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UNITED NATIONS CHILDREN'S FUND
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UNICEF-WHO JOINT COMMITTEE ON HEALTH POLICY

REPORT OF THE THIRTEENTH SESSION HELD AT THE
HEADQUARTERS OF THE WORLD HEALTH ORGANIZATION
GENEVA

31 January - 1 February 1962

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* This document also issued as JC13/UNICEF-WHO/8, dated 7 February 1962.

62-04853

1. Attendance

The attendance at the session was as follows:

	UNICEF	WHO
Representatives:	Professor R. Debré (Chairman) Professor W. D. Germer Dr M. Bustamante Mrs Z. Harman Dr K. Bain (Rapporteur)	Dr A. Nabulsi Dr A. O. Abu Shamma Dr O. B. Alakija (Rapporteur) Dr J. D. Hourihane Dr S. Syman
Alternates:	Dr R. Farah	Dr K. Suvarnakich
Secretariat:	Dr G. Sicault	Dr M. G. Candau Dr F. Grundy Dr P. M. Kaul Dr G. R. Garcin (Secretary) Dr H. Mahler Dr W. Winnicka Dr M. Giaquinto

2. Opening of session

In the absence of the Chairman of the twelfth session, the thirteenth session was opened by Dr M. G. Candau, Director-General of the World Health Organization, who invited the Committee to elect its Chairman.

3. Election of Chairman and Rapporteurs

Professor R. Debré was elected Chairman.

Dr Katherine Bain (UNICEF) and Dr O. B. Alakija (WHO) were elected Rapporteurs.

4. Adoption of the agenda

The Committee adopted the following agenda:

- (a) Approval of minutes of twelfth session.
- (b) A review of the progress made and future trends for UNICEF/WHO-assisted tuberculosis control activities (JC13/UNICEF-WHO/2 and JC13/UNICEF-WHO/7)
- (c) The present status of filarial infections and their control (JC13/UNICEF-WHO/4)

- (d) Programmes dealing with infants of low birth weight (JC13/UNICEF-WHO/3 and JC13/UNICEF-WHO/6).
- (e) Other business: under which the Committee agreed to discuss some aspects of:
 - (i) the relation of maternal and child health to other basic health services (Conference Document No. 1).

5. Approval of minutes of twelfth session

The minutes of the twelfth session were approved.

6. A review of the progress made and future trends for UNICEF/WHO-assisted tuberculosis control activities

6.1 The Committee considered in detail the two documents before it - "A Review of the Progress Made and Future Trends in UNICEF/WHO Assisted Tuberculosis Control Activities" (JC13/UNICEF-WHO/2) and - "UNICEF Assistance to Tuberculosis Control: Note by the Executive Director of UNICEF", (JC13/UNICEF-WHO/7). The Committee agrees that a wider application of the present technical knowledge in tuberculosis control is warranted in most of the countries where tuberculosis is a serious public health problem and endorsed the technical principles laid down in the document presented by the WHO Secretariat (JC13/UNICEF-WHO/2) as guiding lines for future UNICEF aid to tuberculosis control.

6.2 The Committee appreciates the basic aim of the national pilot area project as defined by WHO, namely to assist governments in (a) developing locally applicable control methods with a national tuberculosis programme in mind by formulating the epidemiological objective of the national programme and by defining, testing and evaluating the field operations necessary for achieving such an objective and (b) training the necessary specialized and general health service personnel.

6.3 The Committee therefore believes that UNICEF, on a long-term basis, could usefully support the development of comprehensive national tuberculosis control programmes along the lines recommended by WHO;

- (a) The highest priority should be given to reducing the spread of tuberculosis through domiciliary and ambulatory chemotherapy of the infectious cases and to increasing the level of specific resistance in the community to unavoidable infection through BCG vaccination.

