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SPECIAL COMMITTEE ON INFORMATION TRANSMITTED UNDER ARTICLE 73 (e) OF THE CHARTER

First Session

SUMMARY RECORD OF THE ELEVENTH MEETING

Held at Lake Success, New York,
on Friday, 25 August 1950, at 3 p.m.

CONTENTS:

Chairman:	Mr. Shiva RAO	India
Vice-Chairman:	Mr. GONZALEZ	Venezuela
Rapporteur:	Mr. SPITS	Netherlands
Members present:	Mr. GROVES	Australia
	Mr. SIMYAERT)	Belgium
	Mr. HOUARD)	
	Mr. JOBIM	Brazil
	Mr. STEINSTRUP	Denmark
	Mr. EL MESSIRI	Egypt
	Mr. GARREAU	France
	Mr. de ARAOZ	Mexico

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Members: (cont'd)	Mr. LAKING	New Zealand
	Mr. LOPEZ	Philippines
	Mr. WARD	United Kingdom of Great Britain and Northern Ireland
	Mr. GERIG Mr. CALIVER Mr. PICO	United States of America

Representatives of specialized agencies:

Mr. EVANS	International Labour Organisation (ILO)
Mr. PAWLEY	Food and Agriculture Organization (FAO)
Mr. DESTOMBES	United Nations Educational, Scientific and Cultural Organization (UNESCO)
Dr. KAUL	World Health Organization (WHO)

Secretariat:

Mr. HOO	Assistant Secretary-General in charge of the Department of Trusteeship and Information from Non-Self Governing Territories
Mr. BENSON	Secretary of the Committee

EDUCATION IN NON-SELF-GOVERNING TERRITORIES: THE SECRETARY-GENERAL'S ANALYSIS OF INFORMATION AND REPORTS OF THE SPECIALIZED AGENCIES:

(f) Teacher-training (A/AC.35/L.13) (continued)

1. Mr. WARD (United Kingdom) recalled that at the previous meeting the Philippines representative had inquired whether the Administering Authorities made provision for teachers to attend refresher courses. The United Kingdom Government regarded such courses as a normal practice, which it had followed for many years.

/2. He wished

2. He wished to associate himself with the important observations which the Philippine representative had also made on the problem of establishing closer links between the school and the community. He did not, however, share that representative's optimism regarding the contribution which such contacts could make towards the solution of certain delicate problems. He quoted a number of concrete instances in which schools had taken part in the daily life of the community by setting up and managing farms or by carrying out work of public utility or social importance. Parent-teacher associations were also very numerous and active in Non-Self-Governing Territories under British administration.

3. He took exception to the Philippine representative's apparent belief that he preferred no action at all to imperfection. If perfection could not be achieved, then an attempt should at any rate be made to achieve the best possible.

4. Mr. GARREAU (France) referred to the figures given on page 5 of document A/AC.35/L.13 regarding the number of teaching staff and pointed out that the figures only took account of official schools and did not include the staff of private establishments.

5. He recalled that teachers' unions and associations had existed for a very long time; almost all members of the teaching profession were members of a union, not including the League of Teachers (ligue de l'enseignement), to which many elementary and secondary school teachers in Non-Self-Governing Territories belonged. Those organizations gave detailed consideration to all questions affecting education and it was thanks to them that the salaries of elementary and secondary school teachers had been raised to their present level. That level could be considered satisfactory having regard to the large number of applicants for teaching posts in the Non-Self-Governing Territories. The teacher also enjoyed a privileged position in his village, in which he was a veritable community advisor, consulted on a wide variety of questions.

(g) Training of indigenous medical personnel (A/AC.35/L.5)

6. Dr. KAUL (World Health Organization) congratulated the Secretariat on its paper on the training of indigenous medical personnel (A/AC.35/L.5), which was a most useful analysis that would greatly facilitate the task of assessing the needs of Non-Self-Governing Territories.

/7. Ever since

7. Ever since its establishment, the World Health Organization had recognized that Non-Self-Governing Territories had health problems similar to those of neighbouring autonomous territories. The Constitution of the World Health Organization provided for direct participation by Non-Self-Governing Territories in the work of the Organization as Associate Members. The World Health Organization was the only specialized agency whose constitution contained such a provision. In accordance with that provision Southern Rhodesia had been admitted as the first Associate Member at the Third World Health Assembly held in May 1950 and its representative had taken part in the work of the Assembly. Other Non-Self-Governing Territories were participating in the work of the WHO Regional Commissions.

8. The World Health Organization was co-operating with the United Nations Secretariat, a co-operation which took the form of exchanges of documents and information.

