directing council

PAN AMERICAN HEALTH ORGANIZATION

XVIII Meeting

regional committee

WORLD HEALTH ORGANIZATION

XX Meeting

Buenos Aires, Argentina
October 1968

Provisional Agenda Item 17

CD18/14 (Eng.)
23 September 1968
ORIGINAL: SPANISH-ENGLISH

RESOLUTIONS OF THE TWENTY-FIRST WORLD HEALTH ASSEMBLY AND THE FORTY-SECOND SESSION OF EXECUTIVE BOARD OF THE WORLD HEALTH ORGANIZATION OF INTEREST TO THE REGIONAL COMMITTEE

The attached resolutions, which were adopted by the Twenty-First World Health Assembly and the Forty-Second Meeting of the Executive Board of the World Health Organization are submitted to the XX Meeting of the Regional Committee of the World Health Organization for the Americas.

The Director-General of the World Health Organization has asked the Regional Committees to give special attention to the following resolutions: WHA21.32: Coordination with the United Nations, the Specialized Agencies, and the International Atomic Energy Agency: Administrative, Budgetary and Financial Matters; WHA21.47: Policy Governing Assistance to Developing Countries; WHA21.49: Coordination with the United Nations, the Specialized Agencies, and the International Atomic Energy Agency on Programme Matters (Long-Term Planning); and EB42.R12: Report on Expert Committee Meetings. Sections A, B, and C, of this document contain the necessary information to facilitate the discussion of these resolutions at the XVIII Meeting of the Directing Council, XX Meeting of the Regional Committee for the Americas.

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TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.20
22 May 1968

ORIGINAL: FRENCH

TRAINING OF NATIONAL HEALTH PERSONNEL

The Twenty-first World Health Assembly,

Considering that the World Health Organization is called upon in accordance with its Constitution to assist Governments in strengthening their health services and to promote teaching and training in the health, medical and related professions;

Appreciating the efforts being made by all countries, particularly in the developing countries, to speed up their economic and social development, including the improvement of their health situation;

Being convinced that in order to improve the health situation in all countries it is necessary to intensify efforts to develop and utilise human resources, and particularly to train national staff, taking into account the development plans in each country and its present and long-term needs for qualified health staff at all levels;

Recalling Resolution 2083(XX) of the General Assembly of the United Nations, dated 20 December 1965, in which the specialized agencies are called upon to intensify measures for the full utilization of human resources and the training of national personnel when reviewing their future programme of action,

1. RECOMMENDS Member States to give increasing attention to the training of personnel for the health professions and auxiliaries;

2. REQUESTS the Director-General:

(a) to continue to give high priority to programmes of assistance to Member States in training for the health professions and auxiliaries;

(b) to continue to collaborate with the United Nations and the specialized agencies in the utilization and development of human resources;

(c) to suggest to the regional committees, at their meetings in 1969, to undertake an analysis of the problems of training for the health professions and auxiliaries;

(d) to make provisions for a general evaluation during the Forty-fifth Session of the Executive Board of the experience accumulated by the World Health Organization taking into account the conclusions reached by the regional committees; and

(e) to submit to the Twenty-third World Health Assembly a report on any concrete measures that may seem appropriate for the World Health Organization to assist further the training of national health personnel at all levels.

Sixteenth plenary meeting, 22 May 1968
A21/VR/16

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.21
22 May 1968

ORIGINAL: FRENCH

SMALLPOX ERADICATION PROGRAMME

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on the smallpox eradication programme submitted in accordance with paragraph 4 of resolution WHA20.15;[1]

Noting that, while progress in the eradication effort is now being made, smallpox continues to represent a serious health problem both to endemic and non-endemic countries; and

Recognizing the need for full and active participation by all endemic countries if eradication is to be achieved, and for the maximum of co-ordination in their efforts,

1. REITERATES that the world-wide eradication of smallpox is one of the major objectives of the Organization;

2. URGES again that:

(a) countries having smallpox, and no eradication programmes, give the highest possible priority to the provision of funds and personnel to achieve eradication; and

(b) those countries where eradication programmes are progressing slowly intensify their eradication efforts;

3. REQUESTS that those countries where smallpox has been eradicated should continue their vaccination programmes so as to maintain a sufficient level of immunity in their populations;

4. REQUESTS all Member States to give the programme greater support in the form of contributions, such as vaccine and transport, so that the programme may be executed as rapidly as possible;

5. REQUESTS countries providing bilateral aid in the health field to include in their activities assistance in the context of the global smallpox eradication programme;

6. REQUESTS all governments to place particular emphasis on:

(a) complete reporting of smallpox cases; and

(b) the institution of active containment measures for each outbreak;

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[1] Document A21/P&B/6.

7. REQUESTS all governments producing freeze-dried smallpox vaccine to take special care in its preparation so as to ensure that vaccine meets the WHO potency and purity requirements; and

8. REQUESTS the Director-General:

(a) to continue to take all necessary steps to assure the maximum co-ordination of national efforts and provision of contributions from international and bilateral agencies with the objective of achieving smallpox eradication as quickly as possible;

(b) to report further to the Executive Board and the World Health Assembly.

Sixteenth plenary meeting, 22 May 1968
A21/VR/16

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.22
22 May 1968

ORIGINAL: FRENCH

MALARIA ERADICATION PROGRAMME

The Twenty-first World Health Assembly,

Having considered the Report of the Director-General on the development of the malaria eradication programme[1] and his proposals for the re-examination of the global strategy of malaria eradication;[2]

Bearing in mind the concern expressed over the present status and future development of the programme by the Nineteenth[3] and Twentieth[4] Assemblies;

Noting the steps which the Director-General proposes to take for the re-examination of the global strategy of malaria eradication;

Recognizing the primary importance of basic health services both as a prerequisite for the starting of programmes and for the maintenance of gains already achieved and appreciating the efforts now being made to build up such services;

Recalling further the need for both short-term and longer-term plans for the training of personnel and the fundamental importance of research, wherever facilities and opportunities exist,

1. CONFIRMS the need to re-examine the global strategy of malaria eradication;

2. APPROVES the Director-General's proposals for that purpose, with particular regard to the adaptation of the planning and methods used to the needs and resources of the developing countries in order to achieve the desired success in the control and ultimate eradication of malaria;

3. INVITES the Director-General to arrange adequate opportunities for visiting teams to confer during their undertaking;

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[1] Document A21/P&B/1.

[2] Document A21/P&B/12.

[3] Resolution WHA19.13, Handbook of Resolutions and Decisions, 9th ed., p. 22.

[4] Resolution WHA20.14, Handbook of Resolutions and Decisions, 9th ed., pp. 22-23.

4. REQUESTS the Director-General (a) to inform the Executive Board at its forty-third session of the progress of the action taken in this regard and (b) to submit to the Twenty-second World Health Assembly a comprehensive report on the results of his re-examination of the global strategy of malaria eradication together with recommendations for the future orientation of the programme taking into account the comments of the Executive Board at its forty-third session;

5. URGES governments of countries with malaria eradication programmes to continue to give all possible support to the implementation of these programmes and to take appropriate measures to safeguard the gains already obtained;

6. URGES governments to continue to give priority to the development of basic health services, with due regard to the implementation of appropriate antimalaria measures and to the importance of planning for the immediate and long-term staff needs and related training activities;

7. ENDORSES the recommendation by the Executive Board[1] that governments and institutions, particularly those of countries now free from malaria, should provide increased facilities for malaria research in order to find methods to hasten the attainment of eradication on a world-wide basis; and

8. RENEWS its appeal to other sources of assistance, both multilateral and bilateral, for their continuing support to the programme in the perspective of the health, social and economic benefits which its progress will bring to the population of the areas where the disease is still

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[1] Resolution EB41.R22, Off. Rec. Wld Hlth Org., 165, p. 14.

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.36
23 May 1968

ORIGINAL: FRENCH

COMMUNITY WATER SUPPLY PROGRAMME

The Twenty-first World Health Assembly,

Having considered the progress report of the Director-General on the community water supply programme;[1]

Noting that the rate of progress in the global effort to improve community water supplies while substantial is still not commensurate with the increasing demand for more and better quality water for healthful living consequent to the natural growth of population and the continuing urbanization processes in developing countries;

Noting with satisfaction that the International Bank for Reconstruction and Development, International Development Association, Inter-American Development Bank and bilateral assistance programmes recognize community water supply as a field of investment contributing to social and economic development;

Recognizing the valuable contribution to the solution of rural water supply problems made possible by the co-ordinated efforts of the World Health Organization, Member States, and the United Nations Children's Fund;

Re-affirming the recommendations to Member States included in resolution WHA19.50,

1. NOTES with appreciation the report of the Director-General and endorses the general principles and programme therein;

2. RECOMMENDS to Member States:

(1) that in carrying out their health protection role due attention be given inter alia to:

(a) the stimulation and promotion of safe community water supplies to all people;

(b) the establishment of national standards for drinking-water quality;

(c) the supervision of the sanitary design of water systems and their operation as well as continuing surveillance of water quality;

(d) the provision of qualified personnel to carry out these functions;

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[1] Document A21/P&B/10 Rev.1 and Corr.1.

(2) that they intensify efforts to strengthen national urban and rural community water supply programmes and to include provision for these programmes in national economic and development plans;

(3) that they continue to seek support for projects to improve community water supplies under the Technical Assistance and Special Fund components of the United Nations Development Programme.

3. DRAWS the attention of the Regional Banks for Asia and for Africa to the needs of Member States for long-term low interest loans for improved community water supplies.

4. REQUESTS the Director-General:

(1) to provide for continuing leadership in community water supply by intensifying programme activities as presented in his report in co-operation with international and other agencies;

(2) to give all possible support and assistance to Member States in connexion with their rural water supply programmes, maintaining close co-operation with UNICEF and other relevant agencies for that purpose;

(3) to report on the progress of the programme to the Twenty-third World Health Assembly.

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TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.37
23 May 1968

ORIGINAL: FRENCH

QUALITY CONTROL OF DRUGS

The Twenty-first World Health Assembly,

Recalling resolution WHA20.34;[1]

Having noted resolution EB41.R28 of the Executive Board;[2]

Having considered the report of the Director-General[3] on the quality control of drugs;

Noting with satisfaction that progress has been made in the establishment of principles for good manufacturing practice;

Considering the further action as outlined in the Director-General's report with particular reference to the suggestions concerning the principles which might be included in regulations and recommendations,

REQUESTS the Director-General:

(i) to report to the Twenty-second World Health Assembly on the final formulation of generally acceptable requirements for good manufacturing practice in the production and quality control of drugs;

(ii) to report to the Twenty-second World Health Assembly on the inclusion of a certification scheme on the quality of pharmaceutical products in international commerce and the requirements for good manufacturing practice in regulations and recommendations respectively; and

(iii) to continue assistance in the establishment or development of control laboratories on a national or preferably zonal or regional basis complying with the need of those countries which do not yet have the facilities necessary for this purpose.

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A21/VR/17

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[1] Handbook of Resolutions and Decisions, 9th ed., pp. 114-115.

[2] Off. Rec. Wld Hlth Org., 165, 16.

[3] Document A21/P&B/13.

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.42
23 May 1968

ORIGINAL: ENGLISH

INCLUSION IN SCHEDULE I OF THE SINGLE CONVENTION ON NARCOTIC DRUGS, 1961, OF THE FOLLOWING SUBSTANCES: AMPHETAMINE, DEXAMPHETAMINE, METHAMPHETAMINE, METHYLPHENIDATE, PHENMETRAZINE, PIPRADOL

The Twenty-first World Health Assembly,

Having received information concerning the increasing misuse, especially by young people, of central nervous system stimulants of the amphetamine type;

Considering the special problems of abuse of such stimulants, as reported by certain Member States;

Deeply concerned at the continuing and spreading problem posed by the abuse of psychotropic substances not under international control;

Recognizing the responsibilities of the World Health Organization and other competent organs within the framework of the United Nations in combating the very serious problems of drug abuse;

Recalling its resolutions adopted at the Eighteenth and Twentieth World Health Assemblies relating to control measures for psychotropic drugs;

Reiterating the high importance it attaches to the adoption and strict application by Member States of the measures of national control recommended in the aforementioned resolutions;

Recognizing the need for urgent consideration of measures of international control of psychotropic substances,

1. NOTES that the Secretary-General of the United Nations, at the request of the United Nations Commission on Narcotic Drugs, has circulated to governments a questionnaire seeking information on existing control measures and on the need for, and nature of, national and international controls required for psychotropic substances;

2. NOTES further that replies from governments to the aforementioned questionnaire must reach the Secretary-General by 15 June 1968, so as to enable the United Nations Commission on Narcotic Drugs to proceed without delay in completion of a draft of an international instrument for control of psychotropic substances;

3. NOTES also that the Director-General of the World Health Organization is prepared to advise the Secretary-General of the United Nations in the elaboration of such a draft international instrument, and in the identification of drugs that would be controlled thereunder;

4. WELCOMES the action which the Commission on Narcotic Drugs is already taking and expresses the hope that the Commission will propose effective measures of international control of psychotropic substances at its next session;

5. EXPRESSES the view that agreement should be reached as quickly as possible on effective international control provisions; and

6. URGES Member States to adopt the national controls earlier recommended in resolution WHA20.43 by the Twentieth World Health Assembly, and currently under discussion in the Economic and Social Council, pending the development and implementation of any necessary international instruments.

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A21/VR/17

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.43
23 May 1968

ORIGINAL: ENGLISH

HEALTH ASPECTS OF POPULATION DYNAMICS

The Twenty-first World Health Assembly,

Having considered the report of the Director-General on health aspects of population dynamics;[1]

Noting with satisfaction the development of activities in reference services, research, and training, and the provision of advisory services to Member States, on request, on the health aspects of human reproduction, of family planning, and of population dynamics within the context of resolutions WHA18.49, WHA19.43, and WHA20.41;

Emphasizing the concept that this programme requires the consideration of economic, social, cultural, psychological and health factors in their proper perspective;

Reaffirming the considerations expressed in these resolutions;

Recognizing that family planning is viewed by many Member States as an important component of basic health services, particularly of maternal and child health and in the promotion of family health and plays a role in social and economic development;

Reiterating the opinion that every family should have the opportunity of obtaining information and advice on problems connected with family planning including fertility and sterility;

Agreeing that our understanding of numerous problems related to the health aspects of human reproduction, family planning and population is still limited,

1. CONGRATULATES the Director-General on the work accomplished during the year 1967;

2. APPROVES the report of the Director-General; and

3. REQUESTS the Director-General

(a) to continue to develop the programme in this field in accordance with the principles laid down in resolutions WHA18.49, WHA19.43 and WHA20.41 including also the encouragement of research on psychological factors related to the health aspects of reproduction;

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[1] Document A21/P&B/9.

(b) to continue to assist Member States upon their request in the development of their programmes with special reference to:

(i) the integration of family planning within basic health services without prejudice to the preventive and curative activities which normally are the responsibility of those services;

(ii) appropriate training programmes for health professionals at all levels;

(c) to analyse further the health manpower requirements for such services and the supervision and training needs of such manpower in actual field situations under specific local conditions; and

(d) to report on the progress of the programme to the Twenty-second World Health Assembly.

Seventeenth plenary meeting, 23 May 1968
A21/VR/17

Forty-second Session

EB42.R14
28 May 1968

ORIGINAL: ENGLISH

FORMAT AND CONTENTS OF THE EXECUTIVE BOARD'S REPORT ON THE ANNUAL PROPOSED PROGRAMME AND BUDGET ESTIMATES

The Executive Board,

Having considered the report by the Director-General[1] on the format and contents of the Executive Board's report on the annual proposed programme and budget estimates;

Believing that a change in format and contents will further improve the Board's report,

1. DECIDES to merge the findings of the Standing Committee on Administration and Finance with the conclusions of the Board on each subject throughout the text of the report on the Director-General's proposed annual programme and budget estimates;

2. CONSIDERS it necessary to continue reproducing in the report the working papers containing information dealing with (a) organizational structure, (b) composition of the regular budget, (c) planning and development of the programme, (d) sources of financing, (e) contents and presentation of the proposed programme and budget estimates and (f) classification and computation of the estimates.

Third meeting, 28 May 1968
EB42/SR/3

[1] Document EB42/3.

17.A. - FORMS OF COLLABORATION WITH GOVERNMENTS

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.47
24 May 1968

ORIGINAL: ENGLISH

POLICY GOVERNING ASSISTANCE TO DEVELOPING COUNTRIES

The Twenty-first World Health Assembly,

Considering that technical assistance is fundamental in pursuance of the objectives of the Organization as set forth in its Constitution;

Having considered the report of the Director-General on the Policy Governing Assistance to Developing Countries;[1]

Having noted resolutions WHA20.50 and EB41.R35;

Considering that it is the responsibility of each government to plan its health services within the framework of general development and to devote thereto the maximum of effort and of national resources with a view to optimum utilization of external aid, mutilateral and bilateral; and

Recalling resolution AFR/RC17/R4 of the seventeenth session of the Regional Committee for Africa held at Brazzaville,

1. ENDORSES the report of the Director-General, which provides the flexibility and the new features necessary to ensure that the modalities of assistance meet the differing and evolving needs of developing countries;

2. ENDORSES in particular the proposed forms of future WHO assistance outlined in the report;

3. CONCURS with the views expressed by the Board on the policies to be followed, especially on the fundamental importance of developing health manpower; and

4. REQUESTS the Director-General to continue the review of the modalities of assistance in adapting them to the problems, needs and resources of developing countries.

Eighteenth plenary meeting, 24 May 1968
A21/VR/18

[1] Document A21/P&B/5.

FORMS OF COLLABORATION WITH GOVERNMENTS

Of special interest to the Directing Council, WHO Regional Committee for the Americas is Resolution WHA21.47, entitled "Policy Governing Assistance to Developing Countries".

To facilitate study and consideration of this subject the Report of the Director-General, document A21/PB/5 is attached (Annex I). Respecting the application to the Americas of paragraph 3 "Moves Toward Newer Forms of Assistance", and paragraph 4 "Proposed Forms of Future WHO Assistance", information and comments are offered below.

Operational staff to work within the national health administration with executive functions have been provided in the Americas on a limited scale in a few countries. Aside from occasional special situations it is not anticipated that this form of assistance would be requested by Governments.

