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**EXPERT COMMITTEE
ON NURSING**

Report on the First Session

Geneva, 20–26 February 1950

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EXPERT COMMITTEE ON NURSING

First Session

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EXPERT COMMITTEE ON NURSING

Report on the First Session¹

The Expert Committee on Nursing held its first session in Geneva, from 20 to 26 February 1950. The session was opened by the Director-General of the World Health Organization, Dr. Brock Chisholm. Miss M. I. Lambie was unanimously elected Chairman, Miss V. Snellman, Vice-Chairman, and Miss L. Petry, Rapporteur. The agenda submitted by the Director-General was approved and adopted.

Terms of Reference

The committee studied the resolution of the Second World Health Assembly establishing an Expert Committee on Nursing² and noted the terms of reference to be :

- (1) to advise the World Health Assembly on measures to ensure the recruitment of nurses in proportion to the needs of each country ;
- (2) to advise the World Health Assembly on measures to give nurses training in keeping with the numerous and complicated tasks which will devolve upon them.

¹ In accordance with the instructions of the Executive Board at its fifth session, an ad hoc committee of the Executive Board examined this report and, acting on behalf of the Board, adopted the following resolution :

The ad hoc committee of the Executive Board

1. NOTES the report of the Expert Committee on Nursing on its first session, and
2. AUTHORIZES its publication ;

Taking into account the recommendations of the expert committee in considering relevant items on its agenda,

3. TRANSMITS the present report to the Third World Health Assembly, and
4. POINTS OUT that recommendations of expert committees which concern WHO policy and operations remain recommendations unless and until they are implemented by the Executive Board or the World Health Assembly in adopting and putting into action the annual programme of WHO.

(*Off. Rec. World Hlth Org.* 28, Annex 2)

² *Off. Rec. World Hlth Org.* 21, 46

Introduction

The committee considered the lack of nursing personnel, which is world wide. Medical and public-health authorities contend that the lack of nursing personnel hampers progress of practically all health programmes.³ The quantity of available nursing services varies among countries from those with none whatever for millions of people to those with one nurse for approximately each 400 persons. The latter ratio applies in countries with highly organized health services; even in these countries, however, hospital beds are unused and new health programmes are impeded for want of nurses.

Nurses are needed in greater numbers than other categories of health workers because they have direct, individualized, and lasting contact with people, sick and well. In this sense, nurses are the final agents of health services.

Provision of nursing personnel is not keeping pace with advances in medicine and public health. Established health programmes, as well as new programmes, call for measures to increase and improve the supply of nurses and for better use of the supply. This increase in demand will be accelerated by further economic development, industrial expansion, and elevation of standards of living within countries.

After discussion, the committee concluded that the provision of an adequate quantity and quality of nursing services requires three simultaneous and related approaches:

- (1) securing of candidates for training of all types;
- (2) promotion of the most effective use of various types of nursing personnel;
- (3) provision of educational facilities and programmes for all types of nurses needed.

1. Provision of Nursing Services

1.1 Clarification of terms and functions

The discussion was clarified by decision to use the word "nurses"⁴ to pertain to the workers within any particular country who supply the

³ See report on the first session of the Expert Committee on Maternal and Child Health, *Off. Rec. World Hlth Org.* 19, 42, 45; the report on the fourth session of the Expert Committee on Tuberculosis, *World Hlth Org. techn. Rep. Ser.* 1950, 7, 11; and the report on the first session of the Expert Committee on Mental Health, *World Hlth Org. techn. Rep. Ser.* 1950, 9, 11.

⁴ This may apply to "professional nurse", "graduate nurse", "trained nurse", or "registered nurse" and, hereafter in this report, the term "nurse" will be used for all these categories.

most exacting, comprehensive, and responsible care of a nursing nature which is available in that country. Wide national variations are recognized.⁵ In countries with highly organized health programmes, "nurses" include—in addition to those practitioners who give exacting, comprehensive, and responsible care to people, sick and well—those competent in research, consultation, education, and the planning of health programmes.

The term "auxiliary nursing personnel" indicates those who give, in comparison, less exacting care which supplements that given by nurses, or those whose duties are confined to some particular phase of nursing care (e.g., vaccinators). In general, nurses teach auxiliary personnel and supervise their work. In some countries there is an intermediate group of workers, in which classification are trained practical nurses, assistant nurses, and others, variously named. For the sake of simplicity in this report, however, these workers are included among auxiliary nursing personnel.

The stage of development of nursing varies greatly from culture to culture. It is limited by the stage of development of medicine and public health. It is interesting to note, however, that, in countries where medicine is highly developed and nursing is not, the health status of the people does not reflect the advanced stage of medicine. Nursing is essential to the vitalization of the health programme.

Nursing, as one of the disciplines of the health team, strives to meet all the health needs of people which are within its province. The committee sees the functions of nursing personnel to be :

(1) carrying out the therapeutic programme designed by physicians for sick patients, including also personal services aimed at hygiene and comfort ;

(2) maintenance of physical and psychological environment conducive to recovery and to health ;

(3) engaging the patient and his family in his recovery and rehabilitation ;

(4) instructing people, sick and well, in measures promoting total health (physical and mental) in its positive sense ;

(5) carrying out measures for the prevention of disease ;

(6) co-ordinating nursing with efforts of other members of the health team and of other community groups.

⁵ For example, in France, the "Assistante sociale" does both public-health nursing and social work. Her professional education requires a one-year basic course in nursing followed by a combined curriculum in public-health nursing and social work. In most cases, however, she completes her nursing studies and receives the State nursing diploma before she undertakes her studies in the combined curriculum.