9. The training of medical personnel was an important aspect of WHO's programmes of assistance. Each of its main programmes provided for the grant of fellowships for advanced studies in the same region or in more advanced countries. It was encouraging the establishment and development of medical training centres by national governments and was assisting, with staff and material, in the organization of specialized courses in existing schools.

10. In order to remain in close contact with events and because programmes varied widely from one area to another, the WHO had a highly decentralized organization and had set up a number of regional offices. Three of them were already functioning and a fourth office was in process of establishment. It was also hoped that it would soon be possible to set up a central office for Africa. All the assistance that the WHO could give in the health field would be channelized through the regional offices.

11. The WHO had already granted study fellowships in connexion with Non-Self-Governing Territories.

12. The quality and standard of professional training were among the factors governing the development of medical services in a territory. It was clear from the Secretariat paper that in the majority of Non-Self-Governing Territories the facilities for training medical personnel were limited and inadequate in comparison

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to the immensity of the need, despite the United Kingdom representative's reference to the attractiveness of the medical profession. There were a bare 4 or 5 training centres in Africa capable of training in all a hundred technicians a year. Unfortunately, the requirements of a single African territory probably exceeded the number of students which all those centres could train.

13. It might sometimes be possible to call upon European medical personnel, but that still did not remedy the shortage of indigenous personnel.

14. The Philippine representative had drawn attention to a most important point when he had wondered whether it was wise to mould the educational programmes of medical schools in Non-Self-Governing Territories directly on those of medical schools in the Metropolitan country.

15. Dr. Kaul thought that the answer should be in the negative, since the medical schools of advanced countries did not, generally speaking, sufficiently stress preventive medicine, which was particularly important in under-developed areas.

16. WHO had examined the question closely and had established a special body to study the probelems raised by professional and technical training. The conclusions reached by the experts comprising that body confirmed the observations made by the Chairman on India's experience in the matter. Dr. Kaul then read the resolutions adopted in that field by the Third World Health Assembly.

17. In some instances the establishment and development of training centres in the Non-Self-Governing Territories had shown in a practical manner how the problem should be dealt with. The question of the development of training centres was both important and urgent. It was absolutely necessary to develop existing facilities and to establish new ones. It might perhaps be possible to amalgamate the resources of several Non-Self-Governing Territories or Governments in cases where their resources, taken individually, were insufficient. The WHO would be glad to co-operate in any co-ordinated action designed to solve the problem.

/18. In paragraph

18. In paragraph 73 of document A/AC.35/L.5 reference was made to the problem of training two different types of physician. In that connexion Dr. Kaul congratulated the Government of India which had been the first under-developed country to embark upon a general and detailed study of medical requirements. The study had been carried out by Indian, United Kingdom, United States, Australian and Russian experts. The conclusion reached as a result of the study was it would be preferable to train only one group of doctors. A similar conclusion had been reached in Thailand as a result of a study carried out some twenty years ago under the auspices of the Rockefeller Foundation. He recognized, however, that the problem must be approached from a somewhat different angle in the case of certain Non-Self-Governing Territories in Africa.

19. Another problem was that of the training of auxiliary personnel. In some territories the shortage of candidates had made it necessary to train male nurses while the need was for female nurses. Moreover, the high incidence of illiteracy and the generally low level of education in Non-Self-Governing Territories had led the authorities to simplify considerably the training given to auxiliary personnel. He would, however, point out that he had himself noted, in Africa and in the Far East, that inexperienced persons could become most useful even after a rapid training.

20. The WHO shared the sentiments expressed by the representative of the Philippines about the tendency to seek perfection in the training of medical personnel at the expense of the number of trained personnel.

21. Finally, WHO accepted without reservation the information contained in paragraph 77 of the document prepared by the Secretariat concerning the development of long-range planning in medical training. WHO was fully prepared to co-operate in such an endeavour, as well as in the implementation of certain parts of such planning, if invited to do so by the competent authorities.

22. The CHAIRMAN called on Dr. Pico, Chairman of the Puerto Rico Planning Commission.

23. Dr. RICO (United States of America) recalled that the Territory of Puerto Rico had made great progress during the last fifty years in several fields, notably in the spheres of health and education. The development programme of the Territory was designed to bring about progress in the economic and social realms as well as in the field of public administration. The experience of Puerto Rico was particularly interesting because of the fact that the Territory was the meeting-ground of two types of culture, namely those of South and of North America.