Part or all of the salaries of staff appointed by the national administration have been provided through grants under certain conditions to promote the establishment of key teaching posts in schools of medicine and schools of public health. Such grants have been provided for limited periods and on a decreasing scale pending assumption of full responsibility within the budget of the assisted institution. Such grant assistance has also been provided for special projects such as health manpower studies. Consideration is being given to provision of assistance in this form to promote creation or expansion of national advisory services to provincial and local health services. Obviously grants for the purposes described above must be applied cautiously to avoid long-term commitments. This activity also is necessarily limited by lack of funds.

National training courses have been assisted through grants, on a limited scale. The objective has been to demonstrate the value of training programmes in the expectation that Governments will make their own budgetary provision for well-planned training courses and seminars.

Advisory services and fellowships in administrative methods have been provided from PAHO funds for several years. Comments of representatives of Governments in many of the previous meetings of the Directing Council have indicated widespread awareness of the relationship between good administration and effective results in health programmes. The demand for this type of assistance far exceeds available resources. For this reason it is gratifying to anticipate availability of WHO funds. A further notable advance would be achieved if agreement could be reached with the United Nations Development Program to make WHO, as an executing agency, eligible for technical assistance funds to provide advisory services in administrative methods upon request by a Government.

Fellowships for training within the fellow's own country have been provided on a limited scale through grants. With the improvement in national

educational institutions, which has also been the object of cooperation by the Organization, it may reasonably be anticipated that requests for such fellowships will increase. Subject to the limitations imposed by lack of funds, fellowships for training at national educational institutions of adequate standard should be encouraged.

The textbook programme, now in its early stage of operations, represents a significant advance in the educational programme of the Organization.

Equipment and supplies have been provided in three areas: (a) communicable disease control or eradication programmes, (b) educational institutions, and (c) demonstration supplies or equipment for certain projects, especially those introducing new services or new concepts.

Regional centers offering specialized information, training, advisory services and research have developed vigorously in the Americas. Such a regional and, in some cases, area approach offers inviting opportunities for effective international programmes. Care will need to be exercised to project the long-term financial requirements of centers to hold commitments within the resources of the Organization.

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

TWENTY-FIRST WORLD HEALTH ASSEMBLY

A21/P&B/5
2 April 1968

Provisional agenda item 2.13

ORIGINAL: ENGLISH

POLICY GOVERNING ASSISTANCE TO DEVELOPING COUNTRIES

Report of the Director-General

1. Pursuant to the request of the Twentieth World Health Assembly in its resolution WHA20.50,[1] the Director-General submitted to the forty-first session of the Executive Board a report on Policy Governing Assistance to Developing Countries which is communicated to the Twenty-first World Health Assembly (Annex 1).

2. In accordance with the request made by the Board in the course of its forty-first session, an extract of the discussions which took place at that session is transmitted to the Assembly (Annex 2).

3. In concluding its debate, the Executive Board adopted resolution EB41.R35[2] in which it endorsed the proposed forms of future WHO assistance and training and the development of the health manpower of countries, including the proposals concerning training within the country; it further recommended the Director-General to continue his efforts to adapt the assistance of the Organization to the needs of governments in the context of national health plans.

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[1] Handbook of Resolutions and Decisions, 9th ed., p. 7.

[2] Off. Rec. Wld Hlth Org., 165, p. 18.

A21/P&B/5

ANNEX 1

WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTÉ**

EXECUTIVE BOARD

Forty-first Session

Provisional agenda item 2.9

EB41/24
5 January 1968

ORIGINAL: ENGLISH

POLICY GOVERNING ASSISTANCE TO DEVELOPING COUNTRIES

REPORT OF THE DIRECTOR-GENERAL

1. INTRODUCTION

1.1 The Twentieth World Health Assembly, after having considered the need for certain changes in the policies and criteria which govern the provision by the Organization of assistance to governments adopted a resolution[1] requesting the Director-General "to study the measures which could be taken to assist developing countries, with particular reference to the means by which, within the limits of the budget and making the best use of all other available resources:

(1) material assistance to the programmes of those countries could be increased;

(2) the organizational resources available to States for the execution of their programmes could be supplemented to the fullest possible extent; and

(3) further assistance to the operating expenses of priority national or regional programmes could be obtained;"

1.2 In carrying out this study, the Director-General kept in mind, inter alia, the following considerations:

(a) while every effort must be made to adapt the assistance provided by the Organization to the particular requirements of developing countries who do not possess the necessary matching resources, this assistance should remain primarily technical in nature, in keeping with Article 2 of the WHO Constitution;

(b) any changes in the types of assistance provided in relation to the programme of the Organization should not lead to expenditure in excess of the normal budgetary resources; care should therefore be taken that such changes do not impair the over-all balance of the programme;

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[1] Resolution WHA20.50, Handbook of Resolutions and Decisions, ninth edition, page 7.

(c) particular attention must be paid to the availability of other resources, under either multilateral or bilateral aid schemes, to assist those countries in the implementation of their national programmes.

1.3 In considering the matter, the Executive Board may wish to refer to previous decisions of the Board or the World Health Assembly governing the assistance provided by the Organization to its Member Governments. This would not only broaden the scope of the study but help put Resolution WHA20.50 in the perspective of evolving policies.

The basis on which the respective contributions of governments and the Organization to WHO-assisted projects were to be made were established by the Executive Board at its second session, in 1948. An excerpt from Official Records[1] recording the Board's decision at that time is attached as Annex II.

The policy of the Organization on the provision of supplies, which is directly relevant to the reference made in Resolution WHA20.50 to "material assistance to the programmes" was established by the Second World Health Assembly in its Resolution WHA2.73.[2] This resolution is attached for ease of reference, as Annex II.

1.4 Since these early decisions of the World Health Assembly and the Executive Board the situation has greatly evolved. During the second ten years of the Organization's life a large number of newly-independent countries have acceded to its membership. Many of these countries have found themselves unable to derive full benefit from WHO advisory services because of the lack of minimum resources and facilities at national level. The most needy have been the least in a position to use the assistance available to them.

The problem confronting the Board is to find ways and means of assistance which would permit countries experiencing serious social and economic difficulties to take the fullest possible advantage from their co-operation with WHO even though they may not possess the administrative and financial ability or be able to make such national counterpart contributions as are normally required.

2. MAIN PURPOSES AND PRINCIPLES OF WHO ASSISTANCE

2.1 The main purposes of WHO assistance are:

(i) the surveying of health situations;
(ii) the establishing or strengthening of health services;
(iii) the education and training of health personnel.

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[1] Off. Rec. Wld Hlth Org., No. 14, p. 78.

[2] Handbook of Resolutions and Decisions, ninth edition, pp. 139-140.

These three purposes are closely interrelated; as a matter of fact, they must be envisaged as a whole, under the broad heading of national health development.

WHO's assistance, and the various forms it may take, must in turn be considered within this broader context. The Executive Board, at its twenty-eighth session in 1961, after having considered a report from the Director-General on assistance to newly-independent states, called the attention of governments to "the importance of national health planning in order to ensure that all available resources from whatever source may be effectively and economically used".[1]

Any decision allowing for more flexibility in the provision of WHO assistance must be based on well-defined criteria assessed against the national health development plan; only thus will it produce the expected dividends.

2.2 The guiding principles for the provision of advisory and demonstration services to governments have been established by the World Health Assembly and the Executive Board.[2] These provide that the following should be taken into consideration in evaluating requests for assistance:

(a) the probability of achieving successful, useful and permanent results;

(b) the relative importance of the problem in the whole health programme of the requesting country;

(c) the ability of the country to provide the services required as measured by the availability of trained personnel and of means for training personnel;

(d) the financial and administrative ability of the country to absorb the requested assistance, taking into account all the health projects planned and in operation as well as in other forms (including bilateral assistance) which might overload the country's operating capacity;

(e) reasonable assurance of government co-operation throughout the programme;

(f) reasonable assurance that the project will be continued, and particularly that the government will provide adequate personnel and financial support for its continuation.

Experience has shown that certain countries are encountering difficulties when these principles are strictly applied. In fact, it is possible that some criteria are no longer applicable to the current situation even though they proved invaluable in the formative years of the Organization.

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[1] Resolution EB28.R22, Handbook of Resolutions and Decisions, ninth edition, page 5.

[2] Handbook of Resolutions and Decisions, ninth edition, page 3 et seq.

2.3 WHO's assistance to countries consists essentially in one or more of the following:

(a) advisory staff, on a long- or short-term basis;
(b) the awards of fellowships;
(c) equipment and supplies.

The provision of such assistance is normally covered by a plan of operations which outlines the objectives sought, the methods to be followed and the chronology involved. This plan also specifies the commitments of the Organization and those of the assisted government.

The commitments of the Organization include, essentially, the salaries, allowances and travel costs to and from the country of assignment of international staff, the costs of fellowships and of any equipment and supplies which it has been agreed the Organization would provide, including transportation up to the port of entry.

The commitments of the government cover the provision of national personnel, local equipment and supplies and local expenses necessary for the carrying out of the project. These include, for example, the supply of office accommodation and furnishings, secretarial assistance as required, duty travel of international staff within the country and assistance in obtaining suitable lodging for them, storage and internal transportation of WHO equipment, costs of correspondence, cost of fuel, maintenance and repair of vehicles provided by the Organization.

Looking at WHO's assistance thus provided over the past nineteen years, it is clear that there has been a trend towards decreasing the government commitments in the plan of operations. While the principle of national counterpart contribution has been maintained, standard requirements have been interpreted liberally in relation to country situations. The question arises as to whether more should be done in this direction.

3. MOVES TOWARDS NEWER FORMS OF ASSISTANCE

In order to help developing countries through their period of greatest difficulty, the Organization has, in recent years, introduced new forms of assistance in special cases.

3.1 The provision of operational staff to work within the national health administration with executive instead of advisory functions was initiated on a sizeable scale in 1960, when WHO was called upon to assist in the emergency situation in the Democratic Republic of the Congo. The World Health Assembly

and the Executive Board gave particular attention to this form of assistance in relation to the requirements of new Members and newly-independent countries.[1] However, except in the above case, where the necessary financial resources were provided by the United Nations and later under a fund-in-trust arrangement, the provision of operational staff has been limited to a few instances only because of the lack of funds.

3.2 Grants-in-aid, to cover part or all of the salaries of staff appointed by the national administration, have been used in a few instances, particularly for key teaching posts in medical schools. Again from special United Nations funds for the Democratic Republic of the Congo, grants-in-aid were provided for subsidies to undergraduate medical students to help them meet their living expenses while studying in their own country.

3.3 The Nineteenth World Health Assembly[2] authorized the setting up of a revolving fund for purchase of equipment to allow governments to purchase with their national currencies teaching and laboratory equipment for education and training purposes.

3.4 The Organization has, in special cases, participated in local costs which are normally a government commitment, such as (i) partial payment of salaries of national staff (in malaria eradication programmes) and, in some instances, subsistence allowances for local staff operating away from their home base, (ii) cost of travel of medical and health staff from remote areas to attend training courses of seminars within their own country, (iii) running costs and costs of repair and maintenance of vehicles used in malaria and smallpox eradication programmes.

3.5 The Organization has responded to requests from Members for technical assistance in public administration related to their health programmes; it has provided fellowships to health personnel for study on various aspects of public administration.

3.6 These moves towards newer forms of assistance have stemmed from a fuller recognition of the needs of some developing countries, through the actual experience gained in national programmes, especially eradication programmes, assisted by WHO. Though these forms of assistance have so far been rather limited, they have opened the way for a possibly broader application. The Board may now wish to consider whether such forms of assistance should be used more extensively and, if so, in what conditions.

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[1] Handbook of Resolutions and Decisions, ninth edition, pp. 4-8.

[2] Resolution WHA19.7, Handbook of Resolutions and Decisions, ninth edition, page 341.

4. PROPOSED FORMS OF FUTURE WHO ASSISTANCE

4.1 The forms which WHO assistance might take in the coming years would, it seems, fall within three categories:

(i) the "traditional" means described under 2.3 above, which retain their fundamental value, it being understood that the Organization might undertake, where justified, to meet more of the Government commitments as stipulated in the plans of operations;

(ii) a broader application of the newer types of assistance outlined under 3 above;

(iii) new approaches, some of which are proposed hereinafter.

WHO assistance, in any given country, could consist in an aggregate of several means selected, in varying proportions, from these three categories, according to the country needs and resources with due regard being given to the national health development plan.

4.2 Great attention should also be paid to the quantitative aspect of assistance. It would be unrealistic to expect the Organization to be able, within its budgetary resources, to provide for any length of time a substantial part of the material and organizational requirements for health programmes of most of the countries it assists.

In view of this limitation in the scope of assistance the Organization can give, it would be necessary to identify those activities in the national health programme that could be supported with material aid:

- either as one-time capital investment, e.g. equipping a teaching institution or providing equipment for a health laboratory, or

- for recurring expenditure over a specified number of years, e.g. development of rural health centres.

Whatever approach is chosen, it is of necessity selective and leaves a large part of the needs uncovered. Governments will still need to seek other sources of multilateral and/or bilateral aid. WHO can be instrumental in helping governments to stimulate such aid.

Co-ordination at the national level is particularly important to harmonize the assistance received from various sources, in different parts of the health development programme and to ensure that the limited national resources are utilized with maximum economy and benefit.

4.3 Within this general framework, the following forms of assistance may be considered.

4.3.1 Advisory personnel

Trends in recent years indicate that countries which have been for some time developing their national staff resources no longer need long-term assignments of international advisory personnel. The time has come for the Organization - and this is, in fact, already done - to introduce more flexibility in the duration of such assignments, for example by making increasing use of intermittent patterns of assistance, alternating long-term and short-term assignments according to the evolving needs of the assisted country.

When, on the other hand, there is no national counterpart staff available, the assignment of WHO advisory personnel should be allowed to fulfil partly executive, as well as advisory and educational responsibilities, it being understood that the training of the national counterpart will receive the highest priority.

In the follow up of projects formerly assisted on a long-term basis, the assignment, at intervals, of short-term consultants may be of considerable help to national health administrations at a minimum expense.

Such adjustments in the pattern of assignments of advisory personnel are of definite advantage from the technical and administrative management viewpoints, but they may also result in savings which can be used otherwise, e.g. for additional equipment and supplies.

Furthermore, experience has shown that unsatisfactory results obtained in some WHO-assisted projects were often due to the lack of proper administrative management and logistic support at national, intermediate and local levels. It may be useful for the Organization and for the governments concerned to provide, as appropriate, for the assignment of advisory personnel to assist national health administrations also in these aspects of the programme.

4.3.2 Operational personnel

It may be desirable to extend the practice of providing operational personnel more widely than in the past to countries with an acute shortage of qualified professional staff. Here again, it might be worthwhile considering operational assignments in the administrative field within the national health administration.

The obvious hurdle in the expansion of this form of assistance is financial. As it has to operate within the limits of its budget, WHO cannot allow itself to disrupt the overall balance of its programme to the detriment of its primary responsibilities as a technical Organization.

Whatever operational assistance would be provided would, of necessity, be limited in scope. It would also be limited in time, on a sliding scale downwards over a specific number of years.

Any operational assistance should not be restricted to executive duties but should also include, to the largest possible extent, an education and training element.

4.3.3 Fellowships

In support of government efforts to train more health staff, especially at the middle level, it might be worthwhile to consider, as an extension of the present programme policy of the Organization on fellowships, allowing for training within the fellow's own country in special, well-defined circumstances. This was advocated by an advisory group which met in November 1967 to evaluate the WHO programme for education and training, and which stated "... in appropriate circumstances, local awards are to be encouraged not only in conformity with the adaptation principle but also to avoid the dangers of "brain-drain" inherent in all fellowships." The cost to WHO would be comparatively low, and the disruption caused by absence of staff from their post for prolonged periods would be lessened.

4.3.4 Other forms of assistance to educational activities

Apart from the revolving fund for the purchase of teaching equipment, the use of which could be extended, possible new types of WHO assistance could include, for example, the development of manuals and textbooks adapted to local conditions and/or in the language of the country. Fruitful results have already been obtained in that regard, for instance through an inter-country project in the Region of the Americas; it seems that this type of assistance could be more extensively used.

Another approach would consist in using well-developed institutions in a given country (medical schools or laboratories or health centres) as "centres of excellence" on which training activities for the country as a whole could be based. This has been done already with promising results. The granting of fellowships within the country would be of particular usefulness in that regard.

4.3.5 Equipment and supplies

4.3.5.1 The present policy of the Organization allows equipment and supplies to be given in relation to a specific project provided the project is technically sound and that WHO and the government concerned jointly supervise the use of these equipment and supplies. With these two provisos, it might be desirable in certain cases to increase the amount of supplies and equipment allocated to a project. Conditions governing such increased provision should include: prior agreement on the use of the equipment and supplies; assurance that an adequate system of storing exists or is being established and will be properly maintained; in the case of specialized technical equipment, adequate maintenance and repair services are assured; periodic reporting by the government on the use made of the supplies and equipment; checking, with the help of the appropriate technicians, of the use, maintenance, adequate storekeeping, inventory, etc. of the supplies and equipment provided, in full co-operation between the government and WHO.

4.3.5.2 The Board may wish to recommend a wider provision by the Organization of equipment and supplies, over and above the present allocations for specific projects in special circumstances.

Here again the question is to avoid disrupting the balance of the programme, which could easily result from an increased allocation of equipment and supplies within limited budgetary resources.

In this connexion, account should be taken of the fact that other agencies either multilateral, such as UNICEF, or bilateral are in a position, much more than WHO, to meet government requirements in terms of equipment and supplies. The fullest possible use should be made of these sources of assistance, which have proved invaluable to the developing countries.

As far as WHO is concerned, any further move in that direction should, to begin with at least, concentrate on carefully selected types of projects, with appropriately detailed plans of organization, staffing and supplies. Such "special projects" might, in particular, be envisaged for critical areas such as the development of health manpowers.

4.3.5.3 In connexion with requests for larger quantities of supplies and equipment, it may be mentioned that maximum benefit is not always derived at the present time from those already provided: rapid deterioration occurs in some cases because of lack of maintenance and repair facilities, and insufficient care in handling delicate apparatuses. Further, lack of spare parts may cause essential equipment to be useless and hamper the work with which it is connected. It might, therefore, be considered whether WHO should set up, or assist countries to set up, efficient centres for maintenance and repair of specialized equipment. A few projects of this kind are already in existence, but systematic assistance, perhaps on an inter-country basis when small countries are involved, could help to prevent wastage of this type. Extension of such activities might include the development of "model" centres perhaps to serve several countries, WHO teams of technicians visiting countries at regular intervals to assist in repairs and ensure adequate maintenance, specialized centres for repair of more delicate pieces of equipment such as microscopes or X-ray apparatuses.

