COMMITTEE ON PROGRAMME AND BUDGET

PROVISIONAL SUMMARY RECORD OF THE TWENTY-FIRST MEETING

Palais des Nations, Geneva
Thursday, 23 May 1968, at 3.30 p.m.

CHAIRMAN: Professor J. F. GOOSSENS (Belgium)

CONTENTS

<table>
<thead>
<tr>
<th></th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Epidemiological situation in Viet-Nam (continued)</td>
<td>2</td>
</tr>
<tr>
<td>2. Co-ordination with the United Nations, the specialized agencies and the International Atomic Energy Agency: Programme matters</td>
<td>6</td>
</tr>
<tr>
<td>3. International quarantine</td>
<td>11</td>
</tr>
<tr>
<td>4. Eighth report of the Committee</td>
<td>12</td>
</tr>
</tbody>
</table>

Note: Corrections to this provisional summary record should reach the Chief Editor, Official Records, World Health Organization, Avenue Appia, 1211 Geneva, Switzerland, before 31 July 1968.
1. EPIDEMIOLOGICAL SITUATION IN VIET-NAM: Item 2.14 of the Agenda (Resolutions WHA20.47 and EB41.R26; Documents A21/P&B/14 and Add.1, Corr.1 and Corr.2) (continued)

Dr. SHOUKRY (United Arab Republic), thanking the Director-General for his report, said that it showed that particularly in South Viet-Nam, there was some danger of spread of communicable diseases, both within the country and - bearing in mind the rapid means of communication - to neighbouring countries. He sincerely hoped that the talks in progress between the United States of America and North Viet-Nam would result in bringing peace to the country, and freedom for the people to share in WHO's activities for the eradication of communicable diseases, and to enjoy their human rights.

Dr. STEWART (United States of America) said that his delegation had agreed at the Twentieth World Health Assembly, and continued to agree, that the epidemiological situation in Viet-Nam was a subject that could appropriately be taken up by the Health Assembly; unfortunately, however, a number of delegates had strayed far from that subject in order to bring in political matters and to level certain charges against his Government.

While he did not wish to engage in a political debate, he could not allow those charges to go unanswered, and his delegation protested against and rejected them completely. Appropriate forums existed in the United Nations for a thorough airing of the political situation, and he would not therefore dwell on that aspect. If those countries that had brought politics into the discussion were truly interested in finding solutions, they would not have opposed the discussion of the question in the Security Council.

The situation in South-East Asia was too serious for him to trade propaganda statements with those who had made them. Everyone was aware that President Johnson, by his announcement on 31 March 1968 of the decision to limit the bombing of North Viet-Nam, had set in motion a chain of events that had led to the talks in progress in Paris. His Government attached great importance to those talks, as, he was sure, did every government represented in the Committee.

His Government earnestly desired to find a way to a peaceful settlement, and would do anything in that forum or any other that might favourably affect the progress of the Paris talks. His delegation had therefore heard with regret and dismay the reiteration of the old propaganda charges directed against his Government on account of the action it was taking to help the people of the troubled land of Viet-Nam. Peace, and self-determination for the people of South Viet-Nam, had been and remained his Government's goal, and the United States was ready to help the people to reconstruct their country. As President Johnson had recently reaffirmed, it was prepared to take part in the development of South-East Asia, including the Mekong Valley. The President had made it clear that his Government's determination to help to build a better land for those on both sides of the present conflict remained undiminished, and that North Viet-Nam should take its place in the common effort as soon as peace was established. As far as the United States was concerned, peace could not come too soon.

Mr. CIELECKI (Poland) said that he had studied with great attention the documents concerning the epidemiological situation in Viet-Nam and in particular the report contained in document A21/P&B/14, from which it appeared clear that the health conditions in that country were far from normal. In his delegation's opinion the cause of that dangerous epidemiological situation was the armed intervention against the Democratic Republic of Viet-Nam and against the people of South Viet-Nam.

