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COMMITTEE ON INFORMATION FROM NON-SELF-GOVERNING TERRITORIES

Sixth Session

SUMMARY RECORD OF THE HUNDRED AND EIGHTEENTH MEETING

Held at Headquarters, New York,
on Friday, 29 April 1955, at 2.45 p.m.

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PRESENT:

Chairman:	Mr. SCOTT	New Zealand
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	Mr. de CAMARET	France
	Mr. JAIPAL	India
	Mr. KHALIDY	Iraq
	Mr. GRADER Mr. VIXSBOXSE	Netherlands
	Mr. CALLE y CALLE	Peru
	Mr. GIDDEN Sir Eric PRIDIE Mr. CHINN	United Kingdom of Great Britain and Northern Ireland
	Mr. STRONG Dr. ANDUZE	United States of America

Representatives of specialized agencies:

	Mr. GAVIN	International Labour Organisation
	Mr. METRAUX	United National Educational, Scientific and Cultural Organization
	Dr. COIGNY Dr. INGALLS	World Health Organization
Secretariat:	Mr. COHEN	Under-Secretary
	Mr. BENSON	Secretary of the Committee

SOCIAL CONDITIONS IN NON-SELF-GOVERNING TERRITORIES (continued): (e) ASPECTS OF EMPLOYMENT PROBLEMS (A/AC.35/L.195, A/AC.35/L.196) (f) FACTORS IN THE CONSIDERATION OF STANDARDS AND LEVELS OF LIVING (A/AC.35/L.198, A/AC.35/L.207)

Mr. GIDDEN (United Kingdom), replying to comments made by the representative of Iraq the previous day, stated that the United Kingdom was by no means unmindful of the situation of workers in the Non-Self-Governing Territories and was giving attention to questions of housing, medical and social services and legislation on wages.

The public authorities frequently intervened to secure the payment of higher wages. In Kenya, for example, the authorities, in conformity with the recommendations of the Carpenter Report, had decided to increase the bachelor wage in effect in the towns to an amount 1.67 times greater. The new adult minimum wage, which had been calculated according to the needs of a worker and his wife, would be applied within five years, but wage earners under twenty-one years of age would continue to receive the same wages.

Her Majesty's Government was encouraging the practice of collective bargaining as soon as trade unions were organized on a sound basis. In each territory, the labour departments acted as organs of conciliation and arbitration. Joint industrial councils had been set up in certain industries, particularly on the rubber estates in Malaya and in the tin and coal mines in Nigeria.

With regard to African advancement in Northern Rhodesia, the United Kingdom delegation was hopeful that the situation would now improve. After the breakdown of the negotiations initiated in March 1954, the Board of Inquiry set up by the Government of that Territory had submitted a report in September, in which it expressed the view that African advancement was possible at rates of remuneration duly related to the African wage structure in Central Africa. One company had now laid new proposals before its employees. He wished it to be understood that there was no discrimination in trade-union legislation in Northern Rhodesia; his delegation had already spoken of the apparent discrimination on the question of apprenticeship.

(Mr. Gidden, United Kingdom)

In conclusion, he referred to the question of migrant workers, which had been considered in 1954. The General Conference of the International Labour Organisation, which was to meet in June 1955, would consider that question, and particularly the problems raised by the displacement of workers, their repatriation and working conditions. Her Majesty's Government was in entire accord with the purposes of that study.

Mr. VIXSEBOXSE (Netherlands) drew the Committee's attention to the fact that the trade-union membership tables appearing in document A/AC.35/L.195 did not include any information on New Guinea. His Government had, however, decided to furnish exact statistics for the 1954 report.

Mr. GRADER (Netherlands) wished to reply to some questions the representative of Iraq had asked at the previous meeting, concerning wage earners and trade unions in New Guinea.

With regard to trade unions, he referred to his own statement on urbanization (A/AC.35/SR.112). He repeated that since 1952 the Territory had had three trade unions, which were still in their infancy but whose membership was increasing steadily. Europeans and Papuans enjoyed freedom of association under equal conditions. The trade unions were mixed, with the exception of the Christian Workers Association, which for linguistic reasons had a European and a Papuan section. Relations between trade-union members of the two ethnic groups were harmonious.

