UNITED NATIONS

GENERAL ASSEMBLY

Dist.
GENERAL

A/AC.35/SR.176
10 June 1958

ORIGINAL: ENGLISH

COMMITTEE ON INFORMATION FROM NON-SELF-GOVERNING TERRITORIES

Ninth Session

SUMMARY RECORD OF THE HUNDRED AND SEVENTY-SIXTH MEETING

Held at Headquarters, New York
on Wednesday, 23 April 1958, at 2.45 p.m.

CONTENTS

PRESENT:

| | | |
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| Chairman: | Mr. LALL | (India) |
| later, | Mr. ALFONZO-RAVARD | Venezuela |
| Members: | Mr. KELLY | Australia |
| | Mr. CASTRO ALVEZ | Brazil |
| | Mr. DURAISWAMY | Ceylon |
| | Mr. YANG | China |
| | Mr. de CAMARET)<br>Mr. POURCHEL ) | France |
| | Mr. URRUTIA APARICIO | Guatemala |
| | Mr. MITRA | India |
| | Mr. KITTANI | Iraq |
| | Mr. VIXSEBOXE<br>Mr. GRADER | Netherlands |
| | Mr. THORP | New Zealand |
| | Mr. CASTON)<br>Mr. CHINN ) | United Kingdom of Great Britain and Northern Ireland |
| | Mr. MORE )<br>Mr. OSBORNE) | United States of America |

Representatives of specialized agencies:

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| | Mr. METALL)<br>Mr. PAYRO ) | International Labour Organisation |
| | Mr. SALSAMENDI | United Nations Educational, Scientific and Cultural Organization |
| | Dr. SACKS | World Health Organization |
| Secretariat: | Mr. COHEN | Under-Secretary for Trusteeship and Information from Non-Self-Governing Territories |
| | Mr. PEREZ GUERRERO | Director of the Division of Information from Non-Self-Governing Territories |
| | Mr. KUNST | Secretary of the Committee |

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SOCIAL CONDITIONS IN NON-SELF-GOVERNING TERRITORIES (continued):

(e) ASPECTS OF RURAL DEVELOPMENT:

(i) PEASANT SOCIETIES IN TRANSITION (A/AC.35/L.248)

(ii) INDIGENOUS LAND TENURE IN A CHANGING ECONOMY (A/AC.35/L.268)

(f) PUBLIC HEALTH (A/AC.35/L.276):

(i) POPULATION TRENDS AND PUBLIC HEALTH (A/AC.35/L.266 and Corr.1, A/AC.35/L.275)

(ii) LONG-TERM HEALTH PLANS (A/AC.35/L.279)

(iii) MATERNAL AND CHILD HEALTH (A/AC 35/L.271, A/AC.35/L.272)

(g) RACE RELATIONS (A/AC.35/L.269)

(h) OTHER QUESTIONS (A/AC.35/L.273)

The CHAIRMAN, referring to his suggestion at the previous meeting that the statements of experts and representatives of the Administering Powers might be followed by a formal question-and-answer period, said that after discussing the matter with other members of the Committee he realized that there was nothing in the Committee's terms of reference to preclude speakers from asking or answering questions in the course of their statements or even inviting questions by others. He had reached the conclusion that no formal decision to that effect was necessary and he therefore withdrew his suggestion.

Mr. MORE (United States) recalled that the Guatemalan representative had asked for a clarification of the statement in paragraph 44 of the Secretariat's paper on juvenile delinquency (A/AC.35/L.270) that boys and girls were sometimes recommended for parole because they presented problems with which the institutions in which they had been confined could not cope. He accordingly read out the passage in the annual report of the Hawaiian Department of Institutions for the fiscal year ended 30 June 1953 from which that statement had been taken. In that passage it was stated that in the majority of cases psychiatric treatment for juvenile delinquents was not recommended, either because it was not available or because extremely disturbed personalities of the type with which the report dealt seldom responded to psycho-therapy except after long treatment. He went on to explain that in some cases where juvenile delinquents did not respond to institutional treatment it was found preferable to parole them to their own families or to foster homes, since they made better progress in a home environment while remaining under the supervision of the parole authorities.