Despite recognition of the enormous amount of valuable work now contributed by nurses in many countries, the committee was not fully convinced that the functions variously accepted as those of nursing (including the ones enumerated above) succeed in meeting the real health needs of the people. This applies to people in countries with highly organized health services of the traditional type, to those in young countries where health services are evolving rapidly, and to those in countries where there have been drastic revisions of health programmes in recent years. The problem becomes more acute when considering societies in which nursing and health programmes are non-existent or in initial phases of development. In an effort to find answers to the questions of what are the real health needs of people in these various societies and the contribution of nursing in filling them, the committee believes that fundamental research must be undertaken, using social science consultants. The committee pointed out that this recommended study is of a fundamental research nature, in contrast with practical research projects recommended elsewhere in this report. Because this research deals with basic determination of human behaviour, the committee believes it will yield findings of infinite value in all subsequent planning of health services everywhere.

In a desire that nursing render its best possible contribution to the health of all peoples,

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization undertake fundamental research with the assistance of social scientists to determine the real health needs of peoples in two or more different societies and to determine how nursing can best function to meet these needs through health teaching, participation in preventive programmes, care of the sick, and other methods.

Whether it is advisable to include in the study the role of other health disciplines, as well as nursing, in meeting health needs of people should be considered.

1.2 *Securing candidates for training of all types*

Measures for securing candidates for training depend upon recognition of the factors and attitudes which cause difficulties. In some countries, the scarcity of candidates for training is related to a shortage of woman-power. Competing occupations for women are, in some places, more attractive as to salaries, living conditions, retirement schemes, and other personnel policies. Since hospitals must of necessity afford service every hour of every day, nurses employed there are sometimes required to work at unusual hours.

Certain social attitudes also limit the number of competent candidates available for training. Nurses are not always accorded high social esteem ; their work is sometimes considered of a subservient nature and is believed to demand personal sacrifice and a degree of seclusion not expected of other women workers. In some countries, custom denies women the right to essential general education and to work outside the home.

Conditions of employment of nurses sometimes make nursing an unattractive occupation to married women, and this fact eliminates some candidates who would otherwise enter nursing schools. Some schools will not admit or retain married students.

In a number of countries, economic conditions prevent candidates from entering nursing schools. The committee is of the opinion that financial assistance should be available so that no candidate is lost because of lack of funds.

The problem of securing candidates is also related to the quality of nursing schools. In some instances, very competent candidates are not sufficiently challenged by the training or are deterred by unsuitable living and learning conditions. In other instances, there are enough candidates to fill the training programmes, but not all of them are suitable for basic nursing programmes. The absence of training programmes for auxiliary nursing personnel, for which these candidates would be admirably suited, cuts off the source of supply.

The committee called attention to the common experience that an elevation of the standards for admission increased the number of candidates for basic nursing programmes. The supply of candidates for all types of nursing is increased when there is more than one type of training programme available. The presence of two or more types of training programme involves distinct standards of admission and methods of recruitment for each type.

The committee suggests that there are sources of candidates which have not yet been tapped, for example, minority groups and persons emigrating from other countries. A larger number of men than are now engaged in nursing could be interested in nursing everywhere, particularly in certain cultures.

At the end of section 2, a study is recommended which deals, among other points, with the factors involved in securing candidates for training of all types.

2. Use of Nursing Personnel

In countries where the ratio of nurses to population is comparatively high, but where still more nurses are needed for expanding and evolving health programmes, it is essential that available personnel be used as

effectively as possible. There is the possibility that advances in medicine and health may demand, for each segment of the population, nursing service of a quality and quantity beyond that which the personnel resources of the population segment can supply. This further emphasizes the importance of effective use of available personnel.

Among the factors involved in effective use of nursing personnel are :

- (1) efficient and constructive administration and supervision of nursing services in hospitals and public-health programmes ;
- (2) planning and operation of hospitals and equipment for maximum efficiency ;
- (3) assignment of various types of functions to appropriate types of personnel ;
- (4) adjustment of standards of service to the amount of service available, through simplification of procedures ;
- (5) distribution of nurses to types of services and to geographic areas in which they are most needed through the aid of such incentives as favourable living conditions, transport, and educational opportunities.

These factors apply also to countries where the ratio of nurses to population is smaller and where health programmes are in an earlier stage of development.

The committee considers that one of the essential factors in promoting the most effective use of nursing personnel is the inclusion of a nursing office, staffed by highly competent nurses, in the national health-administration. Such an office would assist in planning the health services and would define the role of nursing in these services. It would also provide guidance and leadership in determining policies of education for nursing.

The committee believes that the offices of these nurses should serve as channels of exchange of information on nursing among countries and with WHO. The nurses should assist in the selection of nursing candidates for fellowships. They should also give guidance to national studies of nursing.

In order to promote the most effective use of nursing personnel,

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization urge national health-administrations to include among their administrative officers highly competent nurses with authority to assist in planning health services, to define the role of nursing in these services, and to determine the nursing personnel requirements.

The committee considers that, in order to plan for the provision of an adequate supply and quality of essential nursing personnel through varied educational programmes, it is necessary that each country study :

- (1) the existing supply of nursing personnel ;
- (2) the estimated needs for nursing services ;
- (3) the factors, obvious or hidden, which interfere with securing candidates for training of various types ;
- (4) the effectiveness with which nursing resources are used.

The analysis of existing supply should include enumeration of each type of nurse and auxiliary personnel in every type of employment. Attention should be paid to the educational preparation of each group and to geographic distribution of personnel.

The estimate of numbers of each type of personnel needed in all categories of employment should be based on the existing and the prospective health programmes.