That American aircraft were bombing Vietnamese soil was a fact, and not a propaganda statement. Women, children and the aged were perishing; hundreds of hospitals, medical institutions, maternity hospitals and schools were being devastated; and patients, doctors and auxiliary medical personnel were being killed or wounded by bombs. The World Health Organization, established for the promotion of health of all peoples, could not remain indifferent in the face of those military activities.
Poland had supported and would continue to support the people of Viet-Nam who were fighting for their sovereignty and independence. The shipments from Poland to the Democratic Republic of Viet-Nam included ambulances, medical equipment, medicine and blood donated by Poles to serve the sick and wounded victims of aggression, because the cause Viet-Nam was fighting was close to the heart of every Pole.

The door for a political solution to the conflict was being opened, and his delegation sincerely hoped that it would remain open until the coming of a just peace. That hope could not, however, restrain him from calling attention to the aggressive acts being perpetrated against the Vietnamese people.

He spoke about those matters because he did not consider that they were correctly reflected in the report of the Director-General, which nevertheless constituted a valuable source of information.

Dr KALAIDJIEV (Bulgaria) said that the report showed that a serious health problem of international significance existed. The epidemiological situation in South Viet-Nam with regard to plague and cholera presented a danger not only for the people of Viet-Nam but also for neighbouring countries, indeed for the whole world. In 1967, South Viet-Nam had been the main focus of plague in the world, and there was a tendency towards an epidemic spread of the disease: document EB41/42, annexed to document A21/P&B/14, showed (Table 1) that, from forty-two cases in 1943, the number had increased by 1967 to over 4000, with more than 200 deaths. Cholera was also widespread, and there was high morbidity from other communicable diseases such as tuberculosis, malaria, and venereal disease.

In spite of the fact that the epidemiological situation in North Viet-Nam was more favourable, the war was leading to a deterioration even there, and the emergence of a number of public health problems, as had been noted by the delegations of Hungary, the USSR and others. The Director-General's report contained sufficient data to show that the health position in Viet-Nam had worsened, and that conditions would lead to an increase in cases of communicable and of various non-communicable diseases.

The United States delegate had attempted to deny what was obvious from the report, namely, that the poor epidemiological situation in Viet-Nam was a result of hostilities. If that were not so, what was the reason for it? The measures taken by the health authorities in South Viet-Nam and the assistance given by WHO and by other countries were obviously ineffective: even if that assistance was increased, no great improvement could be expected unless military operations ceased and life returned to normal. His delegation shared the hope of all honest-minded people that the Paris talks would lead to that result.

A positive approach would be for the Health Assembly to take a stand for the cessation of military activities and a negotiated solution of the problem, so that a wide-scale WHO-assisted health programme could be undertaken. Meanwhile WHO assistance should be given not only to South Viet-Nam but also to the National Liberation Front and to the Government of North Viet-Nam. Unilateral assistance was not enough, particularly in the control of quarantinable diseases.

Dr RAMZI (Syria), thanking the Director-General for his interesting and humanitarian report, said that the subject was important for the peoples seeking liberty and peace, who were opposed by those States representing aggression and the will for domination and exploitation. Aggression was the same the world over, and its disastrous consequences were everywhere alike. It was anti-humanitarian, and was condemned by every honest and free person. The imperialist and Zionist aggression that had taken place in 1967 and was still continuing differed not at all from the aggression in Viet-Nam; his people also had suffered the consequences of a war of aggression in which health institutions had been bombed and means of mass destruction such as napalm bombs, condemned by world opinion, had been used. Photographs had been furnished by the representative of the International Red Cross bearing witness to the use of such weapons.
His delegation, conscious of the suffering of the Vietnamese people, appealed to the Director-General to use all possible efforts to assist the victims of aggression the world over, and called upon the competent international institutions to bring an end to such aggression and save the people from its consequences.

Dr CIMICKY (Czechoslovakia) said that his delegation had studied with great interest the documents prepared by the Director-General and had listened attentively to the remarks of delegates.