24. The development of Puerto Rico had reached a sufficiently advanced degree to permit the Territory to consider furnishing technical assistance to less developed countries by providing practical and theoretical training for technicians. Thus Puerto Rico had a School of Tropical Medicine, technical schools and an industrial school which was already attended by many foreign students.

25. The Governor and the parliamentary organs of Puerto Rico were keenly interested in the Point Four programme. A credit of 50,000 dollars had been approved to enable Puerto Rico to participate in the implementation of that programme.

26. Mr. GERIG (United States of America) noted that the Committee was undertaking a study of subjects a thorough examination of which would require such technical knowledge on the part of its members as most of them did not possess. It was not, however, useless for the Committee to make a general study of such t[illegible]ics. The Committee members might embark upon an exchange of views on administrative and budgetary aspects of the problem of the training of indigenous medical personnel.

27. The representative of the United States noted that the document prepared by the Secretariat (A/AC.35/L.5) contained information submitted by Egypt, the Union of South Africa, Indonesia and Thailand. He commended those States for having voluntarily and spontaneously furnished information which they were not legally obliged to submit.

28. Mr. Gerig said that he was not qualified to deal with medical questions and would merely summarize the impressions he had received during his trip to Africa with the Visiting Mission of the Trusteeship Council in 1949.

29. The members of that Mission had had occasion to visit a large number of dispensaries, medical schools and hospitals. Some of the latter compared very favourably with the most modern hospitals in the United States. He had, however, been particularly impressed by the selfless devotion to duty of the numerically inadequate European and indigenous medical personnel. He cited some concrete examples which he had personally observed.

30. In connexion with the difficulties encountered by indigenous inhabitants wishing to study abroad, he mentioned the case of a young African from Dakar who wished to come to the United States to study medicine. Besides the financial difficulties, he suspected that there were also administrative difficulties connected for example with passports and other necessary papers. The WHO might have considered the problem already; in any event the question should certainly be studied if that had not been done.

31. Such a study was even more necessary because young Africans showed considerable aptitude for medical work. Not infrequently, patients in some Non-Self-Governing Territories preferred to call in indigenous rather than European doctors. Every effort should therefore be made to give indigenous students the necessary training.

32. Taking up a question raised in Geneva two years previously by the United States delegation, Mr. Gerig mentioned the possibility of employing in the Non-Self-Governing Territories doctors who were in refugee or displaced person camps. He stated that the United States, in co-operation with the International Refugee Organization, had sent a number of refugee doctors to some of its territories including 6 to Guam. Those doctors who were employed under 3 year contracts by the Government Public Health Service could not only fulfil their normal functions but also could take an active part in training medical personnel in the territories in question.

/33. He said

33. He said that he could make available to the Secretariat several documents summarizing the objectives of the United States Government experts in connexion with the problems before the Committee. He did not propose to acquaint the members of the Committee with the detailed observations contained in those documents. He wished however to mention some of the main principles on which, in the opinion of those experts, the preparation of any training programme for indigenous medical personnel should be based, in particular, the need to take local conditions into account in all cases and to co-ordinate the new programmes drawn up for the different territories. In that connexion, the WHO was called upon to play a most important part.

34. Mr. WARD (United Kingdom) agreed with Mr. Gerig that most inadequately equipped establishments existed side by side with the most up-to-date establishments in the Non-Self-Governing Territories and that the present objective was to raise the standard of the former in order to remove that disparity.

35. He assured the members of the Committee that the United Kingdom was making every effort to solve the difficulties facing young natives such as the one mentioned by Mr. Gerig. Moreover, while he was unable to give exact figures, he stated that the United Kingdom Government had already employed refugee doctors in the Non-Self-Governing Territories under its administration.

36. Referring to paragraph 35 of document A/AC.35/L.5, Mr. Ward observed that the training of personnel classified as "sanitary inspectors" was identical in the various territories and that co-ordination machinery existed in that field.

37. He also wished to point out that the vacancies mentioned in paragraph 57 of that document had been filled.

38. In conclusion, he admitted that his country's efforts in the field of medical training might be inadequate. However while it was true that only 963 students were receiving medical training, there was every reason to believe that the figure would increase in the future.

/39. Mr. GARREAU

39. Mr. GARREAU (France), replying to Mr. GERIG, said that the young African student to whom he had referred could easily have received an excellent free medical training at the Dakar School of Medicine, if he had had the necessary qualifications.

40. He added that the Secretariat paper had omitted to mention the important school of medicine at Algiers which was open to all students from North and West Africa.