Mr. KITTANI (Iraq) noted the statement in the Secretariat's report on peasant societies in transition (A/AC.35/L.248) concerning the differences between the earlier industrial revolutions and those at present taking place in the Non-Self-Governing Territories. The latter process was parallel in many ways to the socio-economic revolution taking place in the under-developed countries, where vast numbers of people were striving with very slender resources to accomplish in a short space of time what the Western countries had been accomplishing over a period of two hundred years. The concomitant sociological disruptions were as drastic as they were rapid. In order to mitigate the effects of such upheavals emphasis should be placed on the preventive rather than the remedial aspects of social activities. That meant that priority should be given to such measures as community and vocational training schemes, adequate wages, satisfactory housing and so forth.

There were two aspects of the shift from a subsistence to a cash economy which were particularly serious in their effects. One was the vulnerability of cash-crop economies to the constant and dangerous fluctuations in international commodity prices, placing the Non-Self-Governing Territories and the under-developed countries alike at the mercy of distant external factors over which they had no control. His Government had constantly urged the application of measures which would reduce the chaotic state of international basic commodity prices to some kind of order and stability. The other important aspect was the resulting pressure of the population on the land, as noted in paragraph 23 of the Secretariat's report. In the view of his delegation, the situation could be remedied only through ambitious schemes of agricultural training and the intensification of programmes of technical assistance to the indigenous peoples in land use and care.

Lastly, he drew the Committee's attention to the concluding note in the Secretariat's report, particularly those paragraphs relating to co-operatives and community development and their dependence on effective local government and leadership.

Mr. YANG (China) noted the close relationship between sub-items (b) and (e) of the Committee's agenda; the subject matter presented under those headings would, he thought, be better understood and its significance more fully appreciated if that relationship were borne in mind. As the vast majority of the inhabitants of the Non-Self-Governing Territories still lived in rural areas, it would seem that the changes in the towns should be studied in the light of those taking place in the rural areas if the problems arising in both environments from the shift to a market economy and industrialization were to be properly understood and effectively dealt with. His delegation was inclined to put greater emphasis on development in the rural areas, for the simple reason that such changes were bound to have repercussions on the growth of the urban centres. He agreed with the statement in paragraph 8 of the Secretariat's paper on peasant societies in transition (A/AC.35/L.248) that agricultural development in most Non-Self-Governing Territories was a prerequisite to development in all other directions and that the new social and institutional forms evolving in rural areas were likely to set the dominant pattern for the whole society. He also shared the view expressed in paragraph 9 that in the last analysis such evolution should be brought about not by external pressure but by the desire of the people themselves and their willingness to work for it. Paragraphs 12 and 14 rightly noted that a decrease in self-reliance and economic security had been a universal consequence of the transition from a subsistence to a money economy and that the ability of rural populations to remedy local crises resulting from distant external processes by reverting to traditional economies had been greatly reduced by the deterioration of the existing economic patterns. He noted with satisfaction the statement in paragraph 29 that in most rural areas family change was taking place within the context of other social changes set in motion in indigenous society, tending to culminate in the process of adaptation rather than that of disruption and breakdown. He likewise endorsed the conclusions set forth in paragraph 120. It was encouraging to note that in the Non-Self-Governing Territories the old practice of treating social problems by remedial measures was being discarded in favour of broad constructive and preventive action anticipating social disruption and attempting to re-establish the social equilibrium threatened by the circumstances of transition. His delegation welcomed the introduction of policies calculated to achieve a balance

(Mr. Yang, China)

between social and economic development and would like to have more detailed information concerning those policies and the results of their implementation.

He felt confident that if the new policies were vigorously pursued such social and economic activities as the co-operative movement and community development would serve to facilitate and expedite the process of transition in all the Non-Self-Governing Territories.