With regard to the advantages of working for wages, he referred to the statements the Netherlands delegation had made during the general debate and the discussion on urbanization. The total number of Papuans employed in the Government service and in private industry was 12,000, while European workers numbered only a few hundred. The spirit of competition had, so to speak, no opportunity to develop, for most of the European workers were engaged on a temporary basis and were working as foremen or instructors. He also referred to in-service training and pointed out that wages depended not on race but on skill.

Mr. GAVIN (International Labour Organisation) wished in the first place to refer to the remarks made on the previous day by the representative of Iraq. The ILO would of course give its closest attention to the question of collaboration with the Committee. The best way to collaborate on questions immediately before the Committee would be for him to join in the discussion on those questions in the Sub-Committee on Social Conditions.

The representative of Iraq had referred to a series of new ratifications of the conventions of 1947, which constituted a kind of labour charter for the Non-Self-Governing Territories. To give some details on that subject, Convention 82 (Social Policy (non-metropolitan territories)) had been ratified in 1950 by the United Kingdom, in 1954 by New Zealand and France and in 1955 by Belgium; Convention 84, (Right of Association (Non-Metropolitan Territories)) had been ratified in 1950 by the United Kingdom, in 1952 by New Zealand, in 1954 by France and in 1955 by Belgium. He referred also to Convention 83 (Labour Standards (Non-Metropolitan territories)), Convention 85 (labour inspectorates) and Convention 86 (contracts of employment (indigenous workers)). Italy had accepted the obligations of certain of those conventions on behalf of the Trust Territory of Somaliland.

With regard to the Iraqi representative's reference to freedom of association in Morocco, he confirmed that the ILO Committee on Freedom of Association had adopted a recommendation on the subject which the Governing Body had accepted. The Committee on Freedom of Association had recommended to the Governing Body that it should draw the attention of the French Government to the need for promulgating in Morocco legislation ensuring the exercise of full trade union rights by the Moroccan workers, in conformity with Convention 87 of 1948; note the information given by the Government with regard to the freedom accorded in fact to the Moroccan workers to join the trade unions at present established in Morocco and belonging to national centres in the metropolitan country; recommend the Government, pending the promulgation of legislation on the question, to accord to Moroccan workers in fact freedom to form trade union organizations of their choice; express the wish that it might

(Mr. Gavin, ILO)

be kept informed as to the results of the efforts being pursued by the Government and consider the question again when the Committee had received further infromation in that connexion from the French Government.

He was most grateful to the United Kingdom representative for the information he had given the Committee on the implementation of the recommendations of the report of the Kenya Committee on African Wages, as also on the current action of the ILO on behalf of migrant labour in under-developed countries and territories.

With regard to the Iraqi representative's questions on the wages policy in the Non-Self-Governing Territories, it was difficult to give information which would be in any way constructive and at the same time of general application. The situation was summed up in paragraphs 90 to 92 of document A/AC.35/L.207. When Governments intervened to fix minimum wage rates, as was the case in many Non-Self-Governing Territories, the decisions they took did in fact determine effective wage levels in large sections of the economy. Hence, they should not take such decisions except in full knowledge of their far-reaching effects and with full regard to their general policy. That was why it was important, particularly in the case of peoples who were in the process of economic transition, to undertake investigations into the basis of wage policy, as had been done by the Kenya Committee on African Wages. The aims of such a policy would vary from one Territory to another but they must of necessity be to ensure a stabilized urban population backed by efficient agricultural producers; encourage efficiency in work and the acquisition of new skills; to raise levels of consumption and of living in general; and to ensure the development of a healthy population protected against such hazards as sickness, old age and unemployment.

Mr. JAIPAL (India) said that he would comment on sub-items 6 (e) and (f) together.