Emphasis should be laid, in all such activities:

(a) on the inter-country or regional approach which would allow for the best practical results to be obtained with maximum economy;

(b) on the need for including, to the largest possible extent, a training element with a view to develop in all the countries concerned national staff conversant with the problems of management and logistics, storing, maintenance and repair of equipment and supplies in health programmes.

5. In brief, the trends reviewed in this document indicate that, in an effort to alleviate the burden of governments, the Organization has progressively endeavoured to adapt its assistance to the needs of developing countries who do not possess the necessary matching resources.

Commitments of governments in plans of operations that may have had a hampering effect on project implementation have been liberally interpreted. New types of assistance have been introduced. Further possibilities have been envisaged.

It is hoped that the suggestions outlined above will provide the Board with a constructive basis for discussion and may open the way to a still better impact of WHO technical assistance while safeguarding the basic technical character of the Organization as envisaged in its Constitution.

Extract from Official Records No. 14 pages 78 & 79
Reports of the Executive Board, 1st & 2nd Sessions

/EB2/17 Add. 3/
8 November 1948

Annex 24

CONTRIBUTIONS BY WHO AND INDIVIDUAL GOVERNMENTS TOWARD THE COST OF ADVISORY AND DEMONSTRATION SERVICES AND FELLOWSHIPS, FURNISHED BY WHO TO THE GOVERNMENTS[1]

Note by the Director-General

1. Approval of Projects

The approval of a project or programme for furnishing advisory and demonstration services to governments will normally require two steps:

(1) A government will present a proposal under which advisory and demonstration services are to be furnished by WHO. This proposal will not necessarily contain all the details, but must include sufficient information on the type and amount of services desired to permit a decision as to whether the request falls within the programme approved by the World Health Assembly and whether there is reasonable expectation of including it within the budgetary limitations.

(2) Programme or projects approved in principle will require a detailed plan which will set forth the tasks to be accomplished and the relative contributions by WHO and the government concerned. No programme or project will be commenced until there is agreement between WHO and the government on the detailed plan.

2. Division of Costs for Advisory and Demonstration Services

The division of costs between WHO and the governments will normally be as follows:

(1) WHO will furnish technical staff and may in addition furnish certain supplies and equipment for demonstration purposes, paying the following expenses:

(a) salary and allowances, not including subsistence allowance within the country of work;

[1] See second report, item 1.1.1, p. 17.

(b) travel costs to and from the country of operation;

(c) the cost of supplies and equipment required for demonstration purposes (subject to reimbursement by the country, to the extent of its ability to do so, in currency which can be used by WHO).

(2) The country concerned will pay such costs of operations within the country as can be met in domestic currency, paying the following expenses, inter alia:

(a) salary and expenses of staff provided from within the country itself, including technical personnel, and clerical or other auxiliary personnel;

(b) office accommodation, facilities and supplies, including public services such as telephone, electricity, etc., office equipment and stationery supplies;

(c) transportation and travel expenses within the country of operation;

(d) allowance for WHO staff due in connexion with their assignment to the country of operation, which may include subsistence allowance for WHO staff temporarily assigned and, when appropriate, allowances to compensate for high cost of living.

3. Fellowships

The division of costs between WHO and the governments will normally be as follows:

(1) WHO will pay the following expenses:

(a) subsistence allowance during study;

(b) tuition fees and a reasonable allowance for technical books and for technical equipment required during study;

(c) travel costs within the country of study;

(d) travel costs to and from the country of origin which cannot be met in the local currency of the country concerned.

(2) The country concerned will, to the extent of its ability to do so, pay the following expenses:

(a) travel costs which can be paid for in the currency of the country of origin;

(b) incidental costs of preparation as may be necessary, including visas.

Resolution WHA2.73

The Second World Health Assembly

ENDORSES the policy of the Executive Board as contained in Official Records No. 18, page v, paragraph 2 (Supplies)[4] it being understood that the policy as laid down does not exclude points 1.2.8 and 1.2.9 on page 5 of that volume[5] and that the provision for these two points can be included in the provisions made in connexion with item 7.6.1 (Medical Literature, Teaching Equipment and Programme Supply Services) of the same volume.

June 1949

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[4] "2 SUPPLIES

"2.1 Although the Board recognizes the critical need for health and medical supplies in many areas of the world, it believes that the distribution of these commodities is basically an economic problem. The Board feels that one of the functions of WHO is to assist and support governments in the utilization of international economic machinery in efforts to obtain supplies for health purposes.

"2.2 Whereas WHO should provide supplies required for its own work including its demonstration teams, the Board is of the opinion that it is not within the province of, nor is it possible for, the Organization to make itself responsible for supplies required by governments. However, the Board recognizes that it may be desirable in some cases for supplies to be made available for specific projects, examined in advance in detail and approved by the Executive Board, either to continue the implementation of programmes after the WHO demonstration teams have finished their task, or to implement or further a health project carried out by a governmental health administration . . ."

[5] "1.2.8 Supplies and their Importance

"Experience has shown that work projected under decisions of the Health Assembly and the Executive Board is often completely sterile, and in some cases impossible, unless certain necessary supplies are available. It is a fact that in many countries penicillin, DDT and certain vital equipment are not available and cannot be made available from local sources or purchased with local currency. When WHO undertakes or stimulates extensive projects for control of malaria or plague, cholera or venereal diseases, to name only a few activities, some supplies should be furnished. These supplies are required not only for the demonstration teams of WHO, but in many cases to make it possible for the country to continue the implementation of the programme after the WHO demonstration team has moved on to other areas or countries. It is to be expected that the ultimate increase in the productivity of the country and industrial development or revitalization, will make possible either purchase or manufacture of these necessary supplies in the future. Without such provision of reasonable quantities of supplies the governments concerned cannot be expected to carry the programmes initiated by WHO to full fruition.

"1.2.8 Supplies and their Importance (continued)

"Governments will be expected to pay for these supplies wherever possible. In some cases this payment would take the form of a credit, to the account of WHO in the national bank in the local currency, representing the cost of the supplies received. WHO could then or thereafter use these local currency resources for a number of important purposes. These funds would be used to finance fellowships from neighbouring countries, to purchase other services available in the country and of which WHO has need, or for local health projects approved by WHO.

"1.2.9 Other Supplies for which no Specific Provision has been made in this Proposed Budget

"It is recognized that there are many areas and countries in the world in which the major need is for medical supplies rather than for technical services alone. Some countries, although possessing the necessary technical services, are unable to cope with many of their public-health problems because of the lack of adequate medical and sanitary supplies. The need results from the general economic situation and the lack of the currencies necessary to procure supplies available only by import.

"Although no budgetary provision has been made in the proposed programme and budget for 1950, governments are urged to give very careful consideration to this serious and frequently critical need. Should governments decide that direct action should be taken by WHO to alleviate this condition, consideration may be given to adding to this budget such additional amounts for 1950 as are considered proper."

17.B - LONG-TERM PLANNING

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.32
22 May 1968

ORIGINAL: FRENCH

CO-ORDINATION WITH THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND THE INTERNATIONAL ATOMIC ENERGY AGENCY: ADMINISTRATIVE, BUDGETARY AND FINANCIAL MATTERS

The Twenty-first World Health Assembly,

Having reviewed the Director-General's report[1] concerning the implementation of the recommendations in the second report of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies;

Bearing in mind also resolutions EB37.R43,[2] WHA19.30,[3] EB39.R42,[3] WHA20.22[3] and EB41.R40;[4]

1. NOTES with satisfaction that in his report to the Executive Board[5] the Director-General states that he plans to submit to the Board at its forty-third session a report on "possibilities for further improvement and refinement of the planning process, including the introduction of some broad long-term financial indicators of future programmes";

2. WELCOMES also the action taken thus far by the Director-General concerning the development of additional procedures for programme evaluation;

3. REQUESTS the Director-General to present to the forty-third session of the Executive Board for its consideration proposals for further improving and strengthening the evaluation process; and

4. REQUESTS the Director-General to report to the Twenty-second World Health Assembly on further progress in the implementation of the recommendations in the second report of the Ad Hoc Committee, including the recommendation concerning reporting on budget performance.

Sixteenth plenary meeting, 22 May 1968
A21/VR/16

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[1] Document A21/AFL/7.

[2] Handbook of Resolutions and Decisions, 9th ed., p. 411.

[3] Handbook of Resolutions and Decisions, 9th ed., p. 412.

[4] Off. Rec. Wld Hlth Org., 165, p. 20.

[5] Off. Rec. Wld Hlth Org., 165, Annex 11.

TWENTY-FIRST WORLD HEALTH ASSEMBLY

WHA21.49
24 May 1968

ORIGINAL: ENGLISH

CO-ORDINATION WITH THE UNITED NATIONS, THE SPECIALIZED AGENCIES AND THE INTERNATIONAL ATOMIC ENERGY AGENCY ON PROGRAMME MATTERS (LONG-TERM PLANNING)

The Twenty-first World Health Assembly,

Having adopted resolutions WHA21.32 and WHA21.33;

Having considered the report of the Director-General and resolution EB41.R40 of the Executive Board on the progress on implementation of the recommendations in the second report of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies on the implementation of recommendation 29 concerning long-term planning;[1]

Awaiting with interest the report on measures taken further to improve and refine the planning processes of the World Health Organization which the Director-General will make to the Board at its forty-third session;

Noting with appreciation the assistance given by WHO to the development of national health plans in the context of economic and social development;

Recalling the broad directives in the Fourth General Programme of Work adopted by the Eighteenth World Health Assembly guiding the work of the Organization through 1971;[2]

Believing that sound national health plans provide an important basis to the development of WHO programmes at the regional and global levels to support the efforts made by Member States in the field of health;

Appreciating the action taken by the Member States of the Regional Committee for Europe with a view to evaluating the activities of the World Health Organization in the European Region as well as to drawing up long-term plans in the different fields of health work;

Considering that the long-term plans of the regional offices **should increasingly reflect** the national plans of the Member States, and of their present and long-term needs in the field of health,

1. NOTES the fact that the Regional Committee for Europe has decided to continue to examine long-term planning in new fields of health activity of general interest to Member States;

2. RECOMMENDS that regional committees give particular attention, at their 1968 session, to long-term health planning and the formulation and evaluation of health programmes and to the possibilities of co-operation on a regional and inter-regional basis in the development of such plans;

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[1] Off Rec. Wld Hlth Org., 165, Annex 11, pp. 64-65.

[2] Resolution WHA18.33.

3. INVITES the Member States to co-operate, within the framework of the regional committees, with a view to further extending the long-term planning of the programmes of the Organization on the basis of their national health plans and their present and long-term requirements in the field of health; and

4. RECOMMENDS that the Director-General in presenting his report on this question to the forty-third session of the Executive Board, pay special attention to the recommendations made and the opinions expressed by the Member States and the regional committees.

Eighteenth plenary meeting, 24 May 1968
A21/VR/18

I. PAHO/WHO LONG-TERM PLANNING AND EVALUATION

1. The Ad Hoc Committee of Experts established to examine the finances of the United Nations and the Specialized Agencies in its report to the General Assembly made numerous recommendations. Of particular interest in this connection are Recommendation 29, which calls for an integrated system of long-term planning, of programme formulation and of budget preparation; Recommendation 30, which proposes that the organizations should take steps to improve and strengthen the evaluation process wherever possible; and Recommendation 31, asking for the development of common evaluation methods and standards for the organizations.

2. Annex 11 of WHO Official Record 165 summarizes the position of WHO concerning the 52 individual recommendations of the Ad Hoc Committee. Section H on "Programme Planning and Evaluation" of the Appendix to Annex 11 (WHO Off. Rec. 165, pp 64-66) deals specifically with programme planning and evaluation.

3. In advocating the introduction of an integrated system of long-term planning of programme formulation and of budget preparation, the Ad Hoc Committee has also recommended that each organization should develop its own processes and staff capability in order to define what it hopes to accomplish within definite points of time. In thus defining specific objectives, the priority needs of Member States would be taken into account as would the over-all capability of the Organization, and the probable financial costs. Simultaneously, alternative courses of action for accomplishing the defined objectives would be formulated together with related costs.

4. At the Twenty-first World Health Assembly resolutions were passed concerning the implementation of the recommendations in the Second Report of the Ad Hoc Committee of Experts.

5. Reference should be made to Resolutions WHA 21.32 and WHA 21.41 which deal with the implementation of Recommendations 29 and 30 of the Committee of Experts and concern long-term planning and evaluation.

6. These resolutions of the World Health Assembly concerning long-term planning and evaluation are part of a current trend manifest in many circles of the United Nations system which involves WHO in several ways. Long-term plans of a similar nature are now required by a variety of United Nations bodies and WHO must assist in the elaboration of the health sector of a World Plan of Action for development being worked out by the United Nations Advisory Committee on the Application of Science and Technology to Development (UN-ACSAT) as well as of the United Nations Plan for the Second Development Decade. Furthermore, a trend for Regional Economic Commissions to formulate long-term plans for their respective regions has alike implications for WHO.

7. In the American Region, countries within the Interamerican System have been following a similar trend for overall socio and economic planning during the last years as a consequence of the decisions taken at Punta del Este in 1961. The health component of such process has been incorporated since the first stage and PAHO/WHO has received a direct responsibility in this undertaking.

8. The world developments, however, suggest the need to review the procedures being followed in our Region and to strengthen and extend the planning projections of PAHO/WHO. For several years PAHO/WHO Programme has been generally prepared in two stages: first at country and zone levels based on consultation with national health authorities, and the second at regional level where information and proposals received from countries are assembled to build up a Regional Programme and Budget.

9. To improve the procedure it is suggested that the programme 1972-76 be elaborated: a) following the National Health Plans where they have been formulated or, b) on the basis of a detailed consultation and analysis of problems, needs, priorities and trends in those countries where the health planning process has not yet reached the pertinent level. Going along with these steps PAHO/WHO could then prepare a more comprehensive projection. The regional plans would then constitute the basis of and be harmonized with a global programme which in the form approved by the World Health Assembly, would be the general programme of work for WHO to cover the period 1972-76.

10. A general programme drawn up in this way would provide the best basis for meeting the needs of UN-ACSAT's World Plan, the United Nations Second Development Decade Plan and any regional plans set up by Regional Economic Commissions. For countries in the American Region it would also provide the necessary means to facilitate the cooperation of PAHO/WHO in the implementation of the objectives established in the Charter of Punta del Este and the Declaration of Presidents of American Countries.

11. Resolution WHA21.49 recommends that "Regional Committees give particular attention at their 1968 session to long-term health planning and the formulation and evaluation of health programmes and to the possibilities of cooperation on a regional and inter-regional basis in the development of health plans."

12. Headquarters is studying the question of developing long-term financial indicators of future programmes. Clearly the basis of any such indicators must be established first in terms of programme goals and targets and the requirements necessary for their acheivement.

13. Headquarters is collaborating with regional offices in the study of ways and means for further improving and strengthening the evaluation process. Operations are already underway for effecting at national and regional levels a more systematic anticipatory pre-operational project assessment and evaluation of projects as well as impact analysis of work accomplished. Headquarters is undertaking an analytic review of programmes in search

of the lessons of experience to be kept in mind in future programme development and action.

14. The Directing Council may wish to consider the principles set forth in Section H of the Appendix of Annex 11 of Official Records 165 and to express the consensus of its views on the planning and evaluation aspects of the WHO programmes. This will guide the Director-General who, in reporting to the Forty-third Session of the Executive Board, is to pay special attention to the opinions of Member States and Regional Committees.

15. With regard to long-range planning, it is not necessary at this stage to go into details. It is proposed that past experience guide future developments. Accordingly, the four General Programmes of Work for Specific Periods, the plan for health by the World Health Assembly for the Development Decade of the sixties and the WHO proposals for the World Plan of Action of the Advisory Committee on Science and Technology of the United Nations suggest that Member States start and/or strengthen their health planning process including, (i) the establishment and periodical revision of priorities and objectives, (ii) the development of the health sector infrastructure and, (iii) the development of needed health manpower for consolidating and expanding health services. The health planning process should be carried out in close relationship with socio and economic development plans as defined in the Charter of Punta del Este and the Declaration of Presidents of America.

16. In complying with recommendations of the Charter of Punta del Este and the Declaration of Presidents, the suggested scheme will also enable WHO in designing its long-term programme of work.

II. BIENNIAL PROGRAMMING

In accordance with operative paragraph 2 of Resolution WHA21.49, Part I above deals with the broad aspects of long-term health planning and the formulation and evaluation of health programmes. This is a continuing development of an integrated system of long-term planning. The Program Budget form of presentation has been used for the PAHO/WHO budget document since 1963 (Official Document No. 45).

In the general context of longer-term planning, it was suggested during the forty-second session of the WHO Executive Board that when the proposed programme and budget estimates for a given year are prepared, it should be possible, at the same time, to submit plans for a further year ahead. The Director-General informed the Board that he believed that this was a matter which should first be considered by the Regional Committees of the Organization. The Board was fully aware of the fact that the introduction of an additional programming year would require Regional Committees to review programme proposals nearly two and a half years before they were to be implemented and that, therefore, revisions to the proposals would be required during the interim period to reflect changes in the priorities of governments and other factors. It may be expected that the extension of the present programme period for a further year would encourage governments to develop their national health plans on a longer-term basis and in so doing identify the projects in which PAHO/WHO's future assistance could make more positive contributions to the achievement of national health objectives.

In effect it is proposed that the WHO budget document shall include a provisional draft budget for the year beyond that for which the appropriation is approved. PAHO has been including such a provisional draft budget in its budget document since 1955. In the PAHO/WHO budget document the WHO-financed portion of the budget estimates for the second succeeding year are recommended to the Director-General of WHO for inclusion in his program and budget for appropriation action by the World Health Assembly. For the PAHO-financed portion, the second succeeding year represents a draft provisional budget for study by the Directing Council. During the following year the programme is revised to take into account any guiding comments or policies expressed by the Directing Council and to reflect the latest needs of governments and programme priorities. It is then re-presented for appropriation action by the Directing Council.

Bearing in mind the desirability of continuing the practice of presenting the PAHO/WHO budget as an integrated whole, the proposal to add a further year projection to the WHO budget would result for the PAHO-financed portion in a two year projection instead of the present provisional draft budget covering one year. In the Americas consultation with national health authorities on future budget proposals for PAHO/WHO would commence 3-1/2 years before the beginning of the year of implementation.