Mr. DURAISWAMY (Ceylon) said that his delegation had always held that a balance should be maintained between political, economic, social and educational progress if the Non-Self-Governing Territories were to be enabled to advance towards political independence and economic and social betterment. That balance could not be achieved without a close integration of economic and social planning, for economic development was not an end in itself but part of a broad programme of development embracing all areas. The General Assembly's recognition of that fact was demonstrated by its decision to study the question of peasant societies in transition within the framework of social conditions in general. He agreed with the Chinese representative that the new emphasis on broad preventive and constructive rather than remedial action was a forward step. He likewise endorsed the recommendations on community development and the co-operative movement in the Secretariat's paper (A/AC.35/L.248). The co-operative movement should provide a means of integrating small groups into larger units, thereby rendering their efforts in the direction of economic and social development more effective. In that connexion he recalled the concern expressed by his delegation at the Committee's previous session with regard to the statutory marketing boards, which in their capacity as middlemen prevented the African producers from obtaining the maximum profit from the disposal of their produce. The development of the co-operative movement should be an important factor in eliminating such exploitation of Africans by non-Africans. Finally, he wished to emphasize once more the importance of developing vigorous indigenous leadership at all levels.

Mr. URRUTIA APARICIO (Guatemala), speaking on agenda item 4 (g), said that his delegation had always maintained that racial equality was a basic norm of conduct among civilized peoples. Much remained to be done to eliminate all vestiges of racial discrimination and it was the moral duty of everyone to co-operate in achieving that goal. As far as the Committee was concerned, the

(Mr. Urrutia Aparicio, Guatemala)

United Nations Charter and General Assembly resolution 644 (VII) specifically imposed that task upon it.

His delegation was convinced that racial inequality in the Non-Self-Governing Territories was a major hindrance to the progress of the indigenous peoples in all fields and that it was the duty of the Administering Powers to adopt progressive legislation and influence public opinion with a view to the elimination of racial discrimination in any form. Indeed, the Administering Powers themselves would benefit since their relations with the peoples of the Non-Self-Governing Territories would be immeasurably improved as a result. Obviously the problem could not be solved overnight but his delegation felt that in some Territories progress in that direction was unduly slow. Discrimination between Europeans and non-Europeans such as the special liquor laws only recently abolished in the Belgian Congo was characteristic of the paternalistic colonialist outlook of an earlier day. Paragraphs 17-24 of the Secretariat's paper on race relations (A/AC.35/L.269) gave examples of racial discrimination in the Federation of Rhodesia and Nyasaland and described the measures which it had been found necessary to take to combat discrimination in Kenya, Uganda, the Virgin Islands and the Bahamas. The Administering Powers were doubtless sincere in their desire to promote racial equality but there was no room for complacency as long as any vestiges of discrimination survived. In Nigeria the process of "Africanization" of the civil service was very slow. The statement in paragraph 47 of the Secretariat's paper that indigenous persons in Netherlands New Guinea could in principle occupy any post for which they had the requisite education and training implied that that principle was not necessarily complied with in practice. His delegation had noted with concern the great discrepancy between wages paid to European and non-European workers and welcomed the information that New Zealand had introduced a unified wage-scale for the Cook Islands. Discrimination based on race and colour in the educational system in Kenya, the Belgian Congo and the Federation of Rhodesia and Nyasaland was to be deplored. It was encouraging to note that separate school facilities for the different races had been abolished in the French Territories. At the Teacher Training College in North Borneo there were still separate kitchens and dining space for the different races, although students were not separated in any other aspect of their college life.

The continued practice of racial discrimination would undermine the foundations of society in the Non-Self-Governing Territories and make a mockery of

(Mr. Urrutia Aparicio, Guatemala)

the concept of human dignity. He therefore hoped that the time was not far distant when every trace of such discrimination would have been eliminated.

Mr. OSBORNE (United States of America) said that the excellent documentation on health conditions in the Non-Self-Governing Territories with which the Committee had been provided pointed out the weak areas of the available services, called attention to the problems which existed and suggested means whereby the weak spots might be strengthened. The problems were the prevalence of communicable diseases, the frequently defective physical environment and the serious lack of trained personnel. The magnitude of those problems and the effect on them of curative measures were frequently obscured by the lack of adequate data. The development of present concepts of public health had had its origins in the same problems, whose serious effect on the economy had helped to stimulate efforts to find a solution.