(b) UNICEF aid would be given to two stages of a developing national control programme: first to the development by the national pilot area project of control measures that can be operated effectively as permanent public health measures with available technical and economic resources, and only thereafter, when these measures have proved effective, to their gradual extension to an increasing proportion of the population provided that this extension is continuously guided and assessed by the national pilot area project, that it is operated through the existing public health services and that it permits a constant level of efficiency to be maintained, particularly with respect to the regularity of drug taking.

The Committee shares the opinion of WHO that there is a considerable need for flexibility in determining the form and extent of the assistance to be given to governments since the technical and economic starting points of national tuberculosis control programmes vary widely.

6.4 The Committee also believes that UNICEF, on a short-term basis, should continue to give assistance to certain existing WHO-approved control activities pending their absorption by the expanding national control programmes as outlined above. Thus UNICEF could usefully continue to support existing mass BCG campaigns provided a satisfactory technical and operational performance is maintained and to supply drugs to tuberculous cases reliably diagnosed by existing case-finding facilities provided effective administration of such drugs for the necessary prolonged period of time can be ensured.

6.5 The Committee stressed the importance of making full use of secondary chemoprophylaxis,¹ for the protection of young children living in close contact with infectious cases as recommended by the WHO Expert Committee on Tuberculosis.

¹ i.e. the use of anti-tuberculosis drugs in those who are infected, as demonstrated by a significant reaction to the tuberculin test but who have no pathognomonic signs or symptoms of tuberculous disease.

6.6 The Committee noted the advantages offered by freeze-dried BCG vaccine under certain conditions obtaining in many tropical and sub-tropical countries. In keeping with the position taken by WHO the Committee recommended that UNICEF assistance be confined to the provision of freeze-dried vaccine in selected areas where its use would have definite technical and operational advantages. The Committee stressed that the change-over from liquid to freeze-dried vaccine in a country must be preceded by training of the vaccinators in the special techniques required for the reconstitution of dried vaccine. The Committee did not recommend that for the time being UNICEF should give assistance to the establishment of new production facilities for freeze-dried BCG vaccine. It added, however, that such assistance could be accepted in the future.

6.7 In recommending UNICEF assistance for a wider application of specific control measures, the Committee wishes to emphasize the importance of such socio-economic factors as nutrition, housing, etc. towards achieving the ultimate aim of eliminating tuberculosis as a public health problem and hopes that UNICEF will consider possible measures aimed at improving these factors and particularly nutrition.

7. The present status of filarial infections and their control

7.1 Filarial infections and their control. The Committee considered the document JCL3/UNICEF-WHO/4 entitled, "The Present Status of Filarial Infections and their Control", which gives an account of the problem and the value of means of controlling the diseases.

7.2 Onchocerciasis. The Committee, recognizing the great importance of onchocerciasis as a public health and socio-economic problem in areas of endemicity and considering (a) that the infection is often contracted early in life leading to high percentages of blindness, and (b) that measures for control of the disease are available under certain local epidemiological conditions, agreed to recommend the participation of UNICEF in some WHO-assisted activities.

The Committee recommended that UNICEF assistance should be given for selected surveys and pilot control projects. Such projects should be aimed at investigating the factors involved in the development and application of control measures and/or to define the local effective practical and economically applicable methods where the vector ecology is known.

7.3 Filariasis, Wuchereria and Brugia infections. The Committee, recognizing the great socio-economic importance of filariasis, Wuchereria and Brugia infections, prevailing in very large tropical areas all over the world and the fact that they are often contracted during childhood and considering also (a) that presently available methods for mass treatment have proved to be efficient if properly applied in reducing infection and clinical evolution of the disease under certain epidemiological conditions prevailing in different areas of endemicity, and (b) that satisfactory control measures are available at least against some of the species of recognized vector mosquitos, agreed to recommend that UNICEF consider a few concrete pilot projects of chemotherapy in representative areas, supplemented where possible by vector control operations.

8. Programmes dealing with infants of low birth weight

8.1 The Committee considered the document relating to programmes dealing with infants of low birth weight (JC13/UNICEF-WHO/3), which was presented by the representative of the Director-General of WHO, and the note presented by the Executive Director of UNICEF (JC13/UNICEF-WHO/6).