The Director-General is considering starting the extension of the programme period with the programme and budget estimates for 1971. Thus the budget document presented to the World Health Assembly in May 1970 for approval (appropriation of funds) of the 1971 programme and budget, would also contain the projection or provisional draft programme and budget for 1972. The Region of the Americas portion of the programme and budget for 1971 and the projection for 1972 would have to be presented to the Executive Committee in June 1969 and to the Directing Council, WHO Regional Committee for the Americas in October 1969. Consultations with Governments for the preparation of these programme and budget estimates started in mid-1968. The cycle of budget preparation under the proposed extension of the programme period, taking 1972 as the example year, is shown in Annex II as it affects the WHO and PAHO respective portions of the budget preparation in the Americas. For informational purposes Annex III shows the cycle of preparation which would obtain in other WHO Regions.

Assuming adoption of the extended programme period, consideration must be given to the form of presentation of the programme and budget estimates. This problem related to the respective WHO and PAHO budget documents is discussed below:

The Director-General suggests that one method of revising the form of presentation of the WHO programme and budget document, which Regional Committees could consider, would be the following:

(1) Delete the details of the estimated obligations for the current year, i.e. the year in which the programme and budget proposals are prepared in the respective regions. These figures now shown in the first column of the portion of the WHO budget for the Americas are compiled as early as February and are, therefore, only forecasts of what the end-of-year obligations are likely to be. At the same time, it would be possible to expand the information in the WHO Annual Financial Report in such a way as to make the presentation of information on obligations incurred for the current year more readily comparable with the programme and budget estimates.

(2) The present three column presentation of the WHO programme and budget document could be maintained showing:

(a) First Column - the programme and budget estimates approved by the previous Health Assembly, incorporating any revisions to the original proposals which had become necessary. Thus for the WHO budget document to be considered by the WHO Executive Board in January 1970 and the World Health Assembly in May 1970, the first column would reflect the revised estimates for 1970.

(b) Second Column - the programme and budget proposals for the budget year which Regional Committees would review and submit their comments thereon to the Director-General. For the budget document mentioned in (a) above, this column would reflect the estimates for 1971.

(c) Third Column - the projection, project by project, of the programme proposals as shown in the second column, together with any new activities foreseen by requesting governments and the Regional Director. For the budget document mentioned in (a) above, this column would reflect the projection for 1972.

The descriptive narrative could be primarily directed to the proposals for the budget year and would include indications of the duration of projects planned to continue into the future. Short narratives for the new activities shown in the third column, i.e., the projection, could be printed in italics to distinguish them from those relating to the budget year proposals. With a presentation in this format of the consolidated programme and budget estimates of the Organization, the Health Assembly would have a projection of the programme planned for a further year ahead, which might be helpful to the Assembly when it carries out its responsibilities under Resolution WHA20.3 1/ and considers the General Order of Magnitude for the succeeding year.

The PAHO programme and budget document, starting with Official Document No. 76 issued in 1967, presents budget information in four columns: (a) First Column - budget expenditures for the previous year;

(b) Second Column - estimated budget expenditures for the current year in which the budget book is issued;

(c) Third Column - for the PAHO portion, the proposed programme and budget for the coming year, being submitted to the Directing Council for approval and appropriation of funds; for the WHO portion, the budget approved by the WHA in May for the coming year;

(d) Fourth Column - for the PAHO portion, the provisional draft; for the WHO portion, the programme and budget proposal submitted to the Directing Council for recommendation to the Director-General.

Adoption of the extended programme would require a choice between presenting a budget in five columns or eliminating the previous year and/or the current year. The inclusion in the budget document of the budget expenditures for the previous year, despite the additional workload, represented a bold advance step in the application of sound budget principles to an international organization. Its favorable reception by representatives of Member Governments is testimony to its value. If the first column for the previous year is retained, it would be illogical to eliminate the second column reflecting the current year. This line of reasoning leads inescapably to the necessity of a five column budget. Presentation of a budget with five columns obviously creates difficult problems of format as well as additional work load. Ways and means will be sought to overcome these problems if the Directing Council favors addition of a further year projection without deletion of any of the present budget information.

1/ Handbook of Resolutions and Decisions, 9th ed., p. 240

PAHO/WHO BUDGET CYCLE FOR THE 1972 BUDGET

Planning Years									Approving Year						Operating Year
1968	1969					1970			1971						1972
WHO BUDGET															
June/December	January/May	June/July	September/October	October	October/December	January	May								
Planning of provisional draft budget at country level in consultation with Governments. (Preparation of proposals by Country Representatives, review by Zone Chiefs and presentation to the Director.)	Review and determination of priorities within tentative budget ceilings. Preparation and distribution of the budget document issued in 1969.	Submission to Executive Committee for recommendation to Directing Council.	Submission to the Directing Council/ Regional Committee for recommendation to Director-General as the provisional draft budget.	Submission to the Director-General.	WHO Headquarters review, consolidation and production of proposed provisional draft program and budget.	Consideration by standing committee of Executive Board for recommendation to the World Health Assembly.	Submission to World Health Assembly for review of provisional draft and recommendation on general order of magnitude.								Implementation.
		June/December				January/May	June/July	September/October	October	October/December	January	May			
		Revision of provisional draft budget to propose program and budget, at country level in consultation with Governments. (Preparation of revised proposals by Country Representatives, review by Zone Chiefs and presentation to Director.)				Review and determination of priorities within budget ceilings. Preparation and distribution of the budget document issued in 1970.	Submission to Executive Committee for recommendation to Directing Council.	Submission to the Directing Council/ Regional Committee for recommendation to the Director-General.	Submission to Director-General.	WHO Headquarters review, consolidation and production of proposed program and budget.	Consideration by standing committee of Executive Board for recommendation to World Health Assembly.	Submission to World Health Assembly for examination and approval (appropriation action).			
PAHO BUDGET															
June/December	January/May	June/July	September/October												
Planning of first provisional draft budget at country level in consultation with Governments. (Preparation of proposals by the Country Representatives, review by the Zone Chiefs and presentation to the Director.)	Review and determination of priorities within tentative budget ceilings. Preparation and distribution of the budget document issued in 1969.	Submission to Executive Committee for recommendation to Directing Council.	Submission to the Directing Council for study and comments or guidance.												Implementation.
		June/December				January/May	June/July	September/October							
		Revision of first provisional draft budget to propose second provisional draft budget, at country level in consultation with Governments. (Preparation of revised proposals by Country Representatives, review by Zone Chiefs and presentation to the Director.)				Review and determination of priorities within budget ceilings. Preparation and distribution of the budget document issued in 1970.	Submission to Executive Committee for recommendation to Directing Council.	Submission to the Directing Council for study and comments or guidance.							
							June/December				January/May	June/July	September/October		
							Revision of second provisional draft budget to propose program and budget for appropriation action, at country level in consultation with Governments. (Preparation of revised proposals by Country Representatives, review by Zone Chiefs and presentation to Director.)				Review and determination of priorities within budget ceilings. Preparation and distribution of budget document issued in 1971.	Submission to Executive Committee for recommendation to Directing Council.	Submission to the Directing Council for approval (appropriation action).	

WHO BUDGET CYCLE: REGULAR PROGRAMMES

The planning year (1969)				The approving year (1970)		The operating year (1971)
Up to August	August/September	September/October	October to December	January	May	
Regional planning with Governments of programmes for the budget year and their projection for a succeeding year.	Submission to regional committees of the programme and budget estimates for the budget year (nearly 1-1/2 years ahead) and their projection (nearly 2-1/2 years ahead).	Submission to the Director-General.	Review, consolidation and production of proposed programme and budget estimates and their projection for a succeeding year.	Consideration by the Standing Committee on Administration and Finance and the Executive Board of the Director-General's proposals and their projection, and their submission to the Health Assembly together with the recommendations of the Executive Board.	(i) Examination and approval by the World Health Assembly of the Director-General's proposed programme and budget estimates for the budget year. (ii) Review of the projected proposals when the Health Assembly recommends the general order of magnitude of the budget for the succeeding year. (Resolution WHA20.3)	Implementation of the programme and budget estimates as approved by the Health Assembly. ..... Consideration and approval of the budget estimates for implementation in the following year, based on the projection for that year, revised as necessary in the light of developments.

* This table represents the standard cycle for WHO, but in the Americas the cycle starts much earlier. The PAHO/WHO cycle is shown in Annex I.

17.C. REPORT ON EXPERT COMMITTEE MEETINGS

Forty-second Session

EB42.R12
28 May 1968

ORIGINAL: ENGLISH

REPORT ON EXPERT COMMITTEE MEETINGS

The Executive Board,

Having considered the report of the Director-General on expert committee meetings,[1]

1. NOTES the report of the Director-General;[1]

2. THANKS those members of the expert advisory panels who have taken part in these meetings; and

3. REQUESTS the Director-General to bring to the attention of the Regional Committees the importance and practical use of Reports of Expert Committees.

Third meeting, 28 May 1968
EB42/SR/3

[1] Document EB42/7.

WORLD HEALTH ORGANIZATION

ORGANISATION MONDIALE DE LA SANTÉ

EXECUTIVE BOARD

EB41/23
5 January 1968

Forty-first Session

ORIGINAL: ENGLISH

Provisional agenda item 2.2.2

AN EVALUATION STUDY OF THE PRACTICAL USE OF EXPERT COMMITTEE REPORTS

Report by the Director-General

PART I

INTRODUCTION

1. Terms of reference

The Director-General submits to the Executive Board at each of its sessions a document for information on the action taken with reference to meetings of expert committees whose reports were issued since the Board's preceding session. Copies of these reports are attached to the document submitted by the Director-General.

On the basis of its discussion at its thirty-eighth session on reports of expert committee meetings, the Board passed resolution EB38.R10 requesting the Director-General, "to undertake a general evaluation of the practical use of reports of expert committees convened by the Organization".

At the following session, upon being informed that the evaluation study it had requested had been initiated, the Board confirmed its interest in the matter in resolution EB39.R7.

In establishing the scope to be given to this study in the light of the term "evaluation" contained in these two Board resolutions, account was taken of the fact that the World Health Assembly, in resolution WHA19.51, considered of "great value and importance" the reports of the expert committees of the World Health Organization and had suggested "that Member States ensure that wide dissemination be given to recommendations of expert committees through reference to a national expert panel, or otherwise, so that the best use be made of such recommendations in the context of the development of their national health programmes".

A detailed analysis of past discussions on this same item in various sessions of the Board and of the relevant proceedings of past World Health Assemblies showed clearly that the concern of members and delegates centred not so much on the quality of the reports which was generally acknowledged as on the need of ascertaining to what degree their basic purposes of providing guidance to the Organization and disseminating knowledge to Member countries were actually being fulfilled.

2. The aim of this study

By the end of 1967, 374 reports have appeared in the WHO Technical Report Series;[1] it is this entire set of reports that form the object of the present evaluation study.

[1] The World Health Organization, Technical Report Series is referred to in the text from here on as TRS.

Note: Annexes have been deleted in the reproduction of this document for the XVIII Meeting of the Directing Council of PAHO, XX Meeting of the Regional Committee of WHO for the Americas.

The study endeavours to show the role played and practical use made of the expert committees and similar reports within WHO and their role and use in Member countries. It will be readily appreciated that any evaluation of the use of a series of 374 reports covering practically the whole field of public health and having a literally world-wide distribution, is a task of quite some magnitude; this, in itself, accounts for the limitations of the study attempted here. It should be added that to keep the study within manageable proportions, quotations have been kept to the minimum considered necessary.

PART II

THE MATERIAL OF THE STUDY

1. The Technical Report Series (TRS) - The material

The material of the study is the Technical Report Series of WHO. Earlier expert committee reports were published in Official Records. At the beginning of 1950 the Technical Report Series was initiated. This provided the possibility of publishing each expert committee report in booklet form as one of a numbered series. The TRS includes all reports that stem from meetings of expert committees, scientific groups, study groups and joint expert committees with the United Nations, the specialized agencies and IAEA.

2. Purpose and function of the material

The regulations governing expert advisory panels and committees were adopted by the Fourth World Health Assembly, resolution WHA4.14 and amended by the Thirteenth World Health Assembly, resolution WHA13.49 and appear in the Basic Documents of the Organization.[1] The purpose and functions of such panels and committees, as indicated in these regulations are:

(i) to review the latest knowledge and expert information and make it available to the Organization;

(ii) to formulate technical recommendations; and

(iii) to make recommendations designed to initiate, stimulate and co-ordinate research necessary for the fulfilment of their terms of reference.

The regulations also stipulate that the conclusions of expert advisory panels and committees shall not commit the Organization.

The Director-General can also convene scientific groups which, in the present stage of development of the Organization's medical research programme, have the main function of advising him on research matters, e.g., reviewing a designated field, assessing the existing state of knowledge in that field and determining how this may best be advanced and extended. This system of expert committees and scientific groups is supplemented by other technical meetings such as study groups, conferences, etc., of a less formal nature which also fulfil an information and advisory function in regard to the Organization's activities.

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[1] Basic Documents, 18th ed., p. 88 et seq.

Provisions for the various types of meetings indicated above are made in the yearly programme and budget presentations, submitted to the Board and the Assembly. A list of the WHO expert advisory panels, now numbering 43,[1] and of their committees is published yearly in the Annual Report of the Director-General.

Expert committees, at each meeting, draw up, with assistance of their secretary, a report setting forth their findings, observations and recommendations. These reports are submitted to the Director-General; when he authorizes their publication they usually appear in print in the WHO TRS. Selected reports of scientific groups and other meetings have also been published in the same series.

3. The scope of the material

The scope of this material is best illustrated by the nature, range and extent of the subject matter covered by the 43 expert advisory panels of the Organization.

For the purposes of the programme information retrieval system being currently developed by the Organization the major subjects published in the TRS are being experimentally grouped in the following seven sub-series:

Communicable Diseases

Environmental Health

Public Health Services

Health Protection and Promotion

Education and Training

Biology, Pharmacology, Toxicology

Non-Communicable Diseases

In the Catalogue of the World Health Organization publications a detailed subject-breakdown[2] may be found. It gives all necessary references of the TRS and indicates new publications in its up-dating lists. New TRS numbers are reviewed by the Organization in the Chronicle at the time of their issue and listed in the Director-General's Annual Report. Each TRS is announced in a review notice sent out by the Division of Editorial and Reference Service. Each review goes out in 1600 copies in English and 1300 in French. Reviews are also published by several journals in the health field.

4. The functional nature of the material

These reports express the collective views of international groups of experts and do not necessarily represent the decisions or stated policies of the Organization.[3] It is important to note that a collective view is sought, namely the consensus of the participants who are deliberately selected on a world-wide geographic basis.

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[1] See Annex A.

[2] See also Annex B which includes a list by subjects.

[3] The text of this disclaimer is set out in resolution EB9.R74, Handbook of Resolutions and Decisions, 9th ed., p. 128.

The TRS may be considered to have a triple nature according to the contents of its constituent report. These are interrelated and complementary:

(i) those of a highly technical nature and scientific character which can be considered to constitute on a specific question a source of reference containing nomenclatures, definitions and classifications which tend to become widely adopted by scientists and scientific bodies;

(ii) those of a more organizational character which provide guidance to the Organization's technical units and to workers at the national level in the planning, implementation and evaluation of health services and programmes;

(iii) those stemming from the constitutional responsibilities of the Organization in the domain of biological standardization, pharmacology and toxicology, etc., in fulfilment of well-defined basic needs of international life and relationship.

The TRS is, therefore, the technical device by which the Organization makes known in a concise handy format to its own staff, Member governments and others the results of the committees it convenes to give it advice on the technical aspects of its work.

5. Publication and distribution of the material

An effort is made to publish these reports as soon as possible after the meeting. The editorial workload and the translation of the reports, however, are time-consuming factors and so are the consultation and co-ordination with other organizations for jointly-sponsored expert committees. These may require months before the reports are published.

From 1950 to 1955 the reports were published by headquarters in English and French only. Since 1955, starting with report No. 92, a Spanish translation of each report was added. A Russian edition is produced and distributed in the USSR. In addition to the wide internal distribution among technical staff at WHO headquarters, the regional offices and in the field, there is a free distribution of the TRS to national and local administrations of Member countries, to non-governmental organizations, depository and general libraries, research institutes, the United Nations and the specialized agencies, members of the expert advisory panels and some medical journals for review.

Distribution of the TRS is also achieved by sales which are handled both by headquarters and through the national WHO sales agents. The individual subscription price for the TRS is now £ 3 15s. 0d. ($ 15.00, Sw.fr. 45) which pays for the average annual edition of about 30 reports. The retail price for the individual copy of a report varies between 3s. 6d. ($ 0.60, Sw.fr. 2) and 6s. 6d. ($ 1.20, Sw.fr. 4).

The calculation for the number of the first print of a report is now based on the annual average distribution taken from the last three years' requests. At present a report has the following issue:

5500-6000 copies in English

1700-2000 copies in French

1200-1500 copies in Spanish

The Russian edition has normally 2500 copies. First prints are usually distributed in six months. Reprints are made according to direct requests or continuous individual demands.

6. Cost of the material

On a roughly calculated average, 20 expert committee meetings and eight scientific groups have been convened annually in recent years. Average costs involved are $ 12 000 for expert committee meetings and their reports and $ 10 000 for scientific groups. The costs for printing, paper and distribution (excluding translation and editorial costs) amount to Sw.fr. 0.67 for a report in English of 32 pages in 6000 copies. This calculation is based on the costs for the physical production (paper and printing) plus mailing, also taking into account free distribution.

The calculation of the costs for translation and editorial work has not been possible since such costs are an unidentifiable part of the total cost of such services. By way of indication, translation costs $ 50 per 1000 words, an average estimation used as standard practice in the United Nations organizations.

PART III

METHOD OF THE STUDY

1. Introduction

In the absence of a known procedure for this kind of study and the lack of examples in the literature of studies of this nature it has been necessary to create a suitable methodology for the occasion.

Evaluation, to be meaningful and worth while, has to be intimately adapted to the objective sought. The nature of the exercise undertaken has to be such as to lead to practical conclusions and actions. Accordingly the methodology adopted was selected with a view to seeking, in an internal and external appraisal of the significance of the TRS in the light of its fundamental purposes, pointers to remedial action to improve performance. Consideration of the time, expense and effort vis-à-vis the potential magnitude of the study in depth have, of course, also considerably influenced the choice and scope of the methods used.

