the supplemental programme of all the survey teams for work in the field of rural, industrial and student mental hygiene.

The estimated cost of the mental health programme is as follows:

First year, \$754,720; second year, \$905,664.

Page 280:

Delete line 5 and substitute: "First year, \$432,880; second year \$519,456."

Page 283:

Delete line 2 and substitute: "First year \$338,445; second year \$405,134."

Page 286:

Delete line 30 and substitutes: "First year \$297,660; second year \$357,192."

Page 288:

Delete line 9 and substitute: "First year \$323,645; second year \$388,374."

Page 290:

Delete line 8 and substitute: "First year \$167,765; second year \$201,318."

Page 291:

Delete line 29 and substitute: "First year \$166,965; second year \$200,358."

Page 293:

Delete line 36 and substitute: "First year \$151,765; second year \$182,118."

Page 299:

Delete last line and substitute: "First year \$2,033,905; second year \$2,440,686."

Add the following:-

7.5.2 PUBLICATIONS

The estimated cost of the programme on Publications is as follows:

First year, \$20,600; second year, \$24,720.

Page 308:

Delete line 5 and substitute: "First year \$131,235; second year \$157,482."

Page 308: After line 5 insert the following:-

7.5.7 HEALTH STATISTICS

7.5.7.1 The Problem and its Significance

Adequate vital and health statistics in their various components - population, births, incidence of diseases, pathological conditions and registered deaths - constitute the fundamental basis for recording and appraising the state of health of nations and for formulating the structure and extent of suitable public-health administrations, both national and local.

Such statistics are indispensable for the institution of adequate and justifiable plans of action for combating diseases, whether infectious or otherwise.

Furthermore, health statistics might often help to estimate to an important degree the results achieved by programmes carried out by health or administrative agencies with the aim of diminishing or even suppressing the prevalence and incidence of certain diseases in both large and small territories.

The capital importance of having properly organized services of national health statistics need not be discussed and emphasized here as it is recognized and accepted fact by everybody interested, directly or indirectly, in the public-health work of the State.

It is clear that the responsibility for the creation and development of these basic services pertains essentially to national administrations, which are fully aware of the needs of their respective countries and cognizant of their national traditions and potentialities.

The international approach to this highly important subject must take cognizance of two factors: first, the lack of comparability among the data provided by the various nations, due to differences in definitions and methods employed in the collection and tabulation of medical statistics and to divergencies in their basic quality resulting from the different capabilities and facilities of medical and public-health practice; and secondly, the lack, or the still primitive stage, of such vital and public-health statistics in some areas of the world. This is a problem which affects not only the regions concerned, but can also concern other zones on account of the interdependence of

disease among nations, particularly in the realm of communicable illnesses. The backward state of health prevailing in some of these areas has considerable repercussions in loss of manpower and food production, with consequential and prejudicial effect on the rest of the world. The protection of health is not really an exclusive and restricted responsibility of each different country; in addition to national considerations, every country has international responsibilities for the preservation of health in the world.

Therefore, any action which would increase and facilitate the usefulness of health statistics (which are an indispensable and powerful instrument in public health) by giving them coherence of meaning (in the sense of referring to the same things under the same names) and by classifying and tabulating them in a parallel manner (that is to say, making them comparable in their statistical presentation) obviously falls within the category of an international duty in this field.

It is a function of a properly international character to encourage national administrations whose health statistics are, as yet, undeveloped or unsatisfactory to establish and constitute systems of registration of vital health statistics and to assist them in carrying out such a task.

The stimulation of the effective utilization of available health-statistics in the study of health problems and the fostering of the extension of health statistics to aspects of disease where they are still, as is the case for most nations, in a rather primitive stage (particularly in the ample and complex field of morbidity statistics) will certainly produce immediate and long-range benefits to the health of the world. It is equally certain that this is a subject for international action.

The promotion of statistical methods applicable to public-health work and to medical research, and the dissemination of useful experience obtained in research of a statistical nature are likely to be of great benefit to the health of the nations concerned; such a project would also be suitable for concerted international intervention.

7.5.7.2 Objectives

7.5.7.2.1 Long-term

In so far as health statistics are concerned, the aim of the World Health Organization should be, on the one hand, to foster any possible

improvement of health statistics in the different countries; on the other hand, to perfect the collection on an international scale of national statistics referring to different phases of public-health work, and also to shorten, as far as is practicable, the time for assembling and publishing the systematic conspectus of international health statistics, as it is a well-known fact that their usefulness and service depend to a great extent on the rapidity with which they become available.

Both designs will tend to improve the quality of the statistical material on which adequate and reasonable programmes and plans of action should be based, either by national health administrations or by international bodies such as WHO.

The implementation of these aims provides the way for progress on both a national and international level. It must be recognized that some progress is slowly and gradually being achieved in many parts of the world, but the rate of advance could be greatly accelerated by the concerted action of national authorities, the World Health Organization and other international bodies dealing with vital statistics. Large benefits, either immediately tangible or with long-term repercussions, might be derived from active support in this field. In some areas where the organization of vital and public-health statistics is still primitive, or even non-existent, the advantages accrued from aid given by WHO could be sizable and rapid. It must not be forgotten that such help is not only a matter of self-interest to the more advanced nations in protecting their own populations, but also a question of high moral duty towards them, and this in turn reflects on WHO.