Some of the factors which interfere with securing candidates have been mentioned in general terms in section 1.2 of the report. Since these factors are directly related to the social and economic status of women, and to psychological attitudes of related health personnel and other citizen groups, the committee considers that psychologists and sociologists should be included on the staff conducting the study.

The analysis of the effectiveness with which nursing resources are used should include a study of the maximum use of personnel at the level for which the nurses have been prepared, of the judicious use of auxiliary nursing personnel, and of items such as the employment of married women and part-time workers, and other factors.

It is essential that the study be objective and that it be carried out by competent statistical and other technical personnel with the guidance of nurses. It should be directed by a person highly qualified in this type of investigation. Co-operation of national nursing organizations should be sought in each country. The committee believes that WHO should provide professional and technical consultation services to national governments in planning and carrying out studies of this nature. In addition to assisting each country to receive maximum results from such studies, this guidance from WHO would promote uniformity among the national studies, which would increase their value on an international scale.

The committee reiterates its conviction that expanding technological developments within countries will place increased demands upon health services. Industrial and agricultural production are increased when workers operate at an optimum level of health. The study recommended above will provide information which will assist governments in planning needed

expansion of health services. Countries in which such studies have already been conducted have found that a comprehensive approach to the problem of provision of nursing personnel is more valuable than one or more fragmentary approaches which emphasize the need for workers only in certain fields. The needs for nurses in one or more of the special fields, such as tuberculosis sanatoria, mental hospitals, or public-health programmes, cannot be met until there are enough nurses of all types. Comprehensive studies of the type recommended, which have already been completed in some countries, have resulted in major revisions of nursing education, in government regulation of nursing, and in increased public interest in nursing.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization urge each Member Government to undertake (or continue) a study of:

- (1) the existing supply of each type of nursing personnel (including midwives, feldshers, and other specialized groups engaged in nursing duties) and of various types of auxiliary nursing personnel ;
- (2) the estimated number of each type of personnel needed in all categories of employment, based on existing and prospective health programmes ;
- (3) the factors which interfere with securing candidates for training of various types ;
- (4) the effectiveness with which nursing resources are used.

The committee considers that in some areas of the world there is danger that the quality of nursing services given to patients will suffer because the major portion of the care is given by auxiliary nurses, often untrained, and because of lack of supervision and administration of nursing services by competent nurses. In such situations job satisfaction is poor. The committee realizes that among the factors which interfere with the securing of candidates for nursing training are the conditions surrounding the employment of nurses after graduation, including relatively unattractive salaries, number and arrangement of hours, living conditions, and retirement schemes.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization invite the co-operation of the International Labour Organization in a joint investigation of the working conditions of nursing personnel, including salaries, hours, health conditions, and personnel policies. The study would also include the qualifications of nursing personnel, adequacy of supervision, standards of service, and problems of recruitment. The assistance of

the International Council of Nurses and other appropriate groups should be sought.

The investigation should include a pilot study undertaken in one country, or some division of a country, which exhibits the problems listed above.

The committee wishes to suggest the Federal District of Mexico for the pilot study.

3. Provision of Educational Facilities and Programmes

Three main types of nursing personnel and educational programmes for their preparation are discussed in this section of the report :

(1) Nurses for junior ⁶ positions in hospitals, general and special ; for clinics ; in some countries for the private practice of nursing ; and, in some instances (increasingly so), for junior positions in public-health nursing programmes and industrial plants. These nurses are prepared by the programme of basic nursing education.

(2) Nurses for senior ⁷ positions in hospitals and public-health nursing programmes ; in schools of nursing, basic and post-basic and auxiliary ; in some instances (for the present) for junior positions in public-health nursing programmes and industrial plants ; for consultative and research positions in various fields. These nurses are prepared through post-basic education.

(3) Auxiliary nursing personnel for hospitals, general and special ; for care of patients in homes ; for special segments of health programmes. This auxiliary nursing personnel is prepared by completing a programme of pre-service elementary nursing training.

Programmes of preparation for the three types of nursing personnel are given to the corresponding categories in organized fashion and before employment. The content and quality of these programmes now vary widely within countries and from country to country.

In addition to the pre-employment programmes of preparation referred to above, in-service training programmes should be given to all three types of personnel. In-service training is aimed at improving the worker on the job and keeping the worker abreast of new developments.

⁶ The word "junior" when describing positions applies to first-level positions or positions of staff nurses, and includes those occupied immediately after graduation from basic nursing schools.

⁷ The word "senior" applies to positions beyond the first or staff level. In hospitals, head nurses, supervisors, and administrators of nursing services are senior positions, as are supervisory and administrative positions in public-health nursing programmes. All instructional and administrative positions in nursing schools are senior positions. For these positions, nurses should have post-basic education.

There are many nursing auxiliaries, however, who have not enrolled for organized pre-employment training. These workers receive only in-service training while employed, or no training whatever. For this group in-service training is expected to fill their total needs for training, not merely for improvement on the job. The proportion of auxiliary nursing personnel which has had pre-employment rather than in-service training should be increased.

3.1 *Basic nursing education*

The committee studied *A guide for assistance to schools working to establish basic programmes in professional nursing*, extracted from the report of the Education Committee of the International Council of Nurses.⁸ It is the opinion of the committee that this document would be useful to those who are establishing or revising basic programmes of nursing education and to those who desire such a guide in giving consultation service on these problems. The committee suggests that WHO request the International Council of Nurses to continue its work in the development of the *Guide*.

The committee calls attention to the following points in sound basic education of nurses for special emphasis in countries where such programmes are of recent origin, or are now being established or revised :

(1) The school of nursing should be directed by a nurse competent both as a nurse and as an educator. In countries where schools are not directed by nurses, immediate steps should be taken to secure such nurse directors, or to prepare them through study in post-basic programmes of nursing education, outside the country if necessary.