Two main methods have been applied in this study, one analytical and the other critical. The first is made up of a series of analyses of documentation considered relevant and the second consists of an attempt to sound the critical opinion of those who, within the Organization and outside it, were known to make use of the material of the study, the TRS.

2. The analytic method

The analytic method was used:

(i) to discern the value attached by the World Health Assembly and the Executive Board to the TRS as could be inferred from an analysis of that part of the proceedings of their past meetings which bear upon the material of this study;

(ii) to deduce the value of the Series from the implications for the Organization of some of the recommendations as reported by the Director-General to the Executive Board in his reports on expert committees;

(iii) to explore on a very modest basis and mainly by way of illustration, the significance attached to some of the numbers of the TRS in past reviews made in medical literature;

(iv) to examine the distribution, internal and external, given to the TRS and to assess the value of the Series from the qualitative and quantitative aspects of its distribution, including sales, reprints, translations, etc.;

(v) to assess the public interest and reaction to the Series from a consideration of the press reviews given to some of the reports in the TRS.

3. The critical method

The critical method consisted in drawing up a set of questions which would focus the critical replies of users of the TRS on certain important points mentioned below and would thus facilitate the analysis of the opinion sought by concentrating it on essentials.

This opinion analysis was based on the distribution breakdown and was planned under two aspects:

(i) internal - a request to the regional offices and to divisions and units at headquarters for their critical opinion on the practical use made of this Series in the formulation, execution and evaluation of programmes;

(ii) external - a request for comments and critical opinion about the Series addressed to Member States, non-governmental organizations, research institutes, libraries, teaching institutions and individual practitioners.

4. Practical procedures followed

The Director-General sent a circular letter (C.L.14 1967) to all Member States, asking them to indicate how the reports sent to them by the Organization were being utilized in their countries and what, in general, was the prevailing opinion concerning their usefulness in terms of the subjects dealt with, the timeliness of the topics when the reports are published, the depth and continuity of the subject matter of these reports and the appropriateness of the recommendations made.

For ready reference, a list of the titles issued in the TRS up to December 1966 was attached as well as a list of the main subjects making up the Series with the corresponding numbers of the relevant report.[1]

To obtain the opinion of the other recipients outside WHO the Director-General's questions were formulated in a questionnaire,[2] which was attached to a covering letter and the reference list of the TRS.

A random sample of one out of five of the regular recipients of the TRS was considered to be adequate for the assessment. It was taken into account that the total of 12 000 recipients of the TRS includes those who receive the complete Series as well as those who receive only a small selected number according to their special field of interest.

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[1] Annex B.

[2] Annex C.

For the internal analysis and evaluation, the questionnaire was sent to all divisions and headquarters and the regional offices with a memorandum from the Director-General asking for comment on the utilization of the Series in programme development.

PART IV

THE RESULTS OF THE STUDY

Section A. RESULTS OBTAINED BY THE ANALYTIC METHOD

A.1 Results of the analysis of the proceedings by the World Health Assembly and the Executive Board bearing on the TRS

The comments made by individual members of the Executive Board and by individual government representatives at the World Health Assembly are well related to the resolutions adopted. These were representative and indicative of a collective view which for brevity, has been used for this study.

From the analysis it is possible to conclude that the governing bodies have attached to the TRS quite a high value.

For example, the Fifth World Health Assembly[1] considered that expert committees are an essential component of the work of the Organization and, realizing the need to avoid overlapping and duplication, requested the Executive Board to examine carefully the necessity for the convening of further meetings of expert committees or for establishing new ones.

The Executive Board at its seventeenth session[2] believed that study groups are necessary in addition to expert committees in order to enable the Director-General to discharge his task normally, and outlined the conditions under which the convening of a study group would be preferable to the convening of an expert committee. These included uncertain scientific knowledge of the question studied, the need to consider a strictly limited aspect of a general problem, or for securing participation of experts beyond the membership of expert panels, etc.

In 1966, the Executive Board at its thirty-seventh session[3] emphasized again the great value and importance of the reports of expert committees, invited the regional committees to devote some time to their discussion and recommended that the World Health Assembly suggest to Member States in a resolution the establishment of a national mechanism to consider the recommendations of the expert committees. The World Health Assembly did this in its resolution WHA19.51.

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[1] Resolution WHA5.64, Handbook of Resolutions and Decisions, 9th ed., p. 145.

[2] Resolution EB17.R13, Handbook of Resolutions and Decisions, 9th ed., p. 145.

[3] Resolution EB37.R8, Handbook of Resolutions and Decisions, 9th ed., p. 147.

A.2 Analysis of the implications for the Organization of recent numbers of the TRS as reported by the Director-General to the Executive Board

In the reports of the Director-General to the Executive Board on expert committee meetings each report is reviewed under four standard headings to show (a) how it belongs to its series, (b) what it is about, (c) what were the recommendations made by the committees, and (d) the implications for the programme of the Organization. For the period 1961-1968 (EB28-EB41) 143 reports of expert committee meetings have been covered by the Director-General's reports to the Executive Board. These can be classified by subject matter as follows:

Communicable Diseases	26
Environmental Health	28
Public Health Services	16
Health Protection and Promotion	23
Education and Training	15
Biology, Pharmacology and Toxicology	27
Non-Communicable Diseases	8

which were analysed in detail in the following table.

ANALYSIS OF THE IMPLICATIONS FOR THE ORGANIZATION OF RECENT NUMBERS OF THE TECHNICAL REPORT SERIES
AS REPORTED BY THE DIRECTOR-GENERAL TO THE EXECUTIVE BOARD

EB Document	Communicable Diseases	Environmental Health	Public Health Services	Health Protection and Promotion	Education and Training	Biology Pharmacology and Toxicology	Non-Communicable Diseases	Total
1961 EB28/13			Pub.Hlth Adm.		Schools of Pub. Hlth	Immunology Pharm. Prep. Pharm. Prep.	Cardiovasc.Dis.	6
1962 EB29/34	Bilharziasis	Food Hygiene Housing	Hlth Statist.	Dental Hlth Mental Hlth Mat.& Chld Hlth Mental Hlth Occup. Hlth (Seafarers)	Basic Med.Sc. Auxiliaries	Biol. Stand		12
1962 EB30/5	Filariasis Trachoma	Food Addit.	Nat.Hlth Lab. Services	Mental Hlth	Teach. of Hum. Genetics	Insecticides Drug Dep. Pharm. Prep. Pharm. Prep.	Cancer Cardiovasc.Dis.	12
1963 EB31/31	Malaria Trypanos.	Use of Pestic. Meat Hygiene Radiation Drinking Water Veterin. Educ.		Dental Hlth Teaching of Dent. Hlth Nutrition Occup. Hlth				11
1963 EB32/6		Veterin. Educ. Radiation	Pub.Hlth Adm. Hlth Statist. Hlth Statist.	Nutrition Mental Hlth Mat.& Chld Hlth Nutrition	Med. Ed.	Pharm. Prep. Pharm. Prep. Biol. Stand.	Cancer	14
1964 EB33/26	Gonococ.Inf. Malaria	Vector Contr. Food Addit. Veter. Educ.	Rehabilitation Gen. Practice	Mat.& Chld Hlth	Postgrad.Ed.			9
1964 EB34/13	Helminthiasis Hepatitis Smallpox Brucellosis	Pollution Vector Contr. Vector Contr.		Mental Hlth		Biol. Stand. Drug Dep. Human Genetics Pharm. Prep.	Cancer	13
1965 EB35/28	Ent. Infect. Malaria Tuberculosis Bilharziasis	Metrop.Planning Env. Change	Dental Pub. Hlth Serv. Hlth Statist.	Mat.& Chld Hlth		Biol. Stand.		10
1965 EB36/4		Radiation Food Add.	Legislation Hlth Statist.	Mat.& Chld Hlth	Pre-Med.Course	Pharm. Prep. Pharm. Prep.		8
1966 EB37/26	Rabies Onchocerc. Leprosy Malaria	Vect. Contr. Water Poll.		Nutrition Occup. Hlth	Student Hlth Services	Immunology Biol. Pharm. & Toxic. Biol. Stand. Drug. Dep.	Diab. Mell. Cancer	15
1966 EB38/2		Vector Contr.	Hlth Statist.	Mat.& Chld Hlth	Postgrad. Ed. Lab. Pers.	Pharm. Prep.		6
1967 EB39/28	Cholera Malaria	Housing Food Hygiene	Nursing	Occup. Hlth	Medical Educ.	Drug. Dep. Pharm. Prep.	Rheum. Fever	10
1967 EB40/6	Filariasis Schistosom.	Vector Contr. Vector Contr. Food Addit.	Nat. Hlth Planning Hlth Statist.	Mental Hlth	Teaching of Imm.	Biol. Stand.		10
1968 EB41	Zoonoses Helminthiasis Malaria			Nutrition	Ed. of Engin. Med. Personnel	Pharm. Prep.		7
Total for EB28-1961/ EB41-1968	26	28	16	24	14	27	8	143

It is obviously not necessary to go into the details of such voluminous material. What follow are a few sample quotations classified by major programme headings which suffice to demonstrate how the Technical Report Series affects profoundly most of what WHO does in practically every field in a diversity of ways too wide to recapitulate. In general, this part of the study shows that the formulation, planning, organization, implementation, reporting, evaluation and policy reformulation of field programmes and allied research are all markedly influenced by the deliberations of expert committees.

Some examples of programme implications[1]

Communicable Diseases

Leprosy (extract from EB37/26 - 1966)

Co-ordination with UNICEF aid to leprosy to review the policy so that "it would be possible at that time to set down clear guide lines indicating the level of effectiveness below which a campaign ceased to represent a good use of resources".

Smallpox (extract from EB34/13 - 1964)

A document on planning of smallpox eradication campaigns is prepared and distributed. WHO is to continue its efforts to initiate or increase the production of freeze-dried vaccine in endemic areas and to obtain supplies from other sources. Field and laboratory studies on the variations in strains of vaccine virus in different parts of Africa will be initiated.

Malaria (extract from EB37/26 - 1966)

The collection of reliable information on the response of different species and strains of malaria parasites to drugs by use of standard field tests is proceeding through consultants, arrangements with institutes and WHO field staff. The information so far collected has already been published on a twice-yearly basis in the Weekly Epidemiological Record.

A programme of research on new antimalarials and field trials of new compounds is already in operation and provision has been made for its continuation.

Every opportunity will be taken by WHO field staff in collaboration with staff of the national malaria eradication services, to apply the statistical method to the objective assessment of the interruption of malaria transmission. This collaboration will also be sought in collecting data for the development of more comprehensive standards for the interruption of malaria transmission in various epidemiological conditions and under different methods of attack used.

Environmental Health

Water Pollution Control (extract from EB37/26 - 1966)

The deliberations of this Committee will guide the WHO programme of technical assistance to Member countries also for projects financed by the Special Fund, and in connexion with the sponsorship by the Organization of water pollution surveys, either for international rivers, or for purely national problems. An early start in such studies in the developing countries will promote the full utilization of the experience acquired over half a century by highly industrialized countries.

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[1] These examples are taken from reports submitted by the Director-General to the Executive Board in documents that have not been published.

Public Health Services

Health Laboratory Services (extract from EB30/5 - 1962)

The recommendations of the Committee are in line with the activities undertaken by the Organization in this field, including the establishment of international reference centres. WHO will continue its advisory and training services in this field to the extent that financial provision permit.

Health Statistics (extract from EB40/6 - 1967)

The guide lines laid down by the Expert Committee for the use of Epidemiological Methods in the Study of Chronic Diseases are a valuable first step towards comparability of methods and data on an international basis. They will be fully taken into account by WHO in developing research activities in this domain, particularly on methods of measuring health and environmental factors as they relate to chronic diseases. In planning future programmes, continued attention will be given to the need for better standardization of epidemiological surveys and for a multilingual glossary of epidemiological terms.

Public Health Administration (extract from EB32/6 - 1963)

The recommendations of the Committee are in line with the policy of the Organization in the field of public health administration. They form a valuable background for developing WHO's activities in the concerted action programme for urbanization with the United Nations and other specialized agencies, and for developing its co-operation with the Special Fund in the field of water-supply programmes for urban areas.

Health Protection and Promotion

Maternal and Child Health (extract from EB38/2 - 1966)

It is hoped that the report of the Expert Committee on the Midwife in Maternity Care will prove useful to field staff directing the work and training midwives. Countries establishing or reorganizing their midwifery services will also be able to refer to the recommendations of the Committee.

Nutrition (extract from EB37/26 - 1966)

These deliberations of the Committee on the interrelationships between infection and nutritional status will guide the planning of programmes in the fields of nutrition, communicable disease control, health statistics and the education and training of staff. In the field of research, WHO will concentrate on the field testing of measures intended to reduce morbidity and mortality due to the interaction of the two phenomena in infants and pre-school children, i.e., the group most susceptible to it.

Mental Health (extract from EB40/6 - 1967)

WHO experts in the field of mental health and of pharmacology and toxicology will continue to collaborate closely in developing further the programme along the lines recommended by the Committee. In particular, WHO would consider favourably any country requests for assistance in the establishment of pilot centres according to the suggestions made by the Committee and efforts will be made to develop further research in the domain of addictions.

Education and Training

Post-graduate Education (extract from EB38/2 - 1966)

The recommendations of the Committee are being taken into full account in developing the educational activities supported by the Organization, particularly fellowships for the preparation of teachers; the organization of travelling seminars and the provision of medical educators to organize specialized departments in selected medical schools. The recommendation concerning the establishment of international centres for training medical teachers in educational sciences is under consideration, and WHO's role in this domain may need strengthening.

Education of Medical and Auxiliary Personnel (extract from EB32/6 - 1963)

The recommendations do not call for any special programme to be developed, but can be implemented within the educational activities normally conducted by the Organization, such as educational meetings and advisory services.

Biology, Pharmacology and Toxicology

Biological Standardization (extract from EB34/13 - 1964)

These recommendations will be taken up in due course with the International Laboratories for Biological Standards at Copenhagen, London and Weybridge, and the international collaborative studies of materials for establishment of standards will be continued. In addition, the formulation of sets of requirements for various other biological substances, some of which have already been commenced, will be developed and continued. The demand for several new international biological standards and reference preparations continue. The number at present is 140 and several are under consideration. Considerable interest also exists, in many countries, in sets of international requirements for biological substances published by WHO.

Non-Communicable Diseases

Cancer (extracts from EB34/13 - 1964)

These recommendations are being studied and the possibilities of their implementation considered, including the suggested pilot projects and epidemiological studies. Also, the Organization plans, in collaboration with other intergovernmental and some non-governmental organizations, to develop on the basis of the Committee's findings, concrete recommendations for countries in regard to preventing occupational tumours as much as possible. The recommendations for research in cancer prevention are due to be discussed further by the ACMR in June 1964, when ways for implementing them will be considered.

Cardiovascular Diseases (extract from EB30/5 - 1962)

The above-mentioned recommendations provide useful guidance in the planning of the cardiovascular diseases programme of activities. WHO will also co-operate with the International Society of Cardiology and the Expert Panel on Cardiovascular Diseases, in the implementation of these recommendations, as appropriate.

A.3 Results of the analysis of the distribution, sales, translation of the Technical Report Series

Over the last 15 years, distribution has grown extensively in view of the increased demand. The following analysis of the regular free average distrubition of each report in the Technical Report Series shows this trend:

	1952	1959	1966/67
National and local administrations	372	805	1 020
United Nations, specialized agencies, non-governmental organizations	64	154	170
Secretariat, including regional offices and field personnel	377	567	580
Members of expert advisory panels	-	-	100
Depository libraries	135	63	120
Libraries, institutes, health workers	37	210	250
For reviews	2	36	50
	987	1 835	2 290

The analysis of the distribution in the three languages, English, French and Spanish, has shown that over the last seven years the average distribution of the individual reports in each language has increased by about 50 per cent.

The average distribution of each copy of the Technical Report Series at the end of 1959 (Nos. 1 to 160) is contrasted with that obtaining at the end of 1967 in the following table:

	1959	1967
English	2 900	4 600
French	935	1 300
Spanish	500	800

The rate of increase in the distribution of the newer reports has been faster than that for the numbers up to No. 200 since for the more recent publications there has been a progressively heavier demand.

The Russian edition has a regular distribution of 2500 copies, of which 1000 are distributed free of charge and 1500 copies are sold. Several numbers, however, have had a far wider distribution. For example:[1]

Wld Hlth Org. techn. Rep. Ser., 205, "Eighth Report of the Expert Committee on Malaria"
Wld Hlth Org. techn. Rep. Ser., 217, "Public Health Aspects of Low Birth Weight"
Wld Hlth Org. techn. Rep. Ser., 232, "Chemotherapy of Cancer"

[1] The number of copies is the one indicated on the cost estimates submitted by the publishers.

published in 1963, had a total distribution of 10 000. Technical Report Series No. 266, "Social Aspects in the Teaching of Obstetrics and Gynaecology" had a total distribution of 5000.

Translations of the reports into languages other than English, French, Spanish and Russian demonstrate the usefulness and the need felt for the Technical Report Series. In the decade 1948-1957, WHO received seven requests for translation rights of individual reports. In the decade of 1958-1967, these requests increased to 51, involving 21 languages.

Another indication of the growing demand is the increasing necessity it is creating for reprints of numbers sold out. The following reprints were necessary in the case of 360 reports in English and French and 270 reports in Spanish:

Reprinted	English reports	French reports	Spanish reports
once	75	25	6
twice	14	4	-
three times	17	1	-
four to eight times	7	-	-
Out of print	105	87	8

The duration of the demand for a report is determined by its subject matter. Reports in the public health field dealing with organizational matters have a more lasting demand than a scientific report whose timeliness is relatively short-lived through fresh developments. Report No. 89, "Health Education of the Public", first published in 1954, is still requested so that there have been seven reprints with a total of 21 300 copies being distributed by 1967. The immediate demand that can be created by a popular subject is shown by the case of Report No. 326, "Clinical Aspects of Oral Gestogens", first published in early 1966 which had to be immediately reprinted because of an unprecedented request for 48 000 copies.

That the distribution of the reports can reflect the current interest in a subject is illustrated by the following comparative examples which also make clear, however, that the service rendered by a report is not necessarily reflected in the comparative extent of its distribution, since such services may be quantitatively limited even if qualitatively essential. Thus, for example, it is not improbable that the distribution of Technical Report Series 329 achieved a more adequate coverage in its field than the much heavier distribution of Technical Report Series 326 did in its field.