(Mr. Jaipal, India)

Having expressed his appreciation of the documents prepared by the Secretariat and the International Labour Organisation, he went on to speak of trade-union development, which had been uneven in the Non-Self-Governing Territories. In some areas, far from playing an effective role in social development, it had not even become an effective instrument for securing better employment conditions. The economic pattern of some Non-Self-Governing Territories was not very conducive to the development and growth of collective bargaining. In some areas, such as the Caribbean, where the economy depended on one crop, labour was placed in a very difficult position, for the Government could not take a strong line with the employers when necessary, because they were the producers of this one crop. The solution would be to change the pattern of the country's economy. In the meantime, however, since the Government was nearly always obliged to subsidize a one crop economy, it should be able to secure in return an improvement in labour conditions. In certain Non-Self-Governing Territories the Administration was all too ready to side with the employer and to suppress strikes without any inquiry; on the other hand, the trade-unions had displayed an understandable weakness for political activity in areas where there were restrictions on political organizations.

It was commendable that trade unionists were sent to the metropolitan countries to gain an insight into labour relations problems; that should be encouraged. It would also be useful to arrange for foreign workers to visit colonial areas and address labour on common problems that would have a sound political and psychological value, for the colonial worker would be made to realize that workers' problems were often the same, whether in colonial or metropolitan countries. The Government should pay special attention to the dissemination of information on labour legislation for labour legislation was often in a language that workers did not know. Groups of lawyers might give legal advice free of charge, as was done in some parts of India.

In order to overcome the problem of unemployment in the Non-Self-Governing Territories, unemployed labour could usefully be employed to build roads, bridges and minor irrigation works. That would not involve any large capital outlay and the returns would be almost immediate.

(Mr. Jaipal, India)

With regard to trade-union membership, he would like to hear from the United Kingdom delegation the reason for the sharp fall in the percentage of trade-union membership in British Guiana and Fiji during the last two years.

Increasing competition between the indigenous and non-indigenous workers in some parts of Africa might represent a danger to peace and security. Until the African learned to do the same work as the European and received the same wages, which would take time, he should be paid a capacity wage.

In some plantations in the British West Indies the workers' housing was deplorable and was in some cases more than a hundred years old. Bad living conditions made for political unrest. The metropolitan Government should urge the local Governments and the planters to put an end to that situation. In that connexion, he asked the Administering Members if they proposed to implement the excellent conclusions adopted by the ILO Committee of Experts.

In conclusion, he said that piece-work was a vestige of the former plantation system, which had saved the Caribbean area from bankruptcy but which kept the workers in a state of insecurity. Security of employment must be guaranteed and the workers allowed to assimilate modern techniques. Wages bore little relation to the real needs of the workers. He suggested that action be taken urgently to remove those surviving features of the plantation system of economy.

Mr. BENSON (Secretary of the Committee) informed the Committee that in the preparation of document A/AC.35/L.195 the Secretariat had received interesting information from international trade-union organizations on the assistance given by them and metropolitan unions to unions in the Non-Self-Governing Territories. The Secretariat might later consult the Members concerned on the advisability of using that information to supplement the Committee's report.

Mr. LOOMES (Australia) wished to correct a point raised by the Indian representative. Although there were no trade unions in Papua, the Administration was far from siding with the employers. Workers could always complain to the nearest Administration office and in the case of breaches of contract they could be represented by the District Officer or an official appointed by him.

Furthermore, workers were kept informed about labour legislation, for their agreements had to be countersigned by an official who took care to ascertain that the worker was aware of his rights and duties.

Mr. GIDDEN (United Kingdom) was unable to tell the Indian representative exactly why the trade-union membership had dropped in British Guiana and Fiji. Generally speaking, however, it could be said that the trade-unions were not yet firmly established in the Non-Self-Governing Territories and that their membership fluctuated considerably. It would take time before they consolidated their position but the general picture was fairly encouraging.