(2) While physicians and other professional and health workers should give instruction to students in these schools, instruction in nursing in clinical fields (medicine, surgery, obstetrics, child care, psychiatry, and public health) and supervision of practice of students in these fields should be given by qualified nurses. These nurses also should have completed post-basic nursing education programmes, in other countries if necessary.

(3) The programme of every basic school of nursing should include the integration of the principles of mental health, public health, and prevention of disease, to prepare the nurse for her functions in teaching patients and families about positive health.

(4) Candidates for admission to nursing schools should be carefully selected. The administration of standardized tests and interview techniques

⁸ See Annex 1, page 24.

by psychological and psychiatric experts are among the recommended means of selection. The director and teaching staff of the school should be responsible for the selection of candidates for admission to the school.

Countries in which nursing education is in the early stages of development exhibit varying patterns. For example, many different schemes of basic training have been started in different parts of the vast continent of Africa, but no one has made a comprehensive study of these different schemes, assessed their comparative values, and drawn up a report which would enable those responsible for any one scheme to benefit from the experience — and even mistakes — of the others.

The committee feels that much could be gained from a comparative study of nursing schools in several of these countries.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization undertake a comparative study of the various types of training in nursing given in the countries of Equatorial Africa.

The committee calls attention to the need for the review of basic education programmes in countries where basic nursing education is already highly organized to ensure that these programmes prepare nurses for the continuous evolution of modern health work.

The features of modern health work which merit emphasis in the preparation of nurses are :

(1) consideration of the physical and social environment in the promotion of health ;

(2) consideration of the patient as a whole rather than as a pathological case, with insight into the psychological forces behind human behaviour ;

(3) understanding of childhood as a period of psychological growth and development in which emotional factors can be guided toward an effective adjustment in adult life ;

(4) encouragement of the patient to be engaged actively in his own recovery and rehabilitation ;

(5) encouragement of people to assume active responsibility for the achievement of positive health ;⁹

(6) emphasis on those major health problems chosen for concentrated national attack (for example, at present, mental health, industrial health, housing), varying from time to time and from country to country.

⁹ See Annex 2, page 28.

These and other features of modern health work may require reorientation of the basic nursing schools away from a "morphological and structural" approach towards a "physiological and functional" approach.¹⁰ The reorientation may also require a change from the idea that nurses do *for* people to the idea that nurses do *with* people, and that the nurse-patient relationship is itself a therapeutic agent calling for insight by the nurse into her own personality. The reorientation also calls for improvement in methods of teaching so that the nursing student is herself taught by the methods (active learner participation) she uses in her relationships with people.¹¹

3.2 *Post-basic education of nurses*

In order that nurses may receive education aimed at preparing them for meeting the real needs of people and for making medical advances effective in health programmes, nurses who serve as teachers or administrators in nursing schools of all types must have additional preparation beyond that of the basic educational programme.

In order that nursing services in hospitals and public-health programmes be made effective through constructive supervision and administration, senior nursing positions must be filled by nurses who have had post-basic education.

Post-basic education for nurses has developed to fill three distinct needs :

(1) to prepare for work in a field which at present is not included in basic nursing education ;

(2) to keep nurses up to date in modern developments by means of refresher courses in the many fields of nursing ;

(3) to provide advanced or specialized preparation for senior positions in hospitals, schools of nursing, and public health.

The first of these needs should tend to disappear as programmes of basic nursing education in countries attain a higher level. The practice of providing refresher courses is widely accepted in many other professions ; it is particularly essential in the nursing profession, where new techniques are constantly being evolved as medical sciences advance.

In every country there exists a shortage of nurses who have had the post-basic education essential for effective performance in senior positions. In countries where no basic training programmes now exist, or no public-health nursing programmes have yet been established, nurses with post-

¹⁰ *World Hlth Org. techn. Rep. Ser.* 1950, 22, 11

¹¹ See Annex 2, page 29.

basic education will be required to initiate programmes. In countries where health services are highly organized, large numbers of nurses occupy positions requiring post-basic education. Some of these nurses are occupying senior positions with less than optimum efficiency because they lack the necessary post-basic education. Nurses in senior positions are responsible for designing new methods of nursing service and nursing education and making these prevail. They are the necessary link between health advances and the practice of nursing as it reaches people everywhere. If these nurses in senior positions have scientific knowledge, understand community and national health problems, and have a high degree of skill in inter-personal relationships, the health status of people in any given nation is more likely to reflect the status of medical and health science achieved in that country.

Every post-basic nursing education programme should be given under the aegis of universities on the same level as graduate study in other disciplines and with teaching staff of comparable qualifications; or else it should be set up as an independent educational activity with educational standards and academic recognition comparable to those of the programmes in universities.

Every post-basic education programme should include at least two major elements:

(1) advanced courses and supervised practice in the clinical field in which the nurse is to be employed. These fields include psychiatry, mental health, orthopaedics, tuberculosis, child care, maternal health, public health, medical and surgical nursing, and others;

(2) courses in administration or supervision of nursing services in hospital or public-health programmes, and in teaching or administration of schools of nursing chosen by the nurse in accordance with the type of position for which she is preparing.

In all fields, special attention should be given to mental health and to the preventive, nutritional, and sociological aspects of nursing and health. Because nurses in senior positions are professional leaders as well as citizens of influence in communities, it is advisable that their post-basic education include cultural elements gained through study of the humanities. It is essential that these nurses bring to their work the zest that comes from a variety of interests.