A delegation of the Czechoslovak Ministry of Health had returned a few days previously from an official visit to North Viet-Nam, where it had found that a hospital constructed with his Government's assistance had been reduced to ruins by the war of aggression imposed upon a peace-loving people.

The consequences of that situation had to be discussed, since epidemics knew no frontiers, and it was necessary to avoid the submission at the next Health Assembly of a report of similar content to the one now before the Committee. Such a conflict might well bring suffering to countries other than those directly involved, with repercussions on the WHO budget.

Professor MORARU (Romania) said that his delegation had carefully examined the report, and considered that no one could remain indifferent to the situation that had emerged as a consequence of United States aggression. The suffering of an increasing number of victims among the peaceful population of Viet-Nam could not be ignored. The best solution to the problem was to allow the Vietnamese people to determine their own destiny, in which situation their health status was bound to improve.

Dr OTOLORIN (Nigeria) said that, although the subject under discussion was one of the most important with which the Committee had had to deal, an attempt should be made to bring it to as speedy a conclusion as possible. The point that had struck him most during the discussion was the measure of agreement that had emerged. The delegate of the USSR had made it clear that the best solution was to bring an end to hostilities. The United States delegate had said that for his Government peace could not come too soon. All other delegates who had spoken had indicated that they would like to see an end to the conflict. Having agreed on that point, there was nothing to be gained by spending more time on the matter. When the Director-General had been asked to conduct an investigation it had been hoped that a line of action would be indicated for the Health Assembly to take which would ameliorate conditions. The Director-General had completed his assignment, and it had been shown that WHO was already dealing with many of the problems.

He suggested that the Committee should note the information in the report, and the discussion that had taken place, and request the Director-General to communicate any further information that came into his possession.

When he had spoken on the matter in the Executive Board, one of the four ways in which he had suggested the Organization could deal with the matter was that members of the Health Assembly might, in their individual or official capacities, do all in their power to bring both parties to an agreement. The delegate of the USSR had stated that he had high hopes of the outcome of the talks at present taking place in Paris. His own delegation was pleased that good sense had prevailed and that a spirit of compromise had emerged in bringing the parties to the conference table. The best that delegations could do was to try and encourage that spirit, in the hope of bringing the talks to a successful outcome and ending hostilities. In the meantime, if the possibility of any form of action should arise that would assist the peoples of Viet-Nam, the Director-General should be asked to take such action.
Since much of the discussion taking place in the Committee bordered on political questions without reference to the true epidemiological situation, he suggested that it would be inadvisable to continue it.

Dr TRUONG-MINH-CAC (Viet-Nam), thanking the Director-General for his objective and well-documented report, recalled his delegation's position, expressed at the Twentieth World Health Assembly, that the inclusion of the question under discussion in the agenda had been proposed for political and propaganda purposes. In a spirit of collaboration, his delegation had nevertheless forwarded to the Director-General as precise epidemiological information as possible for the drawing up of his report. He expressed regret that some delegates had put an interpretation on the Director-General's report, again for political and propaganda purposes, that was out of tune with the spirit of the Health Assembly.

In the light of that report, he wished to emphasize three points. First, the pattern of disease presented by Viet-Nam was characteristic of developing tropical countries, where communicable diseases formed an important public health problem; secondly, the epidemiological situation had not lowered the health condition of the population; and thirdly, efforts had been made by his Government to undertake opportune and effective health measures applicable to all circumstances.

His delegation appreciated the technical assistance given by WHO and friendly countries.

Dr AUJOULAT (France) said that the Director-General had produced a report in accordance with the request for information made at the Twentieth World Health Assembly. The Committee had studied the report and it was clear that many had been impressed by the extent and quality of the data collected. Delegates thus had a fairly precise idea of the epidemiological situation in Viet-Nam; and they had been able to gauge the difficulties that the Director-General had had to overcome in order to present such a precise and objective document. The Committee should express its appreciation and the hope that it might be kept similarly informed at the next Health Assembly. The situation was at present in a stage of evolution, and might, it was hoped, soon evolve favourably, so that there was no point in discussing it further at present.