Turning to item 6 (f) of the agenda, he stressed that the new component approach was difficult for people who were not specialists. At first sight there would appear to be a number of excellent indicators that could immediately be used for the purposes of international comparability. For the moment, however, one of the main obstacles to that approach, at least in the United Kingdom Territories, was the inadequacy of basic statistical data. The statistical staff had increased by 50 per cent since 1949 and would have increased still further had all the vacancies been filled; it was very difficult, however, to recruit statistical experts. The only sectors for which there were fairly complete statistics were demography, agriculture and national income; the statistics for births, deaths and marriages were very uneven. Moreover, the data immediately available for measurement varied in quantity and quality from one Territory to another. In any event, it would appear that generally speaking the indicators were not yet sufficiently precise to give more than a limited and somewhat inaccurate idea of the situation. His Government would therefore continue to study the question closely and he reserved the right to comment further at a later date.

He went on to give an account of levels of living in the United Kingdom Territories. There had been a sharp rise in the value of exports, even taking devaluation into account. In 1949 exports had amounted to 558 million pounds sterling, whereas during the last four years they had averaged 1,096 million. There had also been a sharp rise in capital formation, which had almost doubled between 1949 and 1955, rising from 210 million pounds sterling to 400 million. The figures for trade between the United Kingdom and the Non-Self-Governing Territories were as follows: 36 per cent of the exports from the Non-Self-Governing Territories, excluding Hong Kong, had gone to the United Kingdom and 33 per cent of exports from the United Kingdom had been shipped to Non-Self-Governing Territories.

(Mr. Gidden, United Kingdom)

To show what those totals meant to the inhabitants of the Non-Self-Governing Territories, he gave figures for typical consumer goods such as bicycles, wireless sets, typewriters, clocks and watches; those figures were almost identical with the figures that he had cited the previous year. In Kenya and Uganda the number of bicycles had risen from 38,000 to 142,000 since 1938, and the number of clocks and watches from 11,000 to 240,000. In Malaya there were now 46,400 wireless sets as compared with 5,900 in 1938. Hence the level of consumption and the level of living certainly appeared to be rising in the United Kingdom Territories.

He went on to cite figures for the production of rice, a cereal common to many Territories. Between 1938 and 1952 the production of rice had increased by 40 per cent in Malaya, 31 per cent in Sierra Leone and 80 per cent in British Guiana.

He added that his Government was not complacent; it would continue to do everything within its power to bring about further improvements.

(g) PUBLIC HEALTH: (i) TRENDS AND FACTORS IN RELATION TO MORTALITY (A/AC.35/L.190 and Corr.1); (ii) PRINCIPAL COMMUNICABLE DISEASES (A/AC.35/L.205); (iii) MAJOR DEVELOPMENTS IN PUBLIC HEALTH ADMINISTRATION (A/AC.35/L.203); (iv) TRAINING OF MEDICAL PERSONNEL (A/AC.35/L.192 and Corr.1); (v) ENVIRONMENTAL SANITATION (A/AC.35/L.204); (vi) NUTRITION AND HEALTH (A/AC.35/L.202)

The CHAIRMAN welcomed all the public health experts to the Committee.

Mr. STRONG (United States of America) introduced Dr. Anduze, Commissioner of Health of the Virgin Islands and a distinguished member of the medical profession. A native of the Virgin Islands, he had received his medical training in the United States on government scholarships and had risen rapidly to the position of senior public health official of his territory. He would describe the public health situation in the five Non-Self-Governing Territories under United States administration.

Dr. ANDUZE (United States of America) said that he would begin his statement with some remarks on the Virgin Islands, where he had obtained most of his professional experience. He briefly described the location and physical

(Dr. Anduze, United States of America)

geography of the islands (St. Thomas, St. John, St. Croix and a number of uninhabited islets). The climate was semi-tropical, and the land, volcanic in origin, was poor and mountainous. A large part of the tillable land was uncultivated. Rainfall, the main source of water supply, was not evenly distributed throughout the year, with the result that droughts often threatened the crops. The farmers, who were too poor to purchase the land they occupied or to buy modern farm implements, did not contribute as much as they should to the support of the community, which therefore depended on imports from the United States. It was recognized in the Virgin Islands that improving the farmers' lot was basic to the improvement of public health.