The figures for communicable disease quoted in the WHO report on population and public health in Non-Self-Governing Territories (A/AC.35/L.275) represented a large segment of the people of the world. The problem was being dealt with as far as resources and facilities existed and it could be anticipated that several diseases which had plagued mankind from earliest history would be eradicated. The fact that resources were willingly pooled for the common good through international action was one of the most heartening features to all engaged in the work.

The evils arising out of man's self-made environment were, however, more difficult and costly to deal with and might be expected to become a major health problem as the more dramatic diseases disappeared. They necessitated increased capital investment, increased educational facilities and in some cases cultural change. Beginnings were being made in many areas by the provision of adequate safe water supplies and sewage facilities and by increased attention to conditions leading to vector-borne disease. Where development programmes were being planned authorities had been made increasingly aware of the dangers inherent in a changed environment and were taking steps to avert them. Urbanization and population shifts would render such considerations even more important, a fact which had not escaped the attention of the United Nations and its bodies. The problem was being actively considered by ECAFE. A meeting was to be held in Japan in July; it would be attended by world experts and its findings and recommendations would be of great value to all developing territories.

(Mr. Osborne, United States)

Adequate vital statistics and up-to-date information on the incidence of disease were essential to the planning of various health projects. The documents that had been presented stressed the lack of such information. Many areas, because of their inaccessibility, would not provide even the minimum of information for some time to come. The Secretariat report on demographic conditions and population trends in the Non-Self-Governing Territories (A/AC.35/L.266) described a method of comparing levels of living and crude demographic trends in areas where some statistics were available. The method used, however, would appear to be applicable only where valid crude rates existed; incomplete census counts and inadequate registration of vital statistics in some areas detracted from the value of the document as a description of the success of health and social measures in raising the levels of living of the peoples concerned. If such reports were to serve as a basis of action they should be made from more homogeneous subdivisions or areas and the limitations of the data and estimates given should be clearly set forth.

The WHO report on maternal and child health in the Non-Self-Governing Territories (A/AC.35/L.271) was a basic document that should be of value to the Territories for some years to come. The report directed attention to the great need for skilled pediatricians. Every effort should be made to increase their number by strengthening pediatric training in the medical schools and through fellowships and graduate training locally and abroad. Such efforts should be given first priority in the development of maternal and child health programmes. Next in priority came the training of other health personnel, including nurses, midwives and auxiliary workers.

The report referred to the "lost" group of children from one to five years of age, where the death rate was high. Special attention should be given to that group and the report indicated the types of services that were needed.

The report also stressed the importance of providing combined preventive and curative services. In countries such as the Non-Self-Governing Territories that combination was essential both for efficiency and because curative services provided a means of persuading people to accept preventive services.

The report emphasized the importance of gastro-enteritis as a major cause of morbidity and mortality in most of the Non-Self-Governing Territories and a

(Mr. Osborne, United States)

factor in the problem of nutritional deficiencies. A well trained non-medical nutritionist, who could educate the various types of health personnel in the fundamentals of nutrition and the best use of available food resources, made a very useful member of a maternal and child health team led by a pediatrician. Plans should be made for the training of public health nutritionists to be employed on the staff of the territorial health agencies.

The factual material at the beginning of the WHO report showed that maternity programmes were comparatively well developed. The emphasis of the report as a whole was therefore placed upon the needs of children. Paragraphs 78 and 79 referred to the need for "the fostering of a responsible attitude of parents towards their children". It was understandable that in countries where the disease and death of children were the major problems their social and emotional needs received less attention, but consideration of that area of child development should be introduced as soon as practicable.

FAO and WHO should be commended for the efforts they were making to improve nutrition among the people of the Non-Self-Governing Territories. His delegation hoped that such programmes would be continued and that the establishment of an FAO Regional Office in Africa would facilitate the work of both agencies in improving food and nutrition in that part of the world.

The meeting was suspended at 4 p.m. and resumed at 4.25 p.m.

Mr. Alfonzo-Ravard (Venezuela) took the Chair.

Mr. MITRA (India) observed that there were lacunae in the information provided which rendered it difficult to make a really significant and informed contribution to a discussion of public health conditions in the Non-Self-Governing Territories. For many Territories hardly any facts were available; indeed for some of them no information was ever transmitted. While the majority of the Administering Powers had discharged their obligations under the Charter, it was regrettable that some of them did not participate in the Committee's work.