Appropriate post-basic education should be available to every nurse who needs it. Each national government should ensure that post-basic educational facilities are available for nurses in all the types of nursing services which the country needs. Governments are also urged to assure themselves that every programme of post-basic education includes the two elements described above.

The committee expressed the opinion that all the post-basic educational programmes needed in some countries could not be maintained by them and that, for types of preparation needed by only a small number of nurses, it would be economical to send nurses to educational centres in other countries.

It was also the opinion of the committee that co-operative planning among countries for the provision of needed educational facilities of this type would be advisable. The nursing advisers in regional offices of WHO could give assistance to this type of co-operative planning. National governments should make it possible, through scholarships and other means, to send nurses for post-basic preparation to institutions within their boundaries or to other countries.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization request the International Council of Nurses to make a study of the available programmes in post-basic education throughout the world and prepare a list of these programmes with appropriate comments.

This list would be useful not only to nurses seeking opportunity for advanced study, either within their own country or elsewhere, but also to national governments and to WHO and other specialized agencies of the United Nations in their efforts to promote advanced preparation of personnel.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization urge the International Council of Nurses to continue its work on a guide for the development of post-basic programmes of nursing education for the assistance of educational institutions desiring to initiate or improve such programmes.

The committee concurs with the view of the Expert Committee on Professional and Technical Education of Medical and Auxiliary Personnel that doctors, engineers, and nurses can profitably be enrolled in educational programmes in public health which are closely co-ordinated.¹² The Expert Committee on Nursing does not believe, however, that all public-health nursing education can at present be given in such programmes.

3.2.1 *Midwifery.* The committee believes that midwives make a vital contribution to health programmes. In some countries midwives complete basic nursing education before studying midwifery, and the trend in this direction is increasing. In view of the fact that midwives in the exercise of their duties should be able to give good prenatal and postnatal nursing

¹² *World Hlth Org. techn. Rep. Ser.* 1950, 22, 11

care and that this should also include health instruction, the committee feels that this pattern is preferable. In countries where this plan is not possible, the committee considers that it is desirable that midwives receive at least some nursing training, perhaps jointly with nurses.

3.2.2 *Industrial nursing.* The committee noted the statement of the Expert Committee on Professional and Technical Education, as follows:

“It was agreed that every general practitioner and every nurse should have some knowledge of industrial health... The view was expressed that industrial health should be regarded as an essential part of public health and that isolated courses of training in the industrial branch for persons without prior public-health training should be discouraged”.¹³

The Expert Committee on Nursing agrees that industrial nurses should have preparation in public-health nursing. It stated a preference for the plan of preparing for industrial nursing by completion of a post-basic programme of study in public-health nursing, which includes industrial health and related courses. Nurses who have already completed a programme of study in industrial nursing but who have not studied public-health nursing should be encouraged to do so, and public-health nurses desiring to enter the field of industrial health should undertake this special study.

3.2.3 *Anaesthesiology.* The committee recognizes that in some countries nurses have been trained to administer anaesthetics. This situation results partly from custom and partly from lack of trained medical personnel to assume the responsibility. The committee is of the opinion that a nurse's training does not give the adequate prerequisite in medical science for the study of the administration of anaesthetics, which has grown increasingly complex. It also believes, however, that, in the absence of medical anaesthesiologists, nurses with special training may be used as substitutes. The committee is of the opinion that wherever possible anaesthesiology should be considered a medical speciality.

3.2.4 *Other specialities.* The committee is aware that in some countries a basic training in nursing is required as a prerequisite for such specialities as laboratory technology, physiotherapy, and radiography. The committee is of the opinion that, in general, this is an unwise use of nursing personnel and that the study of nursing is not a prerequisite to study in these fields. The committee expresses a belief that ultimately workers in these fields will be trained independently.

3.2.5 *WHO fellowship programme.* In order to develop essential nursing leadership in countries, national governments should be urged to award an

¹³ *World Hlth Org. techn. Rep. Ser.* 1950, **22**, 12

increasing number of fellowships to well-selected nurses for study in educational centres.

The committee considers that the advice of nursing leaders is essential in the selection of nurse candidates for fellowships. The nursing officers employed in the national health-administration could well serve in this capacity.

The committee welcomes the plan for sending doctors, public-health administrators, engineers, and nurses in groups or teams for concurrent and related study.¹⁴ Comprehensive approaches to health problems will be strengthened by including nurses in teams and study-groups.

It is obvious that nurses should continue to receive scholarships for study without being members of teams. Among candidates for such individual fellowships, nurses preparing for positions in nursing education should have high priority. The committee recognizes that fellowships will be required occasionally for superior candidates for basic nursing programmes, particularly where no satisfactory educational programmes of this type are available in the country.

The committee sees many opportunities for nursing personnel and other advisers in the regional offices of WHO to stimulate the use of fellowships for nurses, to promote wise selection of candidates, and to suggest the composition of teams of Fellows and study-groups. Similar guidance in headquarters and regional offices should be given in co-operative efforts with other specialized agencies of the United Nations.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization sponsor international seminars on nursing problems (for example, the inclusion of preventive and public-health aspects in the basic nursing curriculum, or means of improving the nurse's preparation to teach patients). The World Health Organization should supply leaders of seminars (nurses and others) and fellowships for nurses to attend seminars from many countries.

The committee considers it desirable that there should be joint consultation between experts on professional and technical education and experts on nursing concerning matters of common interest.