While the Government of the Virgin Islands was fully responsible for the public health programme, the Federal Government of the United States continued to furnish considerable assistance in the form of grants-in-aid. For example, during the fiscal year 1953-1954 the United States Public Health Service and the Children's Bureau had allocated $186,423 to the Virgin Islands Department of Health, while the Insular Legislature had appropriated $867,280 for health services. Thanks to the proceeds of the taxes on rum received by the Islands Treasury $1,444,000 had been appropriated for current expenses for public health, representing the largest appropriation ever made for that purpose, while a further $300,000 had been made available for repairs to buildings operated by the Health Department.

The Government of the Virgin Islands shared the Committee's view that vital statistics were the best barometers of the state of health in any territory, and a Division of Vital Statistics had accordingly been established within the Health Department. Moreover, the Legislature had passed a new vital statistics law making a central authority responsible for the registration programme and broadening the scope of mandatory registration.

For its health, education and welfare services, the Government of the Virgin Islands had adopted the policy of recruiting qualified indigenous inhabitants for subsequent training at the Master's degree level. The directors of the Divisions of Mental Health, Sanitation, Vital Statistics, Public Health Nursing and Public Health Laboratories were natives of the Virgin Islands. Training in the leading public health schools of the United States had been made possible

(Dr. Anduze, United States of America)

through Federal grant-in-aid programmes, and midwives, pediatric nurses and other members of the medical staff had received certificates or were preparing for certification at various United States universities and institutions.

The mortality rate had declined from 12.4 per thousand in 1952 to 9.8 per thousand in 1954. Heart diseases were the most frequent cause of death, while preventive measures had made communicable diseases a thing of the past. The result was a slight aging of the population, and the Territory now had to undertake a campaign against cancer. The Administration hoped that it would have sufficient funds to do so in the current year. The infant mortality rate had declined from 53.4 per thousand live births in 1954 to 40.1 in 1954. In 1953, as in 1952, there had been no maternal deaths. That progress was largely due to the improvement in hospital services. The Federal Government had financed the construction of four hospitals on the three islands, which were now staffed with specialists in the main branches of medicine and surgery.

Sanitation problems were dealt with by a special division through whose work considerable progress had been registered. A DDT residual spray programme was being carried out on St. Croix, the largest of the islands. No cases of typhus, yellow fever or malaria had been reported in 1954. However, the drinking water supply system constructed by the Federal Government had proved to be inadequate, and that imposed an additional burden on the sanitation services. Although a central sewage disposal plant had been constructed, sewage disposal was still a problem as there was a shortage of plumbers, and several regions did not have the installations necessary to make use of the plant. However, the construction of low-cost houses with modern sanitary facilities was helping to improve the situation.

Strict sanitary control was exercised over eating and drinking establishments. A Division of Nutrition had been established under the Department of Health five years before, to improve the nutrition of the inhabitants and to help prevent and control diseases connected with nutrition. Difficulties in that field were due to the general lack of resources, inadequate cooking facilities and absence of refrigerators, because of which the inhabitants were forced to buy provisions on a day-to-day basis and, consequently, at higher prices. The staff of the Division

(Dr. Anduze, United States of America)

of Nutrition were teaching the people to make use of local products and the children were benefiting from school lunch programmes utilizing surplus commodities from the United States Department of Agriculture.

He had furnished particularly detailed information on the Virgin Islands, with which he was personally acquainted, in order to give the Committee a clear idea of the principles underlying the Federal Government's public health policy, which were essentially the same in all United States Territories and in the United States itself.

Moreover, they were similar to the principles embodied in the Committee's 1952 report on social conditions, as few examples from other United States Territories would serve to illustrate. One principle was to promote the sense of responsibility of the indigenous communities. An illustration of increasing local responsibility for and interest in public health is shown by the fact that one of the major questions discussed by the Guam Legislature in 1954 had concerned the construction of additional health facilities. At the same time, the Federal Government continued to help in carrying out the public health programmes of the Territories. For instance, it was proposed to transfer the Alaska Programme from the Department of the Interior to the Public Health Service, so that the indigenous inhabitants might benefit more fully from the services of United States experts and research facilities.