It was unfortunate that the information available was not always sufficient to enable the Committee to carry out properly the functions entrusted to it by the General Assembly in furtherance of the clearly defined objectives of the Charter. That fact was emphasized in the WHO report on population and public health in Non-Self-Governing Territories (A/AC.35/L.275, paragraph 109), the

(Mr. Mitra, India)

WHO report on long-term health planning in the Non-Self-Governing Territories (A/AC.35/L.271, paragraph 8), the WHO report on maternal and child health in the Non-Self-Governing Territories (A/AC.35/L.271, paragraphs 2 and 7) and the Secretariat report on demographic conditions and population trends in the Non-Self-Governing Territories (A/AC.35/L.266 paragraphs 9 and 10).

Obviously it would be impossible to consider adequately the steps to be taken to improve social and public health conditions in the Non-Self-Governing Territories unless more adequate statistics were available. His delegation was well aware that there were great obstacles to the collection of vital statistics, which in some areas met with suspicion or indifference on the part of the people. It might be desirable to attempt some form of health education which would convince the population that the collection of such statistics was essential for their own well-being. That method had been tried in India and had proved fairly successful. The World Health Organization had some time previously produced what was known as approved regulations for the collection of statistics and it would be well if all statistics could be collected in terms of those regulations so as to avoid confusion.

With such statistics as were available it was obvious that most of the Non-Self-Governing Territories were faced with formidable health problems, the solution of which lay in the formulation of long-term health plans. The control of endemic communicable diseases was the most obvious first step to be taken and happily there appeared to be grounds for optimism in that respect. He would suggest to the Administering Powers that even at the cost of a considerable financial outlay a vigorous effort should be made to reduce morbidity due to malaria and other diseases.

The gradual extension of hospital facilities would be the second step. It need not be concentrated on the establishment of central hospitals but should include the development of cottage hospitals and dispensaries which would reach the people of the rural areas and serve the need not only for diagnosis and treatment but also for prophylaxis and health education. The problem of communications was very important in India and it had been found that that type

(Mr. Mitra, India)

of ambulatory treatment and health education was the most successful. It was now generally recognized that there was a close interdependence between preventive and curative services. Pilot schemes concentrating both preventive and curative action in small areas might be the most advantageous beginning for certain Territories; they could include a general survey, assessment and planning of all branches of the health services taken together. As far as hospitals were concerned, WHO had stated categorically that the majority of the Territories should double, trebel and even quadruple their hospital accommodation.

Health service planning should be incorporated into the general planning for social and economic development and should therefore have a large place in the general budget. The improvement of village sanitation, the sinking of wells, a rapid increase in the number of children enrolled in schools and a host of other social measures would have a very beneficial effect on public health conditions. It was not always true that illiteracy and lack of funds made proper health planning almost impossible: as WHO pointed out in its report on maternal and child health, even where funds were available many of the Territories were unable to plan child health programmes because of the scarcity of specialized pediatricians (A/AC.35/L.271). The same report stated in paragraph 69 that in some areas it had been necessary to train even illiterate women for work in mother and child care and that the results had often been highly successful.

It would be desirable for the Administering Powers to make a far greater effort than heretofore in removing the major endemic diseases and to work out effective long-range plans in collaboration with the specialized agencies for the general improvement of public health. There could be little doubt that that would enable the Non-Self-Governing Territories to progress much more rapidly towards that self-determination which was the goal of the Charter.

Mr. GRADER (Netherlands) said that the Department of Public Health was one of the most successful public services in the Territory of Netherlands New Guinea, owing to the devotion of its staff, its efficient organization and to some extent, the very potent drugs which had become available after the war in the fight against the principal endemic diseases. Most of those drugs were now being produced sufficiently cheaply to make their application in mass campaigns possible, even in under-developed regions where before the war many of the problems of public health could be handled only superficially owing to technical difficulties and financial limitations.

The malaria eradication campaigns were a good example of that. Before the war their success had depended largely on drainage, sanitation and the treatment of the mosquito breeding places with anti-larval means. Modern insecticides, together with the rapid progress in medical science during and since the war, had made possible an adequate malaria control.