3.3 *Training of auxiliary nursing personnel*

Recognizing that the demand for nursing service has greatly increased, that social and economic factors limit the numbers of young people from

¹⁴ *Off. Rec. World Hlth Org.* 18, 118; 21, 20

whom candidates to the basic programme in nursing can be drawn, and that many of the nursing activities formerly performed by nurses can be safely entrusted to workers with less comprehensive training, the committee considers the employment of auxiliary nursing personnel an essential factor in the provision of nursing services in homes and in hospitals, general and special, including tuberculosis sanatoria, mental hospitals, and institutions for chronic patients. The term "auxiliary nursing personnel" includes those who give less exacting care, which supplements that given by nurses, or those whose duties are confined to some particular phase of the health programme (e.g., vaccinators).

Such personnel should receive adequate training and perform their functions under the supervision of nurses. In general, candidates for this type of training should be secured from the group whose education is insufficient to follow the basic programme in nursing, but this recommendation should not be understood to apply to auxiliary workers who are being prepared for emergency work of a temporary nature, as, for example, Red Cross volunteers.

Auxiliary nursing personnel can be divided into two main categories :

(a) general workers who can be employed in various types of services, either in the hospital or in homes ;

(b) specialized workers.

The scope of the training of these workers should be based on the needs of each country and the functions they are to perform in normal and in emergency times.

Nurses should be largely responsible for the development of training programmes for auxiliary nursing personnel, whether these training programmes are carried on in hospitals, by other health agencies, or in the general education system of the country (for example, vocational schools).

In all instances, a planned scheme of instruction must be carried out ; practice in the care of patients should be given to the point of achievement of elementary skills of nursing. It is desirable that these students also learn how to care for patients in homes, particularly in countries where programmes of home care for chronic and ageing patients are in operation or are contemplated.

The training should be of a general nature ; even though elementary, the training should include mental health, preventive measures, and ways of teaching people about health and home hygiene.

The committee recommends that, whenever possible, suitable nursing auxiliaries be encouraged to complete their general education with a view to entering schools of nursing.

In view of the large numbers of untrained personnel performing nursing duties throughout the world, the committee recommends that special attention be given to in-service training, by nurses, for this group.

The committee calls attention to a problem in the provision of various types of nursing personnel as it exists in countries where expansion of hospital facilities is imminent. The committee wishes to caution against too sudden an increase in auxiliary nursing personnel and a possible decrease or stabilization in nurse supply, lest the country find itself with a shortage of nurses when its new hospitals are built.

The committee considered the problems of care of large numbers of patients in mental hospitals throughout the world. It believes that the supervision of such care should be given by nurses and that more nurses should be supplied for care of patients, particularly those who are receiving active therapy. The committee believes, however, that large numbers of trained auxiliary nursing personnel will be required for mental patients. It recommends that these workers have training following the lines suggested above and including instruction and practice in some general (as versus psychiatric) care, and that instruction and practice in the care of mental patients constitute the major portion of the training programme.

4. Provision of Nursing Literature

The committee saw in the WHO programme for distribution of medical literature and teaching equipment an opportunity for distribution to nursing schools of films, projectors, film strips, and other educational materials related to nursing. National governments should be encouraged to include teaching materials useful to nursing schools among their requests for assistance from WHO. High priority should be given to the supply of materials to nations where no such materials are now available.

The committee urges WHO to continue as rapidly as possible with the preparation of catalogues of available films on health subjects. The committee also urges WHO to give as much encouragement as possible, by whatever means available, to the translation of nursing books and articles from journals, particularly into the languages of countries where professional literature is almost non-existent. It believes that nursing consultants in regional offices could give valuable assistance in the selection of books for translation.

In considering these facilities provided in the programme of WHO and other specialized agencies of the United Nations,

The Expert Committee on Nursing

RECOMMENDS that due publicity of a detailed and precise nature be given by the World Health Organization concerning the availability

of teaching materials and nursing literature. Publicity should be organized in such a way as to reach nurses and nursing schools in each country. The committee suggests that in this connexion use be made of facilities provided by nursing journals, particularly the *International Nursing Bulletin*, published by the International Council of Nurses.

5. Additional Recommendations

The Expert Committee on Nursing

RECOMMENDS that a panel of corresponding experts on nursing be set up and that it include midwives.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization should appoint nurses to expert committees where their presence would be valuable and further recommends that a nurse midwife be included in addition to a nurse on the Expert Committee for Maternal and Child Health.

The committee discussed the relationship of the status of women to world health in general and nursing in particular. Nurses represent a relatively large number of the employed women of the world. The committee sees the improvement of nursing education and nursing service as an approach to the improvement of health of women everywhere.

The Expert Committee on Nursing

RECOMMENDS that the World Health Organization refer this report and other pertinent materials to the Commission on the Status of Women for special consideration and request the Commission to lend its support on a national and international scale to the improvement of the status of nurses.

Summary of Resolutions and Recommendations

Clarification of terms and functions (section 1.1)

The committee recommended that WHO undertake fundamental research with the assistance of social scientists to determine the real health needs of peoples in two or more different societies, and to determine how nursing can best function to meet these needs through health teaching, participation in preventive programmes, care of the sick and other methods.

Whether it is advisable to include in the study the role of other health disciplines, as well as nursing, in meeting health needs of people should be considered.

Use of nursing personnel (section 2)

The committee recommended that WHO urge national health administrations to include among their administrative officers highly competent nurses with authority to assist in planning health services, to define the role of nursing in these services, and to determine the nursing personnel requirements.

The committee recommended that WHO urge each Member Government to undertake (or continue) a study of:

(1) the existing supply of each type of nursing personnel (including midwives, feldshers, and other specialized groups engaged in nursing duties), and of various types of auxiliary nursing personnel;

(2) the estimated number of each type of personnel needed in all categories of employment, based on existing and prospective health programmes;

(3) the factors which interfere with securing candidates for training of various types;

(4) the effectiveness with which nursing resources are used.

