

EXECUTIVE BOARD

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INTERNATIONAL AGREEMENT OF BRUSSELS, 1924, RESPECTING FACILITIES TO BE GIVEN TO
MERCHANT SEAMEN FOR THE TREATMENT OF VENEREAL DISEASES

Note from the Director-General

1. In accordance with the Protocol drawn up by the International Health Conference in New York in 1946, WHO is responsible for the administration of the Brussels Agreement of 1924 (see also Article 2k of the WHO Constitution). Following the recommendation of the First World Health Assembly that measures might be taken for the revision of the Brussels Agreement (Resolution WHA1.22 (3)¹) in the form of International Regulations and the subsequent observations of the Executive Board (Resolution EB2.R4(2)¹), the subject was studied by the Joint ILO/WHO Committee on the Hygiene of Seafarers,^{2,3} by the Expert Committee on Venereal Infections and Treponematoses^{4,5} and by the Rotterdam Port Project (the latter activity being jointly sponsored by the Netherlands Government and WHO⁶). In 1956, the Director-General convened a Study Group to consider further the possible revision of the Brussels Agreement. The report (WHO/VDT/229) and recommendations of the Study Group were communicated to the twentieth session of the Executive Board. At the discussion, the Board emphasized the importance of the subject and decided to consider it further at its twenty-first session, requesting the Director-General to supply any further information which might be available at that time.

The Director-General pointed out that upon the basis of Article 28(d) of the Constitution which provides that one of the functions of the Board shall

¹ Handbook of Resolutions and Decisions, 4th ed., page 59

² Wld Hlth Org. techn. Rep. Ser. 1950, 20, 6

³ Wld Hlth Org. techn. Rep. Ser. 1955, 92, 10

⁴ Wld Hlth Org. techn. Rep. Ser. 1950, 13, 12

⁵ Wld Hlth Org. techn. Rep. Ser. 1953, 63, 35

⁶ Maritime Venereal Disease Control, WHO Regional Office for Europe, 1956

be "to advise the Health Assembly on questions referred to it by that body and on matters assigned to the Organization by conventions, agreements and regulations", the Board might wish to append its considerations following further discussion of the subject at its twenty-first session.

2. The need to examine the implications of international instruments for the control of diseases other than the quarantinable was recognized by WHO from the outset. While the First World Health Assembly envisaged that the Brussels Agreement might be revised in the form of Health Regulations, the Tenth World Health Assembly endorsed the recommendation of the Committee on International Quarantine that in the present state of knowledge no quarantine measures were justifiable for application to infections other than the six diseases expressly dealt with in the International Sanitary Regulations.¹

In its report the WHO Study Group on the Brussels Agreement also recommends² that this Agreement should not be replaced by international health regulations nor should it be abrogated, but that a committee of experts in public health and venereal disease control be periodically convened to act as an advisory body to WHO (in its capacity as administrator of the Agreement). The technical implications of the Articles of the Agreement should be periodically redefined and a basis for the future evaluation of the usefulness of the Agreement established. At the twentieth session of the Executive Board the Director-General shared the Study Group's view that there might be no justification either from the technical, the constitutional or the legal point of view, for a revision of the Brussels Agreement and agreed that the Agreement's technical implications might be redefined by the Expert Committee on Venereal Diseases and Treponematoses at its next session.

3. It is emphasized in the report of the Study Group that good administration requires a broader and more comprehensive approach to the health problems of seafarers. The Study Group also points out that there is an increasing demand in ports for better and more systematically organized general health services for seafarers of all nationalities. Various systems under which such services could be provided between nations is suggested. The absence of useful data and background information in this important field is pointed out and it is recommended that a comprehensive report be compiled as soon as possible

¹ Off. Rec. Wld Hlth Org. 79, Annex 1

² See WHO/VDT/229, pages 44-46.

by WHO in collaboration with ILO. Among the aspects to be studied in this connexion would be hospital facilities etc. in ports, a survey of which had already been recommended by the Joint ILO/WHO Committee on the Hygiene of Seafarers at its second session.¹ It was furthermore recommended by the Study Group that WHO explore ways and means by which general health services could be provided in major ports on a wider scale than at present.

At the twentieth session of the Board, the Director-General stated that it would be logical for WHO to take a wider interest in the health problem of seafarers, a matter which had already been under consideration for some time. A more integrated public health approach to the studies recommended would constitute a first step in this direction. Studies of this type would, however, require time since so far the information has not been available from governments or from other sources. Steps have been taken by the Director-General since the twentieth session of the Board to contact the ILO in order to prepare and lay the foundation for the studies in question. It has become clear, however, that in order to develop and extend this study in a comprehensive manner commensurate with the importance attached to the subject by the Study Group and by the Board, it would be necessary to undertake a long-term study in close co-operation with the ILO, since this is a matter in which the ILO has a definite interest.² Sufficient time should be allowed in this study to consult Member States, collect and analyse the necessary data, and finally prepare a comprehensive report on the nature and extent of health care services at present available to seafarers and possible measures for their improvement.

The Executive Board may wish to refer the Report of the Study Group to the Eleventh World Health Assembly together with its recommendations.

¹ Wld Hlth Org. techn. Rep. Ser. 1955, 92, 10

² WHO Basic Documents, 7th ed., p. 53. Agreement between the International Labour Organisation and the World Health Organization.