In a Territory with primitive conditions health control must pass through various stages, attention being focused first on the eradication of endemic diseases. Smallpox had been unknown in Netherlands New Guinea for over twenty-five years, but since it still occurred in neighbouring countries 80,000 to 100,000 people were vaccinated or revaccinated yearly as a preventive measure.

The method of indoor residual spraying had proved highly satisfactory in the fight against malaria but even in the areas where it had been applied the disease had not yet completely disappeared, partly owing to the Papuans' habit of sleeping out of doors. In the areas where the population had realized the beneficial effect of indoor spraying the results had been very favourable; they had been much less satisfactory where migratory habits rendered the use of insecticides less effective. At the end of 1957 the total area under treatment by insecticides had included a population of 120,000. In co-operation with UNICEF and WHO experiments were being carried out on the effects of indoor residual spraying in combination with short suppressive cures for infected populations. It was hoped that in the course of the present year sufficient data would have been accumulated to enable

(Mr. Grader, Netherlands)

the project to be extended to the whole of the malaria-infested areas. The estimated cost would be 1 million guilders a year for five consecutive years.

The yaws eradication campaign had been started in 1955 in co-operation with UNICEF and WHO and had been completed in the lowlands at the end of 1956. The number of people treated had amounted to 310,000, comprising about 75 per cent of the entire population under administration. The method of mass treatment had been applied and the results had been above expectations; 97.5 per cent of the population involved had presented themselves for examination and treatment. In 1957 the mass treatment had been carried to the central highlands, which could be reached only by air. The population there was widely scattered and had been only partly brought under administration. The yaws campaign was a way to gain the people's confidence and to establish friendly contacts when opening up new areas. It was expected to take at least three years of supervision, during which the results of the mass campaign would be checked and consolidated. After that period yaws, which until recently had been almost universal in the Territory, would, it was hoped, have become a thing of the past, although continued vigilance would be required.

No such radical changes could be expected in the campaigns against leprosy, tuberculosis and infant mortality. The nature of those diseases necessitated prolonged therapy, while social and educational factors also played an important part. Measures to reduce the very considerable death rate among children under one year of age were closely connected with the whole complex of customs and beliefs on pregnancy and birth, with common ideas about hygiene and sanitation and with dietary habits. Infectious diseases such as malaria and dysentery also played an important part.

Research into the incidence of tuberculosis in the Territory had started a few years previously but the compilation of data would take time, since methods of diagnosis required specialization and special equipment. The frequent occurrence of the disease in urban centres was already an ascertained fact. WHO, UNICEF and the Territorial Government had started a joint three-year programme for the medical examination, and where necessary inoculation, of 100,000 people

(Mr. Grader, Netherlands)

in the most seriously infested areas. So far the target quota of examinations had easily been reached and in nearly 50 per cent of the cases BCG inoculation had been given. The method of increasing the bodily resistance of the entire population by periodic inoculation and reinoculation had been successful in most under-developed countries. In addition the need for the isolation of infectious patients was stressed. Under prevailing conditions that system was better than admission to a hospital or sanatorium; the active co-operation of the people was, however, required and much depended on the availability of district nurses in the towns and of specially trained public health nurses in the rural areas.

Since the incidence of tuberculosis was influenced by social and economic factors, tuberculosis control was not exclusively the concern of the Public Health Department but must be dealt with by a number of agencies engaged in welfare work. Above all, it was of paramount importance to secure the people's interest and participation.

Similarly leprosy control was not the exclusive task of the Health Department. The maximum effect could only be secured when the people themselves had grasped the importance of reporting possible cases immediately. A knowledge of at least rudimentary hygiene and sanitation was necessary and voluntary admission to a leprosarium must be made attractive. The incidence of leprosy up to the end of 1956 had been five per thousand in the areas under administration. Infectious cases were isolated in leprosaria; non-infectious ones were treated in polyclinics. In addition experiments were underway to organize lepers in colonies or communities where they would be able to live more or less normal lives and earn their own living as far as possible.