The committee recommended that WHO invite the co-operation of the International Labour Organization in a joint investigation of the employment conditions of nursing personnel, which includes salaries, hours, health conditions, and other personnel policies. The study would also include the qualifications of nursing personnel, adequacy of supervision, standards of service, and problems of recruitment. The assistance of the International Council of Nurses and other appropriate groups should be sought in this study.

The investigation should include a pilot study which should be undertaken in one country or some division of the country which exhibits the problems listed above.

The committee wishes to suggest the Federal District of Mexico for the pilot study.

Basic nursing education (section 3.1)

The committee recommended that WHO undertake a comparative study of the various types of training in nursing given in the countries of Equatorial Africa.

In countries where basic nursing education is already highly organized, the committee calls attention to the need for the review of basic education programmes to ensure that these prepare nurses for the continuous evolution of modern health work.

Post-basic education of nurses (section 3.2)

The committee recommended that WHO request the International Council of Nurses to make a study of the available programmes in post-basic education throughout the world, and prepare a list of these programmes with appropriate comments.

The committee recommended that WHO urge the International Council of Nurses to continue its work on a guide for the development of post-basic programmes of nursing education for the assistance of educational institutions desiring to initiate or improve such programmes.

WHO fellowship programme (section 3.2.5)

The committee recommended that WHO sponsor international seminars on nursing problems (for example, the inclusion of preventive and public-health aspects in the basic nursing curriculum, or means of improving the nurse's preparation to teach patients through revision of nursing curricula). The World Health Organization should supply leaders for seminars (nurses and others) and fellowships for nurses from many countries to attend seminars.

Provision of nursing literature (section 4)

The committee recommended that due publicity of a detailed and precise nature be given by WHO concerning the availability of teaching materials and nursing literature. Publicity should be organized in such a way as to reach the nurses and nursing schools in each country. The committee suggests that in this connexion use be made of facilities provided by nursing journals, particularly the *International Nursing Bulletin*, published by the International Council of Nurses.

Additional recommendations (section 5)

The committee recommended that a panel of corresponding experts on nursing be set up and that it include midwives. It also recommended that WHO should appoint nurses to expert committees where their presence would be valuable, and that a nurse midwife be included in addition to a nurse on the Expert Committee for Maternal and Child Health.

The committee recommended that WHO refer this report and other pertinent materials to the Commission on the Status of Women for special consideration and request the Commission to lend its support, on a national and international scale, to the improvement of the status of nurses.

Annex 1**BASIC EDUCATION OF THE NURSE****A Guide for Assistance to Schools Working to Establish
Basic Programmes in Professional Nursing**

As the schools for which these standards are prepared are conducted in many different countries, with different types of educational systems, and different health and sickness needs for nursing service, it is to be expected that individual schools will vary in respect to their ability to meet each individual standard.

- I. The purpose of the school should be :
 - (a) clearly stated
 - (b) broad enough in scope to contribute effectively to the health and sickness needs of the country
 - (c) indicative of the educational function of the school.
- II. The organization of the school should facilitate the achievement of the purposes of the school.
- III. The faculty (administrative and instructional staff) of the school should :
 - (a) be competent in the area of work for which they are responsible
 - (b) have special preparation in the area for which they are responsible
 - (c) have a schedule of work consistent with good standards of education and administration in the country in respect to :
 - hours of class per week
 - number of subjects taught
 - hours of supervision of personal care of patients per week
 - hours of administration per week
 - (d) hold membership and participate actively in professional organizations
 - (e) have opportunity for individual development
 - provisions for growth through in-service education programmes
 - opportunity for leave of absence for study
 - (f) have adequate health services and care.

IV. The curriculum should :

- (a) carry out the purposes of the school
- (b) be consistent with best educational and professional thinking and best professional nursing practice
- (c) include methods of teaching adapted to needs of students and to content
- (d) include a planned programme of teaching for each practice assignment
- (e) include instruction and practice to develop a general staff nurse prepared to work under supervision in the following types of nursing :
 - medical
 - surgical
 - *child-care, sick and well
 - *tuberculosis and other communicable diseases, including venereal disease
 - public-health nursing
 - *obstetrics (maternity nursing)
 - *psychiatrics
- (f) stress through proper integration of teaching content
 - *nutritional aspects of nursing
 - *social and health aspects of nursing
 - *environmental sanitation
 - *mental health
- (g) include the socio-economic problems as indicated by the present programme of WHO, with special reference to courses indicated above with an asterisk (*).

V. Facilities for instruction should include adequately equipped:

- (a) class-rooms
- (b) laboratories and practical class-rooms
- (c) library facilities
- (d) offices for teachers

VI. Facilities for practice assignments should include :

- (a) properly developed clinical services essential for teaching of student nurses
- (b) daily average number of patients necessary to provide sound learning experiences
- (c) equipment essential to good nursing care

(d) ward staff sufficient in numbers and in competency to make possible good nursing care, and the assignment of students according to learning needs

(e) public-health facilities :

properly developed service essential for the teaching of student nurses

a public-health staff sufficient in number and in competency to make possible a good programme of patient care and a well-planned and administered educational programme for students.