In American Samoa, typhoid fever was a serious problem: as many as 166 cases had been reported in 1954. A mass immunization programme was being planned. The annual cost of the tuberculosis control service was about $120,000, or a third of the public health budget. In 1954, 51 per cent of all hospital beds had been occupied by tuberculosis patients. The Administration was planning to erect new hospital buildings and to continue skin tests and X-ray screening. It had also conducted an information campaign by distributing booklets in the Samoan language on nutrition and the treatment of diseases. The campaign had been very successful among the rural population. In addition, nutrition experts had toured the villages conducting refresher courses for village nurses. These courses had greatly helped to reduce the number of cases of malnutrition. He also referred to an article by Dr. Kupka on public health in the Territory (Public Health Reports, April 1955) which had been distributed to the members of the Committee.

(Dr. Anduze, United States of America)

In Alaska, the incidence of tuberculosis had declined: the number of fatal cases had fallen from 165 in 1952 to 118 in 1953. At Anchorage, a new Alaska Native Health Service Hospital had admitted 800 tuberculosis patients. Furthermore, the hospital services had taken 20,000 X-ray photographs, 5,500 Alaskan children had received skin tests, and 1,900 children had been vaccinated. The Administration was conducting special investigations to deal with problems arising in connexion with geographical conditions in the Territor., particularly such problems as waste disposal, housing and the unusual susceptibility of indigenous Alaskans to certain infections. In that connexion he referred to an article which had been distributed to the members of the Committee (Public Health Reports, May 1953). On Guam, too, tuberculosis was a major problem. A programme of case finding and follow-ups had, however, brought the mortality rate from tuberculosis down from 62.5 to 48.4. A special form of paralysis, which caused death within three years, was prevalent in the Territory. Research on this disease was being financed by the National Institute of Health.

With reference to Hawaii, he mentioned an article by Dr. R. Lee which was available to the members of the Committee (Public Health Reports, April 1954). Dr. Lee, a distinguished Hawaiian of Chinese descent, was the President of the Hawaii Board of Health. He pointed out in that article that the communicable disease rate in Hawaii was the lowest in the world. For example, there had not been a single case of smallpox since 1913. In 1953 the infant mortality rate had been 21 per 1,000 live births, and the maternal mortality rate 3.1 per 10,000. The tuberculosis mortality rate had been 10.88 per 100,000 in 1953, as against 55 per 100,000 in 1943.

Dr. Anduze noted with interest the conclusions of the report (A/AC.35/L.190) on the subject of vital statistics, the importance of which had been emphasized by the Committee three years before. The relevant data from the Non-Self-Governing Territories were not yet sufficient to enable an exact idea of health conditions in those countries to be formed. Nevertheless, progress had been made both in statistical analysis and in the state of public health.

(Dr. Anduze, United States of America)

Thanks to United States help and especially to the technical consultative services of the Public Health Service and the Children's Bureau, the American territories had been able to benefit from advances in the medical sciences. As the information furnished showed, health conditions in the territories had steadily improved.

Sir Eric PRIDIE (United Kingdom) said he would point out the major developments indicating present trends in health services in the territories under United Kingdom administration.

As mentioned in document A/AC.35/L.203, ministries were now taking over responsibility for health policy and for administration of the health and medical services in many territories such as Sierra Leone, the Federation of Malaya, Jamaica, Trinidad, Kenya, Gold Coast and Singapore. Those ministries might differ in their internal organization to suit local conditions, but in all of them the responsibility as regards health policy rested with the Minister, and the Director of Medical Services, or the Chief Medical Officer, now became the Minister's chief professional adviser. The health administrations not only had epidemic diseases well under control, but, with the new weapons available, they were taking vigorous action against endemic diseases such as tuberculosis, leprosy, malaria, yaws, sleeping sickness and onchocerciasis, and were also paying increasing attention to problems of nutrition and social medicine.