	English	French	Spanish	Total
Technical Report Series 321 - Expert Committee on Rabies - Fifth Report				
Unpaid distribution	1 871	830	636	3 337
Sales	4 437	474	351	5 262
	6 308	1 304	987	8 599

	English	French	Spanish	Total
Technical Report Series 326 - Clinical Aspects of Oral Gestogens				
Unpaid distribution	2 628	1 101	572	4 301
Sales	39 244	2 881	1 973	44 098
	41 872	3 982	2 545	48 399
Technical Report Series 329 - Biological Standardization				
Unpaid distribution	1 731	836	382	2 949
Sales	1 691	384	162	2 237
	3 422	1 220	544	5 186
Technical Report Series 332 - Basic and Clinical Aspects of Intra-uterine Devices				
Unpaid distribution	2 383	1 037	565	3 985
Sales	8 451	1 938	1 976	12 185
	10 834	2 975	2 361	16 170

Over the past years, the number of subscribers for the Technical Report Series (either English, French or Spanish version) has risen to 1600. The present subscription price for the Series amounts to Sw.fr. 45, for which the subscriber receives approximately 20-25 copies annually.

A.4 Results of the analysis of reviews in the medical literature

It would be incorrect to assume that anything but the most cursory examination of the quite extensive literature involved has been possible. The reasons for this are several. The exigencies of time, effort and expense, together with the need to keep the document within certain proportions, were considerations which led to the decision of merely illustrating by sampled quotations the kind of comment made on the Technical Report Series by medical journals. This decision was arrived at when a preliminary analysis had shown that the literature received in the WHO library had, on the whole, given the Technical Report Series numbers quite a positive review.

The Editorial and Reference Service Division of the Organization does in fact look for and take account of medical literature reviews of WHO publications. From the collection of the Division it appeared that for the most part such critiques had been quite favourable. The reports had been deemed to render a needed world-wide service and, in particular, praised for their brevity. On the other hand, some had been regarded more as summaries than treatises on a topic and others criticized for not always referring to previous reports in the Series on a particular field.

It is obviously undesirable to quote extensively from the very large number of reviews that have been examined. By way of illustration, a few typical ones are quoted below. They are taken from publications in English, French and Spanish. It has not been found practical to cover other languages. These quotations are not intended to prove any point but merely to provide the reader with some examples of the typical comments made by the medical press about the Technical Report Series.

Extracts from:

1. International Medical Tribune of Great Britain - 1.6.1967 - "The Minister of Health praised the WHO Technical Reports and said that his Ministry were taking steps to achieve a greater readership among British doctors."

2. Journal of the Royal Institute of Public Health and Hygiene, vol. 17, No. 5, p. 34 - "Even if the World Health Organization had no other claims on our admiration and gratitude, its publishing efforts alone would more than entitle it to our commendation ... Technical Reports and other publications contain matter of vital importance on every aspect of medicine and public health."

3. The Canadian Veterinary Journal, vol. 7, No. 11, p. 266, reviewed the Technical Report Series No. 321 on Rabies (5th Report): "This Report retains unchanged certain sections of the previous ones but also contains additions and modifications necessitated by recent findings. This self-contained document ... will certainly be appreciated by rabies searchers, workers, diagnosticians and control officers."

4. Journal of the American Dietetic Association, May 1967 - on Technical Report Series 340, Joint FAO/WHO Technical Meeting on Methods of Planning and Evaluation of Applied Nutrition Programmes - "In the last ten to fifteen years experience has been gained in applied nutrition programmes in areas where protein-calorie malnutrition is endemic. The World Health Organization and the Food and Agriculture Organization have now published a report which examines methods of planning and evaluation. An effort is made to define methods of general applicability to international and governmental agencies alike. ... The value of evaluation in programme planning and operation is emphasized."

5. The Medical Journal of Australia, December 1966 - on Technical Report Series 336, Sampling Methods in Morbidity Surveys and Public Health Investigations - "Behind this pamphlet there lies an unexpressed moral. Inaccurate or inadequate information is worse than useless, for resources have been diverted from more worthy causes. The basis of success is a methodical approach throughout. The Committee is to be congratulated for its readable exposition of such techniques for the sample survey, a method which will be increasingly useful in the future."

6. Indian Journal for Medical Research, No. 54, pp. 5-6 - on Technical Report Series No. 237, Requirements for Biological Substances - "This report contains revised general requirements for manufacturing establishments and control laboratories as well as revised requirements for poliomyelitis vaccine (inactivated), poliomyelitis vaccine (oral), and smallpox vaccine. The WHO Expert Group that undertook the revision of these requirements has introduced only such amendments as were considered strictly necessary, taking into account the opinions of consultants, the regulations and requirements for the manufacture and control of biological substances that have been formulated in a number of countries, as well as information from published and unpublished reports. Wherever possible, the views of the experts who forumulated the original requirements were sought."

7. Lille-Medical, 1967, XII - on Technical Report Series 325, Human Rickettsial Vaccines - "The excellent monograph published by WHO on this subject represents a remarkable survey of this topical problem. Concise and at the same time complete, it deals in succession with general immunological principles; principles of preparation, testing and control; vaccines in current use or under development; vaccination risks; principles of field assessment; administrative aspects of the application of vaccines; problems of vaccine development; problems of vaccine use. It ends with general recommendations which will be extremely useful to all those at present concerned with this essential problem in infectious disease control."[1]

8. La Presse Médicale, No. 31, June 1967 - on Technical Report Series 349, Measurement of the Public Health Importance of Bilharziasis - "Since bilharziasis is not characterized solely by acute, easily identifiable periods of disability, it is difficult to assess its public health importance. The fact that the disease is prevalent in areas without adequate hospital facilities or laboratory services increases this difficulty still further. Moreover, bilharziasis is often associated with other parasitic diseases, with malnutrition, poverty and poor hygienic conditions, all factors whose relative importance it is difficult to assess. This report, drawn up by a WHO Scientific Group, lays special stress on the need to standardize investigation and treatment, so as to acquire a better understanding of the precise diagnostic significance of certain lesions caused by the disease. It describes methods whose use would result in such standardization being achieved."[1]

9. Concours Médical, No. 89, October 1967 - on Technical Report Series 361, WHO Expert Committee on Biological Standardization - "The Technical Report Series is now well known and is used by WHO in establishing its programmes. The present report considers international reference preparations for a whole series of biological products used in pharmacology and immunology: antibiotics, hormones and enzymes, antigens and antibodies (sera), biological reference reagents (sera), requirements for certain biological substances (vaccines, immunoglobulin, etc.). It establishes a certain number of new international standards, international reference preparations and international reference reagents."[1]

10. Réalités, No. 256, May 1967 - on Technical Report Series 346, Research on Genetics in Psychiatry - "Comparison of data obtained by workers in different countries is at present made difficult by the lack of uniformity in the terminologies and classifications employed. This WHO report reviews fields of research where international collaboration would be most likely to be fruitful, and considers, in particular, mental retardation and the functional and organic psychoses."[1]

11. Chimie et Industrie, October 1966, p. 1157 - on Technical Report Series 323, Requirements for Biological Substances, revised 1965 - "The WHO Expert Group which undertook the revision of these requirements has only made those changes regarded as strictly necessary, taking into account the opinions of consultants, the regulations and the requirements laid down in a number of countries for the manufacture and control of biological substances, as well as information derived from both published and unpublished reports. This report contains a revision of the general requirements for manufacturing establishments and control laboratories, as well as of the requirements for poliomyelitis vaccine (inactivated), for poliomyelitis vaccine (oral) and for smallpox vaccine."[1]

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[1] Translated from the French.

12. Revista Española de Estomatología, vol. XIV, No. 2, March-April - on Technical Report Series 298, Organization of Dental Public Health Services - "The report of a WHO Expert Committee on Dental Health has been published under this title. It describes the organization of dental public health services as an integral part of public health services as a whole.

Stress is laid on the need to plan dental public health services, commencing with a study of the prevalence of dental and oral diseases, dental needs, facilities available, financial resources, public health activities and plans in the various countries, etc. The Expert Committee considers each of these factors, as well as the problems raised by the creation of dental public health services in places where they have so far not existed."[1]

13. Boletín Chileno de Parasitología, No. 2, vol. XXII, April-June 1967 - on Technical Report Series 311, Special Courses for National Staff with Higher Administrative Responsibility in the Health Services - "In this report of a WHO Study Group, requirements for the supplementary training of such staff are considered.

Although it is felt that it would be desirable to have a specialized cadre of health service administrators who have followed a regular course of study leading to a qualification in public health, it is recognized that at present such staff are lacking in many countries and that it is therefore necessary to provide other training opportunities without delay. Consequently, the Study Group recommends the organization of an intensive orientation course, lasting about 8 weeks, for senior administrative staff."[1]

14. Revista Ibérica de Parasitología, Nos 3-4, vol. 25 - on Technical Report Series 296, Resistance of Malaria Parasites to Drugs - "Chemotherapy is used at all stages of malaria eradication campaigns and its importance has considerably increased in recent years. Consequently, the resistance to antimalarial drugs observed in some places and in certain parasite strains may well constitute an obstacle to the smooth running of antimalaria campaigns. In this report by a WHO Scientific Group, various theoretical and practical aspects of the problem are considered.

The report suggests a number of research projects: studies aiming at the improvement of drugs now available and the development of new, more active ones; laboratory and field research on the biochemical action of antimalarials and the mechanism of drug resistance; and a more thorough study of the physiology of malaria parasites."[1]

15. Revista Ibérica de Parasitología, No. 1, vol. 26 - on Technical Report Series 299, WHO Expert Committee on Bilharziasis - "This report of the WHO Expert Committee on Bilharziasis considers the various aspects of the problem posed by the disease: morbidity, pathology, epidemiology, control methods and research priorities. Trials carried out in Southern Rhodesia have shown that the control of bilharziasis on a comparatively large scale is feasible at relatively low cost. Bilharziasis control should continue to be based chiefly on the use of molluscicides, and in this connection the report examines the studies made during the four years that elapsed since the publication of the preceding report.

After describing in detail the planning of a bilharziasis control programme, the Committee ends its report by stressing that our present knowledge makes it possible to control the disease without excessive expenditure, provided that no effort is spared to achieve the aim in view."[1]

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[1] Translated from the Spanish.

A.5 Results of the analysis of public information aspects

In attempting to analyse the Technical Report Series from the point of view of its public information value, it was soon found out that the material that would have to be analysed would have been completely out of proportion to the needs and possibilities of the study. Nevertheless, it seemed necessary to give some illustration of how the Technical Report Series generates a wave of interest in the general press. The Public Information Division of the Organization keeps a press clipping collection of articles in the general press bearing on specific Technical Report Series numbers and from this material two subjects were selected for the study.

One was assumed to have a restricted public interest: Technical Report Series No. 321, Fifth Report of WHO Expert Committee on Rabies. The other, No. 332, Basic and Clinical Aspects of Intra-uterine Devices, Report of a WHO Scientific Group, was selected on the assumption that it was of considerable interest for the general public because of its topicality. The press release announcing this report had also mentioned the Technical Report Series No. 326, Clinical Aspects of Oral Gestogens, in which the public was assumed to have as much interest.

The object of this selection was hopefully, to illustrate the range of reaction between two extremes, the assumed minimal and maximal general public interest that can be generated by a report in the Technical Report Series.

The analysis proved that the reaction in the press is entirely unpredictable. Both these topics received a world-wide publicity. Through the three press cutting agencies to which WHO subscribes, numerous clippings about both topics were received covering the United Kingdom papers and English language papers overseas, the French press and the press in the United States of America.

In addition, it is relevant to state that the press releases of the Organization have another medium of mass communication in that they stimulate and produce radio and television interviews and programmes. For example, interviews following the press release on the two reports Nos 326 and 332 were broadcast by Europe 1, the Office de Coopération radiophonique which provides a service to radio networks in 18 French-speaking countries in Africa, and Radio Suisse Romande.

In this connexion, it is of interest to note a report by the Liaison Office of WHO with the United Nations, New York, which stated in 1966: "No record is kept of the actual number of telephone enquiries handled, but a conservative estimate would suggest that a total of some 3000 telephone queries are received during the year from newspapers, magazines, news agencies, both medical and lay, radio and television companies, UN correspondents, non-governmental organizations and other organizations engaged in social and health work, pharmaceutical firms, insurance companies, advertising and public relations companies, doctors, research workers, students - and the general public. A good deal of the requests concern statistical and other data and subjects covered by WHO's technical publications, which are becoming increasingly useful and popular."

Section B. RESULTS OBTAINED BY THE CRITICAL METHOD

B.1 Results of the analysis of the critique by the Secretariat

In the following pages a summary is given of the way the Secretariat has utilized the Technical Report Series. The attention paid to this point in this evaluation is reflected in the space allocated to it in this report because of the primary importance of expert committee reports to the Secretariat of the Organization. Details of utilization vary according to each specific field of action at headquarters and between headquarters and the regional offices.

1.1 Communicable Diseases

(i) Tuberculosis - The impact on the orientation of tuberculosis programmes brought about by these reports is deemed to have been quite substantial. In spite of the fact that the Organization during the years 1961-1964 had published the scientific results which constituted the basis for ambulatory chemotherapy, direct BCG vaccination, etc. it was only when these data had been reviewed by an expert committee by the end of 1964[1] that these rather striking reorientations could have their full programme impact.

A large number of international, national and regional conferences, seminars, symposia, etc., have put recent WHO expert committee reports on tuberculosis as one of the main items on their agenda. A large number of editorials and articles in national medical journals of international repute have discussed and reviewed these reports. The International Union Against Tuberculosis has issued in one of its publications[2] the entire contents of the Eighth Expert Committee Report[1] and the comments made to its recommendations by international experts.

(ii) Venereal Diseases - The Report of the First Expert Committee on Venereal Infections as adopted by the World Health Assembly became the basis for the Organization's programme for the international control of venereal infections. The recommendations of the various meetings of the Sub-Committee on Serology and Laboratory Aspects subsequently established have been the framework for the setting up of international laboratories and of international standards for serological testing and reagents. The objectives sought on the WHO programmes for venereal infections and treponematoses reflect closely the recommendations of the Expert Committee on Venereal Infections which also have inspired and guided a whole series of publications, reports and technical documents.

(iii) Veterinary Public Health - The reports of this series have been the main basis for the formulation and execution of WHO's programme in veterinary public health, including the advice given to governments, institutes, and individual workers on technical policies relating to zoonoses and food hygiene.

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[1] Wld Hlth Org. techn. Rep. Ser., 1964, 290.

[2] T No. 11, March 1965.

A notable example is the advice given to European governments in connexion with the westward spread of rabies from central Europe. The preparation of diagnostic and preventive services as well as of legislative and administrative measures in different countries has been demonstrably based to a varying extent on the report of the Expert Committee on Rabies and its companion volume, "Laboratory Techniques in Rabies".[1]

Both the FAO and WHO have been using the Technical Reports in seminars, symposia and training courses. The influence of the reports is also to be seen in textbooks on veterinary public health produced in various languages. WHO has been using the Series not only in formulating and executing its research programme in this field but also in stimulating research work on problems which have not been included in its own programme.

Complaints have been received from workers in various countries to the effect that the reports often lie in ministries and offices instead of filtering down to the actual workers concerned. It is also believed that the Series could prove useful to a wider circle of recipients and that, for example, students could benefit more from these reports than they do at present.

(iv) Leprosy - In this field the Series constitutes a valuable source of reference on matters of technical policy for the advice to regional offices, international organizations, governments, non-governmental organizations, other bodies and private institutions.

The recommendations in the reports have guided the planning, implementation and evaluation of field projects, as well as the research objectives sought and the standardization of terminology and the classification followed for uniform recording and reporting. These expert committee reports have been distributed to health authorities, specialists and others in many countries. They are universally considered to provide useful and condensed information on leprology. The average interval of five years between successive expert committee meetings is deemed satisfactory in this field.

(v) Bacterial Diseases - Expert committee reports are being used extensively in the establishment of national programmes for diarrhoeal diseases control and cholera control. The reports, regarded as the best available consensus on the scientific status and public health aspects of the diseases concerned have received wide distribution including extensive use in training courses, seminars and by national reference laboratories for enteric infections, the WHO cholera and diarrhoeal diseases advisory teams and their national counterparts.

(vi) Virology - Contacts with virologists and epidemiologists show that too frequently scientists in these groups are not familiar with WHO's publications including the Technical Report Series.

(vii) Parasitic Diseases - Technical Reports have served as guide lines for the research programme and for the technical assistance advice given to governments in the establishment or strengthening of their epidemiological control services. Their usefulness may at times be judged from the response received to recommendations made and activities proposed by WHO.

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[1] Wld Hlth Org. Monogr. Ser. No. 23, 1954.

There is evidence that while the technical advice given in the Technical Report Series is on the whole followed, there are quite a number of examples to the contrary. In some cases, these publications do not reach the people most concerned with country projects. Sometimes their recommendations have not been too clear. This happened when they were the result of a compromise between differing opinions and the phraseology used in formulating them while understood by experts might have remained obscure and even confusing to the non-specialist.

Notwithstanding these difficulties most recommendations are ultimately adopted even if sometimes it takes years before those responsible are fully informed and the underlying ideas are fully understood. The Technical Report Series is generally considered as authoritative and sometimes used as such to back the stand of the Ministry of Health in interdepartmental discussions.

(viii) International Quarantine - Expert committee reports of interest in this domain, for example, malaria, insecticides, cholera, plague, smallpox, biological standardization, etc. have been reviewed by the Committee on International Quarantine to keep up to date the International Sanitary Regulations. The Committee's report was then submitted to the World Health Assembly for approval.

(ix) Smallpox Eradication - The review, summary and consensus of opinion that characterize this series are believed to have endowed it with the necessary authority to inform and educate and thus to have played a major role in the formulation and execution of smallpox eradication programmes. The queries received concerning the latest report of the Smallpox Expert Committee provides ample proof that this type of document is often perused most carefully.

(x) Vector Control - The reports in this field have provided a critical analysis of the current status of problems, defining the main issues involved and making recommendations for research directed towards their solution. They are used for teaching purposes in many universities and teaching institutions, thus influencing future developments of public health programmes. They have provided guidance to the research programmes of the Organization and to many national projects, especially in the utilization of the newer insecticides.