VII. Student personnel programme should include :

(a) admission standards consistent with the educational standards of the country—comparable standards to those set for the admission to teacher education institutions :

age consistent with educational system of the country

secondary education comparable to that required to enter teacher-training institutions

satisfactory health as demonstrated by pre-entrance physical examination given under supervision of the school

sound character

(b) organized counselling programme to assist students with adjustments

educational

personal

professional

vocational

social

(c) an organized health service including plans for :

preventive care (annual physical examination, annual or semi-annual x-ray of chest, tests for immunity and inoculations for communicable diseases)

therapeutic care during illness

satisfactory system of health records

organization of the student health service under a senior medical officer and a nurse responsible for the complete health service and guidance

(d) provisions for student life which contribute to the development of a well-balanced student :

housing facilities

recreational facilities

extra-professional programme

financial assistance (scholarships, loan funds)

- (e) student practice and study schedule :
 - weekly hour schedule of practice and class consistent with study needs and good health standards
 - vacation
 - sick time allowance

VIII. School records should :

- (a) include details of :
 - admissions
 - class programme
 - clinical practice programme
 - health
- (b) be up to date.

IX. School administration should have :

- (a) control under board or committee whose primary concern for school is education
- (b) budget separate from the budget of the nursing service.

X. The school should be accredited by either the official national accrediting agency or the Nursing Education Section of the National Association of Nurses.

Annex 2**NOTES ON HEALTH EDUCATION ASPECTS OF NURSING**

Throughout the world there is an urgent need to bridge the gap between scientific research in health and the practical application of the results of this research by the majority of the people. There are many factors which contribute to this gulf. Among them the need for education of adults and children in health is of great importance, for it is within the framework of education that we can hope to bring the benefits of science to the people of the world.

Education as a dynamic process

The total task ahead is enormous and complex. To influence individuals and groups, to build healthful attitudes and practices which they will understand, accept, and apply in their particular environment involves many considerations. This means that health education programmes among the people must be evolved with emphasis on active participation by the people themselves. This means further that education efforts must be geared to the interests and problems of the people in local areas. Their traditions, culture, existing attitudes and habits, ways of thinking, modes of living, education, available services and resources, and related factors all have a vital bearing on the health education activities developed among them. In the light of this, there is no uniform international approach which would serve the best interest of all people. The real hope lies in dynamic local "grass roots" efforts in which people are stimulated and guided to take a vital part in studying their health needs and to assume active responsibility in solving their own problems. This process takes time, tact, patience, and perseverance, and is considerably more difficult than "doing things to people or for people". Continuous and sustained effort is essential, for deep-rooted habits, customs, and convictions which may be detrimental to good health are changed very slowly. People are more likely to make the changes in their health practices if they themselves have had an active and personal part in planning the changes to be made.

Role of professional nurses and auxiliary nursing personnel

The health education role of professional nurses, midwives, practical nurses, and others is of very great importance. Their opportunities for frequent and sustained contact with people on a personal basis are many

and varied. The very nature of their personal and professional relationship with children and adults places them in a truly enviable position to win the confidence of the people and to understand the personal, family, and community problems which confront them.

The professional nurse and the auxiliary worker have many avenues for reaching the people—ranging from the hospitals, community agencies, health centres, and schools in highly urbanized areas to homes, schools, clinics, and family groups in remote rural areas. All these opportunities for understanding people and their problems, for winning their confidence, and for reaching them through frequent and sustained contact re-emphasize the very important part nurses and auxiliary nursing personnel share in the total health education job to be done.

Methods and materials

It is apparent that the methods and materials employed in health education must be adapted to the needs and interests of people of each country or area involved. This means that a thorough understanding of the peoples and their daily living is basic. This understanding of people coupled with awareness of the need for a flexible approach is a major first step in the development of individual and group health education efforts. Educational programmes which are developed with and by the people stand in sharp contrast to the passive approach whereby plans and activities are superimposed upon them.

There is a real need to evolve further ways and means of preparing prospective health workers for an ever-widening role in the overall health education effort. This means that as a part of their basic education and professional training more and more attention will need to be devoted to developing the abilities and skills necessary for effective health education and teaching of individuals and groups. Theoretical knowledge coupled with actual practice during their training experience will be of immeasurable value to prospective health workers.

The following questions suggest some of the problems which need to be considered :

(1) What are the methods used to develop among nursing students in training a good theoretical and practical knowledge of the “learning process”? What are the techniques which aid in motivation of learning among children and adults in different social and cultural settings?

(2) What ways and means are employed to give students practical experience in teaching and guidance methods which would be useful to them in future educational activities, e.g., patient education, group instruction at clinics, and home visits.

(3) What types of "problem-solving" experiences are needed to develop student skill and ability in working harmoniously with individuals and groups?

(4) What types of opportunities for study and practice can be provided which would develop ability and skill in performance of leadership activities such as leading and participating in group discussions; presiding and participating effectively at committee meetings, conferences, and seminars; and planning, organizing, and conducting health classes for people of varying educational, cultural, and social backgrounds?

(5) What field observations and studies are necessary to develop among students an awareness and understanding of health and social problems in their communities, of educational activities with community groups, of existing facilities and services, and of unmet needs?

(6) What types of training experiences can be provided which would develop understanding and skill in guidance of school personnel and in assisting school personnel to evolve school health education programmes?

(7) What preparation and practice are necessary to develop skill in the training of volunteers and in planning and conducting staff conferences in co-operation with other health workers?

(8) What types of student experiences are helpful in developing a good working knowledge of the teaching principles involved in the preparation and effective use of illustrative materials and audio-visual aids such as pamphlets, posters, films, filmstrips, slides, models, exhibits, and others?

Teamwork

Health education efforts to be effective and far-reaching cannot function as "islands unto themselves". The active participation and co-operation of the people themselves are of utmost importance. Further, teamwork with other professional health workers, school personnel, and hosts of other agencies and organizations is a "must" if our efforts are to reach people from all walks of life.

Within this framework of teamwork and genuine co-operation lies our real hope of "helping all people help themselves" in attaining the highest possible standard of healthful living.

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