At the present time, the links between Great Britain and the territories under British administration in medical and health matters were closer than ever. In Great Britain, many organizations were willing and able to help the colonial territories. Reference must also be made in that connexion to the various committees or units formed by the Colonial Office on matters such as health, medical research, sleeping sickness, nutrition, insecticides, university education, etc; and the advisory staff of the Colonial Office spent much of their time on tour. By means of its bulletins of abstracts, the Bureau of Hygiene and Tropical Diseases enabled doctors and others in the colonial territories to acquire an up-to-date knowledge of the most recent medical publications.

He also referred to the close and friendly relations between the health services in United Kingdom territories and the regional directors of the World

(Sir Eric Pridie, United Kingdom)

Health Organization. A valuable development in that respect was the annual regional meetings where medical representatives of all Governments concerned assembled and which were held successively in the various countries of a region. The meetings enabled the medical administrators to get to know their fellow administrators in the region, to exchange information with them on the work and problems of other territories and to discuss questions of common interest. They had proved particularly useful in the case of the African territories. A conference of Directors of Medical Services of Territories held in Oxford by the Colonial Office three years before had also enabled problems of common interest and medical policy to be discussed.

Another point to be noted was the speeding up of the training of qualified doctors and nurses. Document A/AC.35/L.192 gave an excellent description of the training of staff below that level, but the health service authorities also attached great importance to the training at the highest level. Universities, whose work had been interrupted by the war, had got into their stride and university colleges, formed since the war, were now turning out doctors. Each year hundreds of fully trained doctors would qualify from the colonial medical schools, from Great Britain and elsewhere, and most of them enter the health services of the territories. As a result, territories which, a few years ago, had been calling on the United Kingdom for their medical staff were now self-sufficient. As regards the standards reached, doctors qualifying at Hong Kong and Singapore received a degree which was recognized by the General Medical Council of the United Kingdom. The British West Indies and British West African Faculties of Medicine had a special relationship with London University which gave them a medical degree, one of the most difficult to obtain in the United Kingdom. The East African Faculty of Medicine which had formerly trained only licensed doctors now trained doctors fully registered locally. In the Far East, the Universities of Hong Kong and Malaya were now in a position to furnish a large proportion of the necessary medical staff. Other territories were making increasingly fewer demands on recruitment from the United Kingdom.

The training of highly qualified nurses was a prerequisite to efficient medical treatment in hospitals. Nursing was also of great value in the prevention of disease. It was for that reason that the highest possible

(Sir Eric Pridie, United Kingdom)

standards of training were required. British territories were taking their inspiration from the United Kingdom and from the principles of Florence Nightingale. Many local nurses' training schools had achieved reciprocal recognition with the General Nursing Council of Great Britain. At Singapore, the authorities had built, at a cost of £300,000, a magnificent nurses' home to accommodate 300 nurses. As a result, the recruitment of qualified staff had improved considerably and a second home was to be constructed. Similar work had been undertaken in the Federation of Malaya. In addition, a very large number of nurses were training in Great Britain. Thus, British colonial territories were fast becoming self-supporting with respect to nurses.

The preventive medical services had developed rapidly in recent years. There did not appear to be a very hard and fast line between curative and preventive medicine, and the hospital played an extremely important part in both.

The maternity and children's departments of hospitals helped to improve health conditions, directly by treating the sick and indirectly by teaching them the principles of hygiene and health.

The United Kingdom was paying special attention to out-patient departments and specialist services. The rural health and medical services were also worthy of mention. The authorities concerned had first organized a network of rural treatment centres which were now being converted to or replaced by rural health centres. It was difficult to obtain enough doctors to serve in remote regions of Africa and Malaya, and it was sometimes more practical to use technicians under the supervision of a qualified doctor at a district headquarters. A rural health centre might be staffed by a medical assistant, a sanitary technician and a midwife, who carried out both preventive and curative medicine, as well as health education.