41. He pointed out that, in addition to granting scholarships to indigenous students, the French Government had tried to remedy the shortage of European medical personnel in the Non-Self-Governing Territories. He agreed with Mr. Gerig that it was difficult to recruit European doctors for the Non-Self-Governing Territories. That was understandable in view of the particularly severe and sometimes dangerous conditions in which a doctor had to practise his profession in those territories. To a great extent, France had called upon displaced persons. Realizing that the best way to mitigate the shortage of medical personnel was to train indigenous doctors, France had exerted considerable effort to that end. As an example he quoted the school at Dakar and that of Tananarive for Madagascar, and referred to the figures given in paragraphs 22 and 23 of document A/AC.35/L.5.

42. He regretted that the Secretariat had been unable to supply figures on the development of public health and the increase in public health personnel. In that field, France had also concentrated on training medical assistants; at Brazzaville, for example, there was a medical centre where after two years of study young natives acquired enough knowledge to be very useful.

43. Besides Government action, account should be taken of the work done by the missions and by some individuals. As an example, Mr. Garreau mentioned Mr. Albert Schweitzer who was practising medicine in the Gaboon as a private individual and without fee. Individual gifts and subsidies given by the French Government -- inter alia by drawing upon Marshall Plan funds -- had made possible great efforts to improve public health conditions in the French Non-Self-Governing Territories.

/44. Dr. KAUL

44. Dr. KAUL (World Health Organization), reverting to Mr. Gerig's remarks, said that the WHO dealt with students who applied to the Organization, but granted fellowships only to students recommended by Governments. In principle, those fellowships were granted to students who had already received a medical degree and wished to continue their studies abroad. Nevertheless, when there were no local teaching institutions, the WHO recognized the need to assist beginner students.

45. The WHO was doing everything possible to carry out the suggestion of the United States representative regarding the utilization of refugee doctors. It had asked Member States how many refugee doctors they would be prepared to receive and would attempt to place those doctors on the basis of the replies received.

46. Mr. de ARAOZ (Mexico) explained that his country was attempting to bring about a parallel improvement in technical training and social conditions. In 1937, the independent University of Mexico had established the system of compulsory social service. Before receiving the degree enabling him to practise medicine, the medical student was placed at the disposal of the health authorities to render social welfare service to the community. During that period, he received a salary from the State to cover his needs and the local authorities provided his board and lodging. Thus the students received very useful practical training and at the same time, served the community without cost to the people. That method might perhaps be applied in the case of young people studying to become doctors or medical assistants in the Non-Self-Governing Territories.

47. He had listened with much interest to Dr. Pico's account and wished to note, in that connexion, that in Puerto Rico, instruction was given in Spanish, the use of English being optional.

48. The CHAIRMAN, speaking as the representative of India, said that he had been very much interested in the explanations given by the representatives of France and the United Kingdom because he had found the reading of document A/AC.35/L.5 very discouraging. It was stated in paragraph 70 of that document

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that "there are at present only between four and five training centres in Africa which will provide fully qualified African medical men. If the average yearly production of each runs from 15 to 20 students, this means that less than 100 medical men a year are produced in Africa. If to this are added the numbers trained in the metropolitan or foreign countries, it is not reasonable to expect within the foreseeable future that the necessary number of doctors to handle all the curative work needed in Africa can be trained." He was therefore especially gratified by the statement of the United Kingdom representative that, owing to the increase in available means and facilities, a greater number of young people would henceforth receive medical training in the Non-Self-Governing Territories. Paragraph 71 indicated the difficulties of interesting young doctors in settling in rural communities where their services were most needed. The same problem had arisen in India and the Government had tried to solve it by offering a number of advantages to young doctors settling in such communities. Successful use had also been made of the system of mobile hospital vans in India, for example after the flood of refugees into the capital from Pakistan. That experience warranted the attention of the WHO and the administering Powers. He also noted with satisfaction that the Secretariat had not confined itself merely to analyzing conditions in the Non-Self-Governing Territories but had supplied information on a number of sovereign States.

49. He drew the attention of the administering Powers to the method used in Indonesia where, besides the main hospital, auxiliary hospitals had been established with a staff recruited among the rural population and trained to identify the most important diseases and to treat them efficiently (A/AC.35/L.5, paragraph 68). Finally, there was a reference in the same document to the basic importance of preventive medicine in the Non-Self-Governing Territories. That was an undeniable fact, which applied not only to the Non-Self-Governing Territories but to many other States, such as India.

/50. He would

50. He would like to know whether children were taught elementary hygiene in the schools, in Non-Self-Governing Territories. He wondered whether the WHO and the Administering Powers were taking the necessary steps to disseminate information of that type and whether they used films in that connexion. In India, the motion picture film had had a great influence in that field. The Indian Government fully recognized that the United Kingdom and United States information services which had shown documentary films in India, in particular films dealing with public hygiene, had been of great help.