Infant mortality in the rural areas had previously averaged between 30 and 40 per cent. The Maternal and Child Welfare Section of the Department of Public Health examined expectant mothers, infants and young children, supervised deliveries, ran maternity courses and gave feeding demonstrations. Courses for public health or child welfare nurses were given in five different places. The syllabus consisted of midwifery, pre-natal and post-natal care, infant welfare, school welfare, social work, nutrition, hygiene and treatment of the most frequent diseases. After the section had been established early in 1953, consultations with the UNICEF representative at Bangkok had resulted in a plan of operation for a maternal and child health programme in

(Mr. Grader, Netherlands)

Netherlands New Guinea. UNICEF had given equipment and teaching materials to a value of $11,200 for the courses. The plan provided for the admission of twenty-five new pupils every year.

The activities of the public health nurses were concentrated mainly on the rural districts, since education, nutrition and hygienic conditions and medical facilities in the urban centres were on a relatively high level. Where possible the nurses were stationed near their homes so that they could make use of their knowledge of local languages and customs. In most cases their professional status and authority were readily accepted by the community.

Demographic data for 1956, covering nine sample districts, showed that the infant mortality rate had decreased from the former figure of 30 to 40 per cent to 7 to 10 per cent; in one district it had declined to less than 5 per cent. At the end of 1956 the maternal and child welfare programme had reached approximately 43,000 people.

The Territory had for years maintained regular contact with the South Pacific Commission, which had given it advice and technical assistance in connexion with leprosy, malaria, filariasis and nutrition. Although the Government had assumed approximately 90 per cent of the cost of the various health projects, considerable material aid had been received from UNICEF in the form of drugs and equipment. The most important aspect of that international assistance, however, had been the stimulus given to local initiative and the active participation of the population.

To be effective, a public health project required comprehensive planning, since many factors were involved, such as the intellectual level of the inhabitants and their nutritional, hygienic and other conditions. It was therefore necessary to integrate the activities of the Department of Public Health into the general plans for the development of the Territory; to that end the Department of Public Health maintained close contact with the Department of Education, the Office of Native Information, the Department of Agriculture and the Department of Public Works.

(Mr. Grader, Netherlands)

It was also necessary to stimulate the activity of the population itself and to leave a reasonable measure of responsibility to Papuan medical personnel. Much attention was paid to that factor in the training of indigenous staff. Papuan nurses in charge of small clinics in the interior and public health nurses stationed in rural districts already operated more or less independently, while a new central hospital in Hollandia had made it possible to improve the training of Papuan medical personnel. Plans had also been made to establish a medical school in the Territory as soon as a sufficient number of Papuan students had completed their secondary education.

Mr. POURCHEL (France) said that ever since it had first established itself on the African continent France had made every effort to solve the very serious health problems created by the isolation and the adverse climatic conditions in which many of the overseas peoples had lived and by their lack of detailed knowledge of the rules of sanitation. A hospital had been built in the Ivory Coast, for example, as early as 1843, and the first bacteriological laboratory had been established in 1897, while the doctors of the French health service had very early begun to do pioneer work in the field of tropical medicine. The results of those efforts were clearly shown by the demographic statistics for such Territories as French West Africa and French Equatorial Africa, which revealed a marked increase in population between 1948 and 1956. It was of course difficult to determine how much of that increase was due solely to the improvement of sanitary conditions and the activities of the health service; there was no doubt, however, that those factors had had a great deal to do with the decrease in the mortality rate. In particular, infant mortality which was the scourge of the tropical Territories, had declined sharply, while the incidence of the major endemic diseases was everywhere being reduced.

The participation of the indigenous populations in the work of the Health Services had at first been limited because of the lack of general education. Progress had been made in that direction, however, by the establishment of schools at Dakar and Brazzaville, which granted a State certificate in nursing, the conversion of the local school of medicine at Dakar into a fully qualified medical school in 1956 and the establishment of a preparatory school of medicine at

(Mr. Pourchel, France)

Tananarive, while the African Midwives' School at Dakar had been converted into a Midwives' School which granted a State certificate. Thus, as the level of general education rose, a corps of fully-trained and qualified indigenous medical personnel was growing up. There were, for example, 323 African doctors in French West Africa, forty-six in French Equatorial Africa and 312 in Madagascar. At the same time medical research institutions were being established which did work in many branches of tropical as well as general medicine; for example, the African Tropical Ophtholmological Institute, established at Bamako in 1953, did research on eye infections, particularly trachoma.