Detailed descriptions in the vector control series of the best methods for recognizing resistance have become standard for vector control programmes throughout the world. Reports on aircraft disinsection have led to the development of standard practices in this domain and extracts have been included in the International Sanitary Regulations. Recommendations of the Expert Committee on Pesticides[1] have led to the establishment of a WHO Manual on Specifications for Pesticides which is now in its third edition and of a Manual on Equipment for Vector Control last published in 1964. The specifications in these manuals have been applied by WHO in the global malaria eradication campaign and have found wide acceptance also by national administrations in regard to specifications for the purchase of pesticides.

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[1] Wld Hlth Org. techn. Rep. Ser., 1950, 4.

[2] Wld Hlth Org. techn. Rep. Ser., 1951, 34.

[3] Wld Hlth Org. techn. Rep. Ser., 1952, 54.

(xi) Malaria Eradication - This programme has received from its expert committees detailed technical guidance on the feasibility of eradication, its principles, planning and organization and the techniques to be used in different phases. On occasion they have also carried out detailed reviews and evaluation of the progress achieved and of matters related to resistance to insecticides, use of chemotherapeutics, health education, the concept and methodology of pre-eradication, and prevention of re-introduction of malaria into freed areas.

The latest expert committees have carried out a review of the global malaria eradication programme, gave special advice on problems encountered in the African Region[1] and examined the minimum conditions required before undertaking eradication.[2]

The reports in this field, taken together, form the equivalent of a basic textbook and field manual for the development of malaria eradication programmes which is being used by WHO and national staff at all levels and by technical personnel of national malaria eradication programmes.

1.2 Environmental Health

Expert committees dealing with different facets of the environmental health programme have proved very useful to WHO advisers providing assistance to countries who have found these documents and their recommendations more convenient than textbooks.

New staff members joining WHO are briefed to apply in their daily work the principles and advice contained in expert committee reports rather than those practised in their countries of origin. The recommendations they contain are frequently used by governments in the planning and execution of their public health engineering programmes and related scientific research work.

Expert committees which have dealt with such matters as urbanization, housing, various types of pollution, etc., have, at times, an impact which goes beyond the health field itself and find wide application also in projects of a preinvestment nature such as those now being undertaken with United Nations Special Fund support.

The recommendations of an expert committee convened in 1962 have led to the development of International Standards for Drinking Water which were published by WHO and have received wide recognition, being adopted by a number of Member governments as national standards.

1.3 Public Health Services

(i) Public Health Administration - A direct numerical correlation between expert committee reports and WHO assistance programmes in the field of public health administration has been attempted showing their close interrelationship:

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[1] Wld Hlth Org. techn. Rep. Ser., 1966, 324.

[2] Wld Hlth Org. techn. Rep. Ser., 1967, 357.

Expert Committee Report	WHO-assisted projects
Methodology of Planning and Integrated Health Programme for Rural Areas (Wld Hlth Org. techn. Rep. Ser. No. 83)	59 projects in rural health initiated between 1953 and 1967.
Local Health Service (Wld Hlth Org. techn. Rep. Ser. No. 194)	27 projects with a view to expanding and improving local health services initiated between 1959 and 1967.
Planning of Public Health Services (Wld Hlth Org. techn. Rep. Ser. No. 215)	31 projects in planning of health services initiated between 1960 and 1967.
Urban Health Services (Wld Hlth Org. techn. Rep. Ser. No. 250)	8 projects for the promotion and protection of the health of urban populations initiated between 1962 and 1967.
Integration of Mass Campaigns against Specific Diseases into General Health Services (Wld Hlth Org. techn. Rep. Ser. No. 294)	14 projects for the development of basic services initiated between 1964 and 1967.

The report on Measurement of Levels of Health[1] has been used extensively in formulating the research programme in public health practice and stimulating the creation of a list of indicators of community health.

(ii) National Health Planning - Extensive use has been made of expert committee reports on public health administration, organization of medical care, education and training, health statistics, etc., in developing WHO's programme in national health.

(iii) Organization of Medical Care - The two existing reports on the organization of medical care[2] are considered as technical guides for WHO staff and for governments wishing to improve medical care services. A drawback arises from the fact that in the analysis of existing organizational patterns, countries are seldom named. This makes it difficult to identify the national pattern that is analysed and detracts from the usefulness of some of the reports.

(iv) Health Laboratory Services - Expert committee reports on public health laboratory services[3] and on hospital laboratories[4] have been particularly useful in clarifying their respective roles and the interrelationship between these two types

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[1] Wld Hlth Org. techn. Rep. Ser., 1957, 137.

[2] Wld Hlth Org. techn. Rep. Ser., 1957, 122, and Wld Hlth Org. techn. Rep. Ser., 1959, 176.

[3] Wld Hlth Org. techn. Rep. Ser., 1957, 128.

[4] Wld Hlth Org. techn. Rep. Ser., 1959, 161.

of services. The report on the Planning and Administration of a National Public Health Laboratory Services[1] has provided useful guide lines for the organization of such services. All three of these reports provide background on which WHO's projects for the strengthening or organization of laboratory services are based and are widely used by the staff - national and international - working in this field on the Training of Technical Personnel for Public Health Laboratories[2] for advising governments on the creation of technical schools for the training of laboratory staff.

(v) Maternal and Child Health - Reports dealing with subjects such as Administration of Maternal and Child Health Services,[3] Paediatric Education,[4] etc. have proved most useful in briefing new staff members, answering requests for information from Member States, institutions and individuals all over the world. These reports are regularly distributed to fellows attending the International Children's Centre training courses or other courses organized under WHO sponsorship. The recommendations formulated by these expert committees have, inter alia, led to the establishment of administrative maternal and child units at ministerial level and guided maternal and child surveys, the establishment of maternal and child services and the training of staff.

As a result of a study on low birth weight discussed by the Committee of Experts on Public Health Aspects of Low Birth Weight[5] a number of changes in maternal and child policy have taken place. The practical aspects of programmes of care for infants of low birth weight have helped to advise UNICEF-assisted national programmes, while the report on the Care of Well Children in Day Care Centres and Institutions[6] provided guidance for WHO, the United Nations Bureau of Social Affairs, the International Labour Office, etc. on the health aspects of day care for children. The report on the Health Problems of Adolescence[7] has been distributed to the United Nations and to the agencies of the United Nations family where programmes for adolescents are receiving much emphasis.

The report on the Social Aspects in the Teaching of Paediatrics and Gynaecology[8] has helped to change the tendency in many countries to consider paediatrics and gynaecology as entirely clinical subjects, the teaching being limited to the hospital.

(vi) Nursing - Reports in the domain of nursing have been widely used by WHO staff and national nurses in planning programmes and in providing guidance to countries in the development of nursing education, administration and services to meet the over-all demands of health programmes. All expert committee reports in this field are considered to be important documentation for briefing newly-recruited staff.

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[1] Wld Hlth Org. techn. Rep. Ser., 1962, 236.

[2] Wld Hlth Org. techn. Rep. Ser., 1965, 345.

[3] Wld Hlth Org. techn. Rep. Ser., 1957, 115.

[4] Wld Hlth Org. techn. Rep. Ser., 1957, 119.

[5] Wld Hlth Org. techn. Rep. Ser., 1960, 217.

[6] Wld Hlth Org. techn. Rep. Ser., 1963, 256.

[7] Wld Hlth Org. techn. Rep. Ser., 1965, 308.

[8] Wld Hlth Org. techn. Rep. Ser., 1963, 266.

(vii) Health Education - In the period 1954-1964, four technical reports have been prepared in the field of health education. These have established a general policy in this domain and provided guidance for the development of health education services which has stood the test of time. The unit is still working on recommendations formulated by these expert committees. The reports are used for briefing, are sent on request to inquirers and are used by other units and in regional seminars and meetings as reference documents.

(viii) Health Statistics - This series has been of primary importance in the field of terminology and nomenclature - essential prerequisites to the classification work undertaken by the Organization in such domains as, for example, the International Classification of Diseases. Reports on health statistics, in addition, have discussed problems facing field workers and clarified points requiring experts' opinion on technical subjects. Used as guides by health planners, technical bodies and investigators, they have been valuable means for achieving comparability of information produced in different countries on statistical matters and in various fields of research.

From frequent requests received it appears that the contents of the technical reports are not always sufficiently widely known, even at times among WHO project staff. It is difficult to assess to what extent national health authorities note, adopt and put into practice recommendations of expert committees. A greater effort on WHO's part may be necessary to inform the countries of the importance of these reports and to encourage national authorities to adopt the recommendations they contain.

1.4 Health Promotion and Protection

Nutrition - Seven joint FAO/WHO joint expert committees on nutrition have been held until now and they have proved useful for co-ordinating the activities of FAO and WHO in this field. Some of the subjects have been discussed very briefly and the value of the reports to specialists may be limited. Others, however, have focused national and international attention on important problems such as the relation between nutrition and infection and between nutrition, pregnancy and lactation. The consideration of the medical assessment of nutritional status has been of considerable value for implementing programmes and particularly for training.

1.5 Education and Training

The recommendations in the Technical Report Series have been used for the formulation of programmes in education and training of the Organization in particular in three broad areas, (a) post-graduate training in public health, (b) teaching of preventive medicine and (c) training of auxiliary personnel. Furthermore, a Study Group on the Appraisal of Fellowships met in 1959[1] and its recommendations are still used for the continued evaluation of the Organization's fellowships programme. Some of the statements, conclusions and recommendations in this series are considered to have been too general in nature to exert maximum influence on national health administration or on members of medical faculties. However, for the most part, these reports have provided valuable guidance to WHO staff for developing their programmes with a certain continuity and consistency. The consensus obtained in an expert committee carries far more weight than the comments by individual consultants and the impersonal nature of the reports seems to have made their recommendations more acceptable to governments and academic administrators.

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[1] Wld Hlth Org. techn. Rep. Ser., 1960, 186.

Biology, Pharmacology and Toxicology

(i) Biological Standardization - The Technical Report Series has been the channel used by the Organization to provide Member countries with information on the establishment of new international standards, and the replacement of existing ones, for biological substances used in prophylactic and therapeutic medicine. The Expert Committee on Biological Standardization at its various meetings establishes the standards which are then used by national and other laboratories to calibrate reference materials for the control of such substances. It also publishes sets of requirements for biological substances to ensure their efficacy and safety. It is hoped that through a wider distribution of the relevant reports it will be possible to encourage the establishment of national control activities in countries where none exist and in helping countries with only limited facilities to expand and develop them further.

(ii) Pharmacology and Toxicology - Reports in this series are not only widely used by governments and institutions but also by international bodies. Thus, for example, the reports on food additives and drug dependence have been used by the Codex Alimentarius and the International Narcotic Control organs respectively. They have had a demonstrable definite impact on the policies established by these international bodies.

Reports on the Expert Committee on Pharmacology have contributed largely to the publication of lists of international non-proprietary names in the WHO Chronicle and books of specification such as the International Pharmacopoeia and Specifications for Reagents.

Reports on Principles for Pre-clinical Testing of Drug Safety[1] and for the Testing of Drugs for Teratogenicity[2] have also been distributed to the council members of the International Union of Pharmacology. In a motion adopted at the Third International Pharmacological Congress in São Paulo, in 1966, and addressed to WHO, the Council of the International Union considered that "the first, and subsequent, WHO reports on safety testing should be very useful in enabling the pharmacological societies to develop as far as possible a uniform approach and a common policy in their role as professional and scientific advisers to the relevant authorities".

(iii) Immunology - The reports have been used both as a guide for the Organization's current work and in planning future programmes in the field of immunology. They were the means by which conclusions of expert international committees have been brought to the attention of the scientific and medical public.

(iv) Human Genetics - The guide lines contained in the Expert Committee Report on the Effect of Radiation on Human Heredity[3] have been used in studies in Brazil, Ceylon, India and in the United Arab Republic.

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[1] Wld Hlth Org. techn. Rep. Ser., 1966, 341.

[2] Wld Hlth Org. techn. Rep. Ser., 1967, 364.

[3] Wld Hlth Org. techn. Rep. Ser., 1959, 166.

The Expert Committee Report on the Teaching of Genetics in the Under-graduate Medical Curriculum and in Post-graduate Training[1] has been acknowledged in developed and developing countries alike as a useful and authoritative guide in deciding upon curriculum content for teaching genetics in medical and public health schools in, to mention a few countries: Finland, Iran, Philippines, South Africa, Taiwan, Thailand, Turkey, Yugoslavia, German Federal Republic, Chile and Switzerland.

Altogether it is considered that the advice contained in some of the reports in this Series concerning highly specialized research fields have been valuable to WHO for programme development but their value outside the Organization has been limited since their restricted distribution failed to reach the scientific community.

(v) Human Reproduction - This series has been particularly useful in summarizing a vast body of up-to-date information on an international basis. In recommending and suggesting suitable fields of research it has proved very valuable to WHO and other scientific institutions in the formulation of their programmes. These reports have been in great demand by scientists, clinicians - particularly obstetricians and gynaecologists, public health educators, field workers in maternal and child health services, public health administrators, policy makers, etc. Periodic reconsideration of particular subjects is necessary to keep them up to date. Follow-up meetings are needed to revise from time to time previous reports in the light of scientific progress. The inclusion in such future reports of recent bibliography on the subject would considerably enhance their value.

1.7 Non-Communicable Diseases

(i) Cancer - Some reports of the cancer series need frequent updating and revision in the light of developments. This is particularly true in the case of cancer chemotherapy where revision every second year is necessary. The recommendations on cancer control services have been useful for health administrations.

(ii) Cardiovascular diseases - The recommendations contained in reports concerning cardiovascular diseases have not been implemented in many developing countries because of a relatively low priority and lack of funds. Efforts to bring the reports to the attention of practising physicians include their republication in scientific journals, translation into other languages and the use of the International Society of Cardiology as a channel for further dissemination.

(iii) Metabolic Diseases - Reports such as the one on diabetes mellitus[2] often constitute reviews of a specific question and become widely issued as up-to-date reliable reference material. Their value is considerable in offering definitions and classifications which are widely adopted by scientific bodies and researchers.

1.8 Regional comments

AFRO

Extensive use is made of the reports in the field and at Regional Office, particularly as a guide in programme planning, in drafting plans of action for field projects and as technical reference material. The recommendations need to be adapted to local circumstances and conditions and to be interpreted in the light of the Organization's technical policies. Their recommendations are more readily acceptable because based on an acknowledged universal scientific body of opinion.

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[1] Wld Hlth Org. techn. Rep. Ser., 1962, 238.

[2] Wld Hlth Org. techn. Rep. Ser., 1965, 310.

The numbers most in demand are those related to well-defined subjects which provide guidance on specific problems. For the man in the field, the synthesis which expert committees provide on the thinking on a particular subject is the most valuable form of guidance and the recommendations such reports contain usually find best application at project level.

AMRO

Intensive use has been made of expert committee reports in the Manual on Policy Guides for the Planning of PAHO/WHO Programmes issued by that Office. The scientific and technical data contained in the Report Series are utilized as a basis for professional education and guidance of the staff of the Organization in their programme planning and in their advisory services to Member governments.

EMRO

Some of the reports have been very widely used in the formulation, execution and evaluation of the programmes. Their utilization, however, varies with their nature. On the whole, they constitute useful reference material on a large variety of subjects. As they are written from a global point of view not all the recommendations are pertinent to the varying situations encountered in different regions though the principles enunciated are universally acceptable.

It is suggested that reports on a given subject be consolidated in one text and reviewed regularly and that future meetings concentrate on subjects which can lead to the improvement of existing operational, scientific and teaching practices or to the development of programmes by WHO and the governments.

EURO

Reports are found extremely useful in project planning and formulation, day-to-day work of regional advisers, work of field staff and their national counterparts, preparation of meetings, briefing of consultants.

The value of having regional staff participate as observers in meetings of certain committees was stressed.

It was felt that the Series had a bias towards problems of developing countries and that more attention could be devoted in future to the problems of an affluent society as, for example, social security, geriatrics and health economics. Some subjects were over-emphasized and more concentration on main points of general interest might be envisaged for the future. Selection of topics also in relation to regional activities was recommended.

With regard to distribution it had often been noted that public health administrators and scientific workers who are not in close contact with WHO often knew little about the reports. Wider distribution to medical associations, teaching institutions and specialized publications for review could be helpful as a remedy to this problem.

SEARO

While the recommendations of the expert committees do not form official policy of WHO, expert committee reports have proved a most effective source of information and guidance in the field of health to WHO staff and to governments as part of the Organization's constitutional function. In the Region, the Series has proved invaluable not only because

the bulk of the reports have dealt with problems pertaining to developing countries but also because of the wide representation of scientists from countries in the Region on these panels. This has facilitated the stirring of knowledge and experience on prevailing problems and on their applicability to local circumstances.

Technical discussions at each session of the Regional Committee have always reflected the thinking of the WHO expert committee reports on the subject discussed and the discussion centred on their applicability to local conditions. The Regional Office developed a report and document unit through which publications such as the Technical Report Series are widely distributed. Sale of the Series has practically doubled in the last three years.

The Regional Office, through its Medical Education Bulletin and its Research News, and through technical circulars on various subjects, has built up a supplementary publication programme of its own, to suit the problems of South-East Asia in the light of expert committees' main recommendations.

Particularly in such fields as communicable diseases and in the promotion of an integrated health service approach the Regional Office and field staff have made full use of the recommendations of expert committees in the planning and execution of the regional programmes and have reflected back to headquarters local experience as part of the periodic evaluation of these programmes.

Recommendations contained in the reports have received wide recognition at national level. For example, the Eighth Report on Tuberculosis[1] was the subject for a full session on the Twenty-first All Indian Tuberculosis and Chest Diseases Workers Conference held in 1966, and is serving as a basis in the formulation of national tuberculosis programmes in various countries of the Region. Similarly, the various reports of the Expert Committee on Malaria have become a basic guide to WHO and to governments for malaria work and staff training.

WPRO

The reports have been of great value to regional staff on subjects within their specific field of action and also in other fields of a broader nature such as public health administration, training, epidemiology and statistics. The use of the Series has ranged from acquainting staff and national counterparts with the latest advances and thinking on a given topic to a very detailed application of recommmended standards in the planning and implementation of projects.

Recommendations were generally found to provide useful guidance both for regional advisers and field workers even in such cases when their implementation needs considerable adaptation to local circumstances. The majority of respondents considered that timeliness and continuity of the Series were good. Some, however, indicated the need for more frequent reviews of subjects whose dynamic nature easily outdates principles and recommendations valid only at a given time.

It was suggested that new meetings be presented with a brief summary of past recommendations on the same subject, on the action taken in relation thereto and on the difficulties encountered.