51. Returning to the question of preventive medicine, he stressed how important it was to enlist the co-operation of the population and to influence it to change its habits and even its diet. Malaria, tuberculosis and the venereal diseases were rampant in India. Before the partition of India, 100 to 150 million persons had contracted malaria every year. Yet it was not easy to persuade the people to change the habits which caused those diseases to spread. Thus, during a period of rice shortage, people had preferred to starve to death rather than eat wheat. It was against such deep-rooted conservatism that the fight had to be waged. The relation between diet and the diseases caused by malnutrition was obvious and campaigns on a vast scale were needed to teach backward peoples to raise their standards of nutrition and physical hygiene.

52. The WHO representative had indicated that his organization was ready to assist the Administering Powers within its field of work. The Chairman wondered whether the Administering Powers had accepted the offer, in view of the great benefits they would derive from co-operating closely with the WHO.

53. Lastly, he wondered whether, in the course of the technical conferences they had held, the Administering Powers had looked into the problem of hygiene and medical assistance in the Non-Self-Governing Territories. Conferences had been held on diseases afflicting livestock and plant life, but never, to his knowledge, on the problem of public health in the Non-Self-Governing Territories.

54. Naturally, with respect to all those questions budgetary difficulties would be brought up. But the Administering Powers and the Members of the United Nations were under the moral obligation to endeavour, by all the means at their command, to improve the condition of the non-self-governing peoples. Where the medical problem was concerned, he felt that the Administering Powers should make a greater effort to train the necessary medical personnel and should lay greater stress in their programmes on preventive medicine.

55. Mr. WARD (United Kingdom) said, in reply to the Chairman's remarks, that the teaching of hygiene was universal and compulsory in schools in the territories administered by the United Kingdom. Furthermore, the authorities used every possible audio-visual method of educating the population, especially documentary films and lantern slides -- where electricity was available -- as well as charts explaining in detail the origin of endemic diseases and the methods of combatting them. Those facts showed the great concern of the United Kingdom with preventive medicine. The measures taken had been particularly effective in some territories. Thus, malaria had been suppressed in Cyprus and was fast disappearing on the Island of Mauritius.

56. Technical conferences on public hygiene were quite frequent: In that connexion, he quoted an excerpt from the "Report on colonial territories for the year 1949-1950" which gave an account of the second health and hygiene conference of the British Commonwealth.

57. In conclusion, he assured the Committee that the questions raised by the Indian representative had for considerable time engaged the attention of his Government.

58. Mr. GARREAU (France) did not share the Chairman's pessimistic view of the state of health and hygiene in the territories under French administration. There was one great gap in document A/AC.35/L.5: it omitted all reference to the medical faculty in Algeria. In Morocco there had been in 1948 four schools for native midwives, one school for State nurses, two schools for Moslem auxiliary male nurses and one for Moslem female nurses. In the past few years the population of Morocco had increased by 38 per cent; that unusually high figure showed that the state of public health in Morocco was at least as good as that in any other country.

59. That phenomenon was certainly due to the great effort that had been made to meet the medical needs of the population. In 1948 there had been in Morocco 201 State-employed medical officers, 7 State-employed pharmacists, 517 private physicians, 172 private pharmacists, 113 dentists and 115 midwives. In Tunisia there were 7 hospitals with more than 3,000 beds and 33 dispensaries. Those figures should be given serious thought, since they were higher than those that might be supplied by some sovereign States Members of the United Nations. Before general criticisms were made, it should be verified whether the budget for public health was inadequate in relation to the total budget. In all the territories under French administration, the budget for public hygiene and health services was very high.

/60. Finally

60. Finally, with regard to technical conferences on public health, he was surprised that the information on that matter submitted one year previously had already been forgotten. The Administering Powers always consulted together with a view to finding means for jointly combatting the principal diseases prevalent in Africa. In 1948, a conference had been held in Brazzaville for the purpose of organizing a preventive campaign against sleeping sickness. In 1949 there had been a conference on the question of combatting diseases caused by malnutrition. In 1951 a conference on ways and means of eradicating malaria would be held in Nairobi, with the participation of WHO. All the Governments concerned were carrying on a tireless campaign against the African diseases. It was thanks to this co-operation that the number of cases of sleeping sickness had been considerably reduced.

61. He stated, in conclusion, that the Administering Powers deserved not criticism but general admiration for the herculean task they had accomplished in Africa.

The meeting rose at 5.45 p.m.