Since most maternity hospitals were overcrowded, the British authorities were making a great effort to decentralize and were establishing maternity and child health centres in all parts of the Non-Self-Governing Territories. In Singapore, however, one maternity hospital, where there had been 20,000 confinements the preceding year, was at present being doubled in size.

(Sir Eric Pridie, United Kingdom)

More and more, in rural areas as well as in the towns the local authorities were taking over the health services. In Eastern Nigeria, for example, they had decided to build twenty rural hospitals of which five were under construction; the Eastern Nigerian Ministry of Health was helping to finance the enterprise. The health of the populations of the Non-Self-Governing Territories would be safeguarded to the extent that the people concerned were themselves interested. To reach that goal, the population must be educated in co-operation with social affairs departments and community development organizations.

Finally, there had been rapid development in medical research in the United Kingdom Territories in recent years. Immediately after the war, the Medical Research Council and the Colonial Office had established the Colonial Medical Research Council. More recently, two medical research councils had been created in United Kingdom Territories - one in East Africa and the other in West Africa. Those two Councils operated various laboratories and research institutes, which were giving special attention to the study of virus diseases, malaria and filariasis. Other organizations in East and West Africa were dealing with leprosy and sleeping sickness. In Malaya, there was a long-established institute of medical research which was making rapid progress. Furthermore, the Liverpool School of Tropical Medicine was taking an active part in medical research in West Africa, as was the London School of Hygiene and Medicine in East Africa.

Medical research would play a vital part in the development of the Non-Self-Governing Territories. The success of that branch of medicine depended upon the close collaboration of the United Kingdom and its Territories, and on international co-operation.

Mr. YANG (China) observed that in the Charter the United Nations had undertaken to promote social progress and better standards of life. In addition, the Administering Members had accepted the obligation to promote to the utmost

(Mr. Yang, China)

the well-being of the inhabitants of the Non-Self-Governing Territories. It was therefore incumbent upon the Committee to determine each year what progress had been achieved in that respect. It was to that end that the Committee had, since 1951, been considering the problem of levels of living and how to measure them. Realizing that an accurate basis of comparison was needed, it had referred in its most recent report on economic conditions (A/2729) to the document on the international definition and measurement of standards and levels of living (E/CN.3/179 and E/CN.5/299). The experts who had drafted that document had advocated a method known as the "component approach", which avoided the use of any single monetary or other synthetic indicator but provided for the consideration of a wide range of economic and social conditions in determining standards of living as affected by economic development.

The Committee had already used that method to a certain extent, but since the method had at the time been under consideration by a number of experts, it had not considered it appropriate at its fifth session to undertake any technical examination of the complex questions involved. It had merely expressed the hope, in paragraph 117 of its report (A/2729), that by its next session a more complete technical study of the experts' proposals would have been made, thus enabling the Committee to discuss further the applicability of the component approach to conditions in the Non-Self-Governing Territories.

The Chinese delegation was grateful to the Secretariat and to the ILO for the documents they had prepared on the component approach, although it regretted that all the details of that method had not yet been worked out.

He agreed with the ILO that, owing to local customs, the bread-winner in under-developed countries had greater responsibilities than in other countries; that fact must be taken into account in deciding whether or not the incomes were sufficient to meet the needs. He also endorsed the ILO's classification of wages in the Non-Self-Governing Territories (document A/AC.35/L.207, paragraphs 10 to 12); that classification made it possible to understand the relationship between wages and standards of living. Measures designed to raise the workers' levels of living should not, however, be confined to wages but should also take into account the general economic progress of the country under consideration and should include all sections of the population. Wage-earners represented

(Mr. Yang, China)

only a small proportion of the total population of the Non-Self-Governing Territories. Hence, economic progress in those countries could be achieved only by improving agricultural methods and encouraging co-operation and community development.

He went on to read from paragraph 43 of document A/AC.35/L.198 a statement to the effect that the Secretariat planned to prepare "full" summaries, including an analysis of levels of living and changes therein. He was in favour of such an analysis and hoped that the Secretariat would continue that work, taking into account the importance to that subject of studies on family living standards.

The meeting rose at 5.50 p.m.