8.2 The WHO statement was prepared in response to the request by the UNICEF Executive Board in September 1958, that WHO "develop criteria, which might be reviewed by the UNICEF/WHO Joint Committee on Health Policy, of what constitutes a good programme in this field, and guide-lines to determine under what conditions a country is ready for a premature-care programme involving highly technical elements".

8.3 The statement emphasized that a country is ready for a programme of care for infants of low birth weight when the basic needs of mothers and children have been fully met, and indicated what elements a programme should include at different levels of development of a country's health services. Preventive measures to reduce the number of infants born prematurely can be undertaken at all levels of development.

8.4 The Committee expressed its satisfaction with conclusions and recommendations contained in document JC13/UNICEF-WHO/3, and presented the following as its final decisions.

8.4.1 Before developing national and international plans for programmes of aid to low-weight infants, particular attention should be paid to strengthening the basic health services for mothers and children.

8.4.2 Among the most important preventive measures aimed at decreasing the incidence of infants with low birth weight is adequate nutrition of the pregnant woman, and implementation of legislation regulating hours and conditions of work.

8.4.3 In view of the increasing attention paid by many countries to the problem of the high incidence and mortality of infants with low birth weight, it is suggested that the relevant joint programme activities of WHO and UNICEF be continued. They should, however, be adapted to the particular needs and resources of the country requesting assistance in this field.

8.4.4 Within a successfully functioning general MCH programme, assistance to special care for infants of low birth weight would, as recommended by WHO, give first attention to "the larger newborn" with the best prospects of health development.

8.4.5 The training of personnel at all levels is of primary importance to adequate infant care in general and the care of low-weight infants in particular. The assistance given to the relevant training programmes by WHO and UNICEF should therefore be continued and expanded.

8.4.6 UNICEF assistance in providing grants and stipends for training of personnel would be most valuable. The equipment and supplies given should be simple, easily replaceable, and conform to the requirements of the proposed programme.

8.4.7 Assistance would be given only to a teaching hospital undertaking undergraduate and post-graduate teaching of physicians, with a well-developed paediatrics or obstetrics department, in a programme of specialized care requiring highly trained personnel and elaborate equipment.

9. Other Business

9.1 The relation of maternal and child health to other basic health services

The Committee considered the Conference Document No. 1, entitled "Relation of Maternal and Child Health Services to other Basic Health Services".

After discussing the health needs of children in relation to their families and their community, the paper went on to enumerate the component items of basic health services in a rural health unit as conceived by the Expert Committee on Public Health Administration.¹

The Committee agreed that, whilst the relationship of maternal and child health services to other basic health services varies greatly from one country to another, maternal and child health services are best planned and operated as part of community health services without sacrificing their individuality. The Committee also recognized that, notwithstanding this fact, a maternal and child health programme can serve as a spearhead for the development of public health services.

The Committee noted that UNICEF was allocating certain sums at present, which they intend to increase, to meet requests from governments for developing and improving their basic health services. UNICEF requested the necessary technical guidance from WHO for the planning and development of such services, especially in the newly developed countries, on a scale corresponding to the now existing needs.

The Committee noted that WHO had given the highest priority to such technical guidance and was already giving such advice increasingly to individual countries requesting WHO assistance in the field of public health administration and was at present further strengthening its advisory activities by the appointment wherever possible of area and country representatives and public health advisers to individual countries or groups of countries.

The Committee noted that WHO was at present engaged in developing some specific broad guiding principles for the development of basic health services which could be applied to developing countries, taking into account a variety of technical considerations which vary widely from one country to another.

Finally, the Committee was also pleased to note that WHO would continue to take active steps through surveys, expert committees and other means to collate available information and opinion as a base for formulating policy relevant to the problems of the scope and organization of basic health services.

¹ Wld Hlth Org. techn. Rep. Ser. 1954, 83, 5