7.5.7.2.2 Immediate Objectives

The Health Statistics Section of WHO should:

- (1) on request, help some national public-health administrations, in collaboration with the Division of Field Services, to improve their public-health statistics;
- (2) help and encourage some national administrations or so-called 'undeveloped areas', on their request and in collaboration with the

Division of Field Services, to set up plans and to organize systems of vital and public health statistics;

(3) make possible the training of personnel on health statistics and vital statistics registration systems in collaboration with the WHO fellowship programme.

7.5.7.3 Work to be accomplished in 1950

The objectives stated above will be carried out by:

- (1) provision of statistical documentation and advisory services. (Through the work of the Health Statistics Section information of a statistical nature relating to the activities of the other sections of the Secretariat will be provided as far as possible. The Health Statistics Section should also be prepared to proffer advice on suitable methods for the statistical treatment of matters dealt with by the other sections of the Secretariat, whether routing work or research problems.);
- (2) action of national committees on vital and health statistics. The Health Statistics Section will co-ordinate the international aspects of the work of such national committees, whose creation was endorsed by the first World Health Assembly, and it will act as liaison agency for informing the different national public-health administrations of progress achieved in this field of health statistics through the operation of these national committees;
- (3) sending consultants or experts on health or vital statistics appointed ad hoc or from the staff of the Health Statistics Section of WHO to some nations on request, to help them in the organization or reorganization of their vital statistics services. It is expected that, by 1950, aid of this kind might have to be furnished particularly to some 'undeveloped areas' and therefore provision for this is included in the budget estimates;

(4) providing fellowships on health statistics or on vital statistics registration systems to some members of national public-health administrations or to officials of national vital statistics institutions, as the case may be, at the request of the respective governments. This activity will be carried out through the fellowship programme of the Division of Field Operations.

The estimated cost of the programme on Health Statistics is as follows:

First year, \$67,235; second year, \$80,682.

7.5.8 CO-ORDINATION OF RESEARCH

It is indispensable that WHO should follow the development of research in its various fields of activity and even somewhat outside these fields, to trace the possible practical application to public health of a recent scientific discovery.

Of course, in the case of specialized projects - Malaria, Venereal Diseases, Tuberculosis - it will be for the specialists in charge to be conversant with up-to-date technical knowledge. There is, however, room for a co-ordinating organ, which would establish a link between the scientific aspects of the various projects, remain in liaison with the world centres on salmonella, influenza and perhaps brucellosis, be in a position to supply the material for dealing with external requests for highly technical information, and advise on the research work which will be carried out by regional offices.

The estimated cost of the programme to be carried out with regard to the Co-ordination of Research is as follows:

First year, \$36,800; second year, \$44,160.

7.5.9 LIBRARY AND REFERENCE SERVICES

An essential function of the Organization is to provide on request from health administrations, regional offices and other interested bodies, information on health services, on technical questions and on the relevant literature. Responsibility for dealing with such requests lies with the relevant technical sections, which will draw on the library for such materials and services as can most economically be provided centrally.

The estimated cost of the programme for the Library and Reference Services is as follows:

First year, \$6,500; second year, \$7,800.

Page 312:

Delete line 27 and substitute: "First year, \$560,000; second year \$672,000."

7.7 SPECIAL SERVICES AND CENTRAL ADMINISTRATIVE COSTS

Delete last four lines and substitute:

"The consolidated extra administrative costs required for the operation of the supplemental operating programme are set out below. It will be noted that this is an increase over the original modest estimates contained in the original presentation. This item is made up of the following - a small number of the expenses of the operating supervisory staff, of Regional Offices and a provision for special services and central administrative costs amounting to:

First year, \$576,540; second year \$691,848.

7.8 EXPERT COMMITTEES

The amount provided below for Expert Committees is the consolidated expenditure required for Expert Committees in the following fields: (It will be observed from the accounts given of the work to be done in these particular fields that these Expert Committees are an essential and vital factor without which the efficiency and technical level of the operations would be prejudiced) - Cholera, Plague, Typhus, Technical Education and Training, Epidemiological Studies, Health Statistics and a proportion of others.

The estimated cost of the programme is as follows:

First year, \$263,825; second year \$316,590.

Page 313

Delete the page and substitute:

WHO SUPPLEMENTAL OPERATING BUDGET FOR 1950
AND ESTIMATES FOR 1951

<u>Programme</u>	<u>First year</u> \$	<u>Second year</u> \$
Health Demonstration Areas	1,163,440	1,396,128
Malaria	1,294,075	2,407,950
Maternal and Child Health	787,250	944,700
Environmental Sanitation	847,175	1,016,610
Mental Health	754,720	905,664
Venereal Diseases	432,880	519,456
Tuberculosis	338,445	406,134
Public Health Administration	297,660	357,192
Nutrition	323,645	388,374
Cholera	167,765	201,318
Plague	166,965	200,358
Typhus	151,765	182,118
Health Education of the Public	119,985	143,982
Technical Training of medical and auxiliary personnel	2,033,905	2,440,686
Publications	20,600	24,720
Epidemiological Studies	131,235	157,482
Health Statistics	67,235	80,682
Co-ordination of research	36,800	44,160
Library and reference services	6,500	7,800
Schistosomiasis field-study group	50,000	60,000
Research on antibiotics	32,000	38,400
Medical literature, teaching equipment and programme supply services	560,000	672,000
Special services and central administrative costs	576,540	691,848
Expert Committees	263,825	316,590
TOTAL	10,624,410	13,604,352