He proposed the following draft resolution:

The Twenty-first World Health Assembly,

Having considered the report submitted by the Director-General to the Executive Board at its forty-first session in accordance with resolution WHA20.47, together with the additional information which came to hand since that session of the Board; and

Having noted resolution EB41.R26 adopted by the Executive Board at its forty-first session,

1. THANKS the Director-General; and
2. NOTES the report and its addendum.

Dr KUPUUL (Mongolia) said that his delegation's position was in line with that of the delegations of Hungary, Cuba, the Soviet Union, Bulgaria, Czechoslovakia and Romania. He was convinced that all present realized the harm that was being done to the health of the population by the character and length of the war in Viet-Nam. Only by the ending of hostilities could a change be brought about in the health situation, and the work of the Organization and of all public health workers must therefore be directed to achieving and preserving peace. A desire for peace in Viet-Nam could not be called propaganda; it was the only hope for an improvement in the epidemiological situation.
Mrs LEFEVRE de WIRZ (Panama) said that delegates had not met together to increase hatred and resentment but to create conditions in which disease and epidemics could better be tackled in the future: that was WHO's purpose and the only means by which it could help the people. She supported the proposal made by the delegate of France.

Professor REXED (Sweden) said that throughout the hostilities the peoples of the Nordic countries had been greatly concerned from the humanitarian standpoint. Representatives of their Red Cross Societies had repeatedly visited North and South Viet-Nam and distributed aid to meet humanitarian and medical needs. With the end of hostilities in sight it now wished to do more. The Foreign Ministers of the Nordic countries had formed a committee to study the assistance to be given after hostilities had ceased.

The Nordic Governments intended to entrust the Nordic Red Cross Societies, in co-operation with the International Red Cross, with the task of giving material aid, and a study group from those societies was working out details of aid possibilities. Another working group was studying the possibilities with regard to long-term development assistance, and its first report was to be published in June 1968. He hoped it would be possible for the Nordic Governments to make constructive suggestions for such assistance.

His delegation supported the draft resolution proposed by the French delegation.

Dr SODA (Japan) also supported the draft resolution proposed by the French delegation.

The CHAIRMAN put to the Committee the draft resolution submitted by the delegation of France.

Decision: The draft resolution was approved.

2. CO-ORDINATION WITH THE UNITED NATIONS; THE SPECIALIZED AGENCIES AND THE INTERNATIONAL ATOMIC ENERGY AGENCY: PROGRAMME MATTERS; Item 2.18 of the Agenda (Resolutions WHA20.52, EB41.R36; document A21/P&B/8)

Dr BERNARD, Assistant Director-General, Secretary, introducing the item, said that the Director-General's report (document A21/P&B/8) was divided into five parts, dealing respectively with the United Nations Development Programme, United Nations Children's Fund, World Food Program, United Nations General Assembly, and the Economic and Social Council. Care had been taken to keep the contents of the report to subjects of importance to the World Health Assembly and in a concise form, extracts from the resolutions of other organizations being reproduced in annexes. The directives in operative paragraph 4 of resolution WHA20.52 had been carefully followed in each part of the report.

Part 1 gave details of recent development in the United Nations Development Programme, the extent of WHO participation in the Programme, and of the new programming system of the Technical Assistance component.

As the Committee on Programme and Budget had attached great importance to relations between WHO and UNICEF, an account of main points discussed by the Executive Board of UNICEF had been included in part 2. Those points referred to UNICEF assistance policies in general and to other questions of direct interest to WHO.

Part 3 was a summary of WHO participation in a number of projects of the World Food Program.
Part 4 referred to resolutions adopted by the United Nations General Assembly on the United Nations Development Decade and on social development. The Committee's attention was called to section 4.3, describing the action taken by WHO with regard to the increasing of the production and use of edible proteins, through both the Advisory Committee on the Application of Science and Technology and the Protein Advisory Group jointly with