The Health Service had at first confined its activities to curative medicine, but since 1925 it had devoted an increasing amount of attention to preventive work against the major endemic and epidemic diseases and to reaching those parts of the population not served by permanent institutes through the use of visiting doctors and mobile medical teams. The success of the mobile medical teams, which had first been used in the campaign against sleeping sickness launched in 1925, had led to the creation in 1944 of the Services Généraux d'Hygiène Mobile et de Prophylaxie (S.G.H.M.P.), which was now doing effective work in the field of nutrition and in combating all the chief infectious diseases endemic in the Territories. For example, vaccination against yellow fever and smallpox had decreased the incidence of those two diseases to a point where they were no longer major public health problems.

Another important problem to which great attention had been devoted was that of maternal and child welfare. Maternal and child services had been greatly increased; in French West Africa, for example, 307,646 expectant mothers, 815,206 infants below the age of one and 1,011,811 children between the ages of one and four had been examined in 1956, while pre-natal consultations in the whole of the French Union had increased from 777,000 in 1938 to 2,865,000 in 1955 and consultations of children up to four years of age had increased from 4 million in 1938 to 9 million in 1955.

Attention had also been directed to the development of fixed medical facilities. Although a network of hospitals had already existed in 1938, the work of expanding it had been interrupted by the Second World War and considerable

(Mr. Pourchel, France)

efforts had been required in the post-war years to modernize and extend hospital facilities. At present there were two hospital beds per 1,000 inhabitants in the Overseas Territories as against twelve per 1,000 in metropolitan France. If, however, it was borne in mind that some departments of France had only four beds per 1,000 inhabitants it would be seen that the results achieved after only sixty years of French activity were not negligible.

It would be necessary now for the new Governments established in the Overseas Territories under the loi-cadre to extend the existing infrastructure by new construction and improvements. In view, however, of the heavy burden which permanent medical facilities placed on the local budgets, the elected representatives of the overseas populations were concentrating their attention on the mobile health and preventive services and the work of spreading health education among the populations. There, was indeed, a close connexion between health and economic and social problems and it was justifiable to ask how large a part of local budgets should be devoted to health services. In 1955, for example, 10 per cent of the budget of French West Africa and 8 per cent of the budget of Madagascar had been devoted to such services. The territorial Health Services could not indefinitely expand such services as the distribution of medicines or food products. The local authorities were consequently making an effort to explain the principles of sanitation to the village populations and to enlist their co-operation in the work of improving local sanitary conditions by digging wells and constructing incinerators, public latrines and drainage ditches. Such co-operation from the local populations could be expected to lead to greater results in the field of health without an increase in the health budgets of the Territories.

In conclusion, he pointed out that the achievements to which he had referred had been due in large part to the 37,000 million francs invested by FIDES in the Overseas Territories from 1946 to 1957.

Mr. CASTRO ALVEZ (Brazil) said that he had been impressed by the information the representative of ILO had given the Committee on the application of internationally recognized labour legislation to the Non-Self-Governing Territories. The fact that the ILO was preparing to establish a special office in Africa in 1959 and that FAO had decided at its last session to create a regional

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(Mr. Castro Alvez, Brazil)

office for Africa showed the growing importance of the continent. Another indication of the new role Africa was beginning to assume was the consideration now being given to the establishment of an economic commission for Africa. His delegation felt that the Committee on Information from Non-Self-Governing Territories should consider the advisability of establishing close relations with that commission; the Powers administering African Non-Self-Governing Territories could perhaps suggest means of establishing an effective relationship between the two bodies.

In FAO's interesting report on nutrition in the Non-Self-Governing Territories (A/AC.35/L.276) reference was made to the fact that the supplementary feeding programmes being carried out through the co-operation of UNICEF, FAO and WHO had been largely concentrated in urban and semi-urban areas. His delegation considered that some details of the percentage of the aid given to urban and semi-urban areas as compared with rural areas might be useful for a better appraisal of the effectiveness of the programmes.

The meeting rose at 5.40 p.m.