The Technical Report Series should by all means be continued and its circulation largely increased.

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[1] Wld Hlth Org. techn. Rep. Ser., 1964, 290.

B.2 Results of the analysis of the critique by Member States

The opinion of Member States about the Technical Report Series is weightier by far than that of any other group of external recipients of the Series. This is so not only because they constitute collectively the governing body of the Organization, but also because they are in a position to take a more comprehensive view of the scope, function and value of the series as a whole. Accordingly, while only a small sample of other recipients were sounded in this evaluation study, the circular letter of the Director-General, asking questions about the series was sent to all Member States.

Of the 57 replies received from Member States, no one questioned the value of the Technical Report Series. Indeed, collectively, these replies form a remarkably harmonious chorus of appreciation, even of praise, for the Series for which developed and developing countries alike had found quite extensive, varied and of beneficial practical use. The comments provided by 41 respondents in this category are summarized below.

2.1 Summary of comments from Member States in the African Region

Cameroon had found the Series up to date, practical and operationally most valuable.

The Central African Republic concurred on all these views and commented favourably on the conciseness of the Series.

Malawi endorsed the current practice of committees of limiting their considerations to a delineation of broad principles, leaving their adaptive application to local administrations. It found the reports topical and authoritative, providing information and advice not usually found in textbooks. It gave priority to communicable diseases, environmental health, nutrition and education.

Mali expressed greater interest in the sub-series on communicable diseases than those reports concerned with chronic diseases.

Niger agreed and found the Series both timely and of high quality.

Sierra Leone deemed the Series most valuable as a ready reference, but felt that its cost of production should be reduced.

Zambia also found the Series of the highest value for preventive programmes and used it for the administrative orientation and the professional and technical training of staff.

2.2 Summary of comments from Member States in the Western Pacific Region

Australia had experienced a departmental demand for the reports exceeding the available supply. It qualified the reports as authoritative and valuable. It suggested that more copies of reports be provided to Member States and that each member include an index, a summary of previous relative reports and a key explaining all abbreviations.

New Zealand appraised the Series as topical and summarized the subject matter and recommendations of reports as relevant to its health situation for consideration by its Board of Health. It stressed that the reports were reviews and not textbooks, and could be improved by more reference and bibliography.

The Philippines found the Series instrumental in creating awareness of problems in developing areas and a source of possible solutions to them.

Singapore considered the reports authoritative, up-to-date, sources of essential information in useful form.

The Republic of Viet-Nam commented on how the Series had helped them in various public health fields, including family planning.

2.3 Summary of comments from Member States in the Eastern Mediterranean Region

Cyprus reported that the Technical Report Series had been useful in the planning and modification of its health services.

Jordan found the Technical Report Series useful and valuable.

Israel described the Technical Report Series as an illuminating, handy guide for public health workers, widely read because of its variety, brevity, lucidity and systematic subject treatment. It distributed the report to key workers in their particular field and in some cases prepared extracts in Hebrew. It recommended expanding the scope of subjects while continuing to maintain the characteristic brevity of the Series.

Quatar reported that it had derived much benefit from the Technical Report Series for its medical and public health work.

Somalia found that the Series provided it with a source of expert guidance for its health work which it did not otherwise possess.

The Syrian Arab Republic used the Series as reference in its departmental library and as a guide to its department of planning and research.

The United Arab Republic appraised the Technical Report Series as of paramount importance, valuable as a concise explanation of the most important scientific knowledge in public health, though the recommendations of some reports were not applicable to its local conditions.

2.4 Summary of comments from Member States in the American Region

Argentina found the Series up to date and particularly valuable in suggesting methods, standards and classifications.

Canada believed the Technical Report Series to be selective high quality reference material, both timely and well planned. It felt that the membership of the committees should reflect a wider geographical coverage.

Costa Rica judged the Technical Report Series to be of undoubted usefulness for guiding public health programmes.

Guatemala found the Series full of technical and administrative solutions to health problems reflecting the latest available knowledge.

Jamaica found the recommendations in the Series most appropriate and extremely useful.

Mexico criticised the delay in the publication of reports, which rendered some of them obsolete soon after appearing in print. The recommendations were not always framed in the light of needs of developing countries, and the Series as a whole was not as well known as it might be since many libraries did not have it and many health workers were unaware of its existence.

Peru also found the Series full of useful advice and practical information.

Salvador believed that the condensed information in the Series would be difficult to obtain otherwise.

The United States of America found the Series extremely informative, very accurate, authoritative and timely. Some reports, it felt, had been too general, too broad in scope and lacking detail and specificity for use by the full-time investigator.

Venezuela considered the Technical Report Series most deserving of support and recognition as a most valuable international medium of information on the latest advances in the health sciences.

2.5 Summary of comments from Member States in the European Region

Austria considered that the Series had high professional value. It distributed the reports to interested specialists and prepared reviews of some in its monthly ministerial publication.

Denmark also found the Series useful for the daily routine decisions and the formulation of policies.

Finland considered that the Technical Report Series was the most widely used of WHO publications, eagerly expected, deemed authoritative and occasionally profusely reviewed.

France had found the reports very useful in accomplishing a synthesis of world experience in a particular domain. Some reports had become outdated. It criticised the Series for sometimes belabouring well-known subjects, while insufficiently covering newer elements, but accounted for this in the fact that such an approach might perhaps be necessary to meet the needs of developing states.

Ireland attached great value to the Series in connexion both as a source of information and a medium of education.

Poland reported that the Technical Report Series was highly appreciated by its scientists, to whom it was regularly distributed according to subject matter.

Portugal reported that the Series had been of great help on the development of its health services.

Spain had found special interest in several of the topics covered by the Series and suggested that more attention be paid, especially to education and training and road accidents.

Sweden also regarded the Series as of high value for the consideration and decision of national authorities.

Switzerland believed that the Technical Report Series was a unique source of precise information on timely problems and high scientific value and containing judicious recommendations.

The United Kingdom had found the Series of high standard and the subjects chosen of current interest. It criticised the publication delay which had affected the timeliness of some reports. It distributed reports to those concerned and included a list of all the Technical Report Series reports in the Annual Report of the Chief Medical Officer of the Ministry of Health.

The USSR considered the subjects of the Technical Report Series extremely topical, but wanted more reference and a more easily translatable editorial style. It felt that the USSR experience had been insufficiently exploited by the Series.

B.3 Results of the analysis of comments by different groups of recipients of the Technical Report Series

As described above, comments and criticisms were also sought from the general group of readers of the Technical Report Series. Up to date, there are 12 000 addressees who receive the Technical Report Series, some the total series, others only a selection, according to the subject of their specific field of interest.

The questionnaire was sent out to a random sample, which, however, covered all the groups receiving the Technical Report Series: national and local health administrations, universities and other teaching institutions, libraries and operational institutes and individual practitioners. The most important result of the analysis of replies received is a universal concern for the continuation of the Technical Report Series, which is regarded by all as most valuable.

3.1 Comments by national and local health administrations

The Technical Report Series is seen as a useful guide for national health administrations, educational and scientific institutes and for medical and allied research. The information it contains on various subjects has been found most useful and in general timely as background material for the daily routine discussions as well as for formulation of new policy.

A great advantage is seen in the collation of world-wide knowledge, skill and experience which would not be so easily accessible otherwise. The conciseness of the Series is praised and the realistic and practical recommendations offered are universally recognized as an authoritative basis guiding for the development of new health services or the strengthening of existing ones by both the developing and the developed countries. The Technical Report Series is regarded as providing a well structured framework within which current practice can be examined and ideas formulated for future development.

Some have complained about the manner in which certain subjects have been dealt with, as being too complicated for the less sophisticated reader. Others have felt that, in spite of the fact that these publications are theoretically easily available at a very nominal cost, they are seldom subscribed by health agencies or educational institutions. Another complaint concerned the time-lag between committee meetings and the availability of the printed report.

On the whole, it is appreciated that these reports must strive to represent generally acceptable ideas rather than new ones still under discussion; it is felt however that the present method of consolidating existing knowledge and world-wide experience could at times be supplemented by the inclusion of ideas and methods which are being explored.

A few developing countries felt that some recommendations were too ideal and too elaborate for their current resources. Their administrative set-up had been incompletely considered as also some of their cultural and socio-economic characteristics. The intermediate status of development deserves more consideration in future reports if their usefulness for countries in those conditions is to be ensured.

The replies show that, as a pattern of utilization, the reports were first read by the chief medical officer of governmental and local health departments who then referred them to his staff, medical officers, nursing administrators, public health engineers, statisticians, health educators and other specialist or professional personnel as appropriate. The reports are then kept in the health department for reference.

3.2 Comments by universities and teaching institutions

The following quote is a typical illustration of the replies received from this group. "The usefulness of the Technical Report Series lies in the simple breakdown analyses and definition of terms which crystallizes ambiguous thoughts and concepts. The usefulness is enhanced when the publication is followed up by further meetings and discussions about them. Recommendations have usually been sufficiently basic to be of general application. The reports are clear and concise and enable the reader to take an objective look at the international situation."

The ample comments received from university departments and various teaching institutes show clearly that the Technical Report Series has a significant role in the teaching process; especially in the field of public health services and nursing in which the relevant reports have been used as textbooks. In other cases, they form the basis for academic discussion and are used to stimulate further research on a specific subject matter in the light of suggestions made in the Technical Report Series. The reports on medical education are used for the planning of curricula and their recommendations are very often followed for putting increased emphasis on certain subjects or certain aspects of a particular field.

The observation has been made that the Technical Report Series needs better and more effective distribution and more frequent references in scientific literature, to make it as well known as it deserves. Another criticism is that the Technical Report Series, with the intention of presenting a concise form of knowledge, tends to be too brief so that certain statements are not easily understood. Some feel that certain reports have been unduly orthodox and cautious and suggest that more controversial points of view be allowed since they feel that too much compromise entails the danger of platitudinous repetition.

The users of the Technical Report Series include the staff and undergraduate and post-graduate students. In a number of cases, various subjects have been suggested for future reports. These include the nursing team leader, psychiatric nursing, geriatrics, assistant formation, prematurity, methods of evaluating end-results of medical care, methods for estimating health manpower, methods for estimating hospital bed needs, basic requirements for a health service information system, application of computers to medical record keeping, training of health service administrators, principles of regionalization, social and behavioural sciences in relation to health and health services, goals of education for health professions and occupations; chronic "non-specific" lung diseases, disabilities, home accidents, the control of smoking.

In research, the Series is seen as an invaluable complement to the International Bibliography. It is felt, however, that the reports themselves should include more bibliographic references in order to allow further studies of the field dealt with.

Replies were received from university libraries, public libraries and libraries of research institutes. None of them give precise figures about the use made of these reports but they have all indicated that the reports are requested by their readers who see them as up-to-date critical surveys, use them for teaching purposes, reference material, provocative reading and for further research on special subjects. It is suggested that more regular up-dating of the reports be attempted and that the procedure of making them accessible to libraries be simplified.

3.4 Comments by operational institutions

It is of interest to see that the Technical Report Series has found its way into operational institutions in the medical field, in industrial pharmacological institutes and those which are related to the medical field. The reports are seen as a most necessary up-to-date information but, at the same time, a strong point is made that up-to-dateness is absolutely necessary if the high standard of these reports is to be kept.

It is suggested that, in order to keep the Series even more operational, old reports be deleted and a clear indication given in the latest report of a sub-series that this has been done and that it includes the substance of previous reports. Some of these operational institutions have scientists working all over the world to whom they circulate the Technical Report Series. They consider it as worth-while information of international standard.

These institutions have stressed that the value of these reports would be greatly increased if they were more widely known and distributed. Some institutes feel that some of the reports lack scientific calibre and counsel the Organization to pay more attention to the selection of the consultants and rapporteurs in order to guarantee the scientific and technical level which this Series achieves most of the time.

3.5 Comments by individual practitioners

The comments received from this group are all the more valuable in that the Technical Report Series has not yet found its way to many individual practitioners and they therefore provide guidance as to how the distribution to practitioners ought to be modified. The replies received from practitioners indicate that they consider certain subjects of the Series valuable for their daily work, even while referring to the fact that, of course, many of the reports do not deal with problems in which they have immediate interest.

A great advantage is seen in the brevity of the reports which makes them readable. In these days when it is so difficult to cope with the general literature in the medical field, the reports still make it possible for the busy practitioner to have access to a timely, constructive and accurate summation of various health problems and practical recommendations to follow in the pursuit of their solution.

It appears that in the developing countries the Technical Report Series constitutes the only source of information available, especially in areas where there are no libraries or other medical journals easily accessible.

Some general practitioners find that there is a lack of continuity in certain subjects of particular interest to them and suggested that this field of potential interest for general practice be covered more thoroughly and followed up through periodic revision. It has also been suggested that the reports summarize the working papers and unpublished documents used as the background material for particular expert committee meetings. This would add interest to the report and avoid confusing the outsider by facing him with references to unpublished documents (working papers) which he cannot get hold of and without which the report is sometimes difficult to follow.

PART V

CONCLUSIONS

The evidence analysed for the purpose of this evaluation study of the use of the Technical Report Series of the World Health Organization has been of three kinds:

1. The written records concerning the Technical Report Series that had accumulated over the years before the study was requested by the Executive Board.

2. The appraisal of the Series by the Secretariat which, according to the regulations, constitutes the primary beneficiary group of the Series.

3. The opinion of Member governments who have sanctioned and paid for the Series as well as that of some important groups which have made the widest use of the Series.

1. Conclusions from the analysis of the written records

The examination of the written records that existed before the study was requested by the Executive Board has demonstrated:

(1) that the World Health Assembly and the Executive Board attach "considerable importance and great value" to the Technical Report Series;

(2) that, as the Director-General has regularly reported to the Executive Board, the implications of the Technical Report Series for the work of the Organization cover all aspects of its programme, namely its formulation, planning, implementation, evaluation, as well as the reformulation of the policy and planning in the light of the evaluation;

(3) that the trend of distribution and sales of the Technical Report Series points to a rapidly increasing demand for these publications which is as yet far from saturation point;

(4) that the medical literature in general has accorded in its reviews of the Technical Report Series a measure of value, stressing very often the topicality of the subjects chosen and the need thereby fulfilled for an international authoritative opinion on them;

(5) that, from a public information aspect, these reports have, for the most part, generated a reaction indicative of their topicality and wide public interest.

2. Conclusions from the analysis of the critique by the Secretariat

The replies to the questionnaire received from the staff of WHO at all levels have confirmed that expert and allied committees and their reports constitute an important basis for the development of the Organization's programme at headquarters and at regional level.

The expert committee system has become an integral part of the World Health Organization, guiding its advisory services to countries, providing it with a channel for its centralized world-wide services and stimulating and orientating its role of co-ordination of medical research at the international level.

The Secretariat's appraisal of the Series has not been devoid of criticism. This in itself is a healthy sign, for the staff are closest to the Series, more familiar with it as a system, and need it most. It is well, therefore, that the comments of the staff show no evidence of complacency. Their unanimous warm appreciation of the services rendered by the Technical Report Series has been tempered by an awareness of the need for improving the Series in certain respects.

This criticism notwithstanding, the comments received from headquarters and the regions show that the Technical Report Series is an important element in the development, execution and review of the WHO programme.

3. Conclusions from the analysis of comments by Member States

While expert committees have fulfilled their role of advising the World Health Organization on the latest developments in health, the publication of their reports has been instrumental in adding a significant contribution to the fulfilment of the WHO constitutional objective of raising the standards of health everywhere.

The replies from Member States show that, over the years, the Technical Report Series has developed into an authoritative guide in the field of public health whose impact, transcending differences of all kinds, is being felt in developing as well as in developed countries.

The significance of this conclusion is self-evident. From an evaluation point of view, it is also noteworthy that in the face of the profusion of medical literature generated by the communications revolution of our time, the Technical Report Series has managed to attain a distinctive place in the public health literature and to reap health benefits out of proportion to the investment made in it.

4. Conclusions from the analysis of comments by other recipients

Health departments, universities, libraries, institutions and general practitioners have, in their replies, shown a high regard for the Technical Report Series, a desire to see it more widely known and acknowledged it as a fruitful source of reference for health work of all kinds, including research.

5. Areas of improvement suggested

Despite the significant achievement, the Series is clearly susceptible to improvement. In this connexion, the suggestions and recommendations received can be summarized as follows:

(a) a more discriminating selection and less broad treatment of the subject matter in some fields;

(b) a greater measure of elasticity in the composition of certain groups with regard to geographic distribution and a wider representation of disciplines that could contribute to certain subjects;

(c) a smaller degree of reliance on compromise in dealing with controversial subjects *preferring to present differing points of view to, at times, incomprehensible* phraseology or platitudinous conclusions;

(d) a fuller annotation of the index of the subject matter of the reports and a selective bibliographic reference in each and a key to all abbreviations used;

(e) a fuller integration of the sub-series through a system of cross-reference developing the Series as a whole, rather than along parallel lines;

(f) a more prompt publication of reports and especially of their Spanish version;

(g) a greater continuity in the various sub-series through a system of report-writing in which, whenever possible, the latest number would supersede, summarize and consolidate the previous numbers on a particular subject;

(h) a much wider selective distribution of the reports to ensure that they reach more adequately the scientific community, educational establishments and professional associations;

(i) the Series should endeavour to attain a large degree of publicity in the medical and allied scientific press;

(j) a better classification of the various reports and their recommendations so as to facilitate their retrieval and utilization.

General conclusions

From this study, it seems justifiable to draw the following major over-all conclusions:

(1) The Technical Report Series is fulfilling its role of providing guidance to the Organization on the latest scientific and technical advances of interest to its programme and thereby influencing the quality of its work.

(2) The developing countries and also the most developed have reported extensive use of the Series as a practical strategy for the development of their health services and the raising of the health standards of their people.

(3) The medical world, in general, uses the Series in a great variety of ways, acknowledging it as an authority on public health. Over the years, the Technical Report Series has demonstrably influenced the education and training of staff in the health sciences, the administration of health services in its widest sense and the field of medical research by providing a logical approach to the practical application of sound public health principles, in a reliable periodic review of medical progress, in a highly usable format.

(4) A widespread feeling prevails that the Technical Report Series should have much wider selective circulation.

PART VI

RECOMMENDATIONS

To fulfil the ultimate aim of this evaluation, the Executive Board may wish to authorize the Director-General to consider the future development of the Technical Report Series of the World Health Organization in the light of the conclusions of the study, and guided by the observations the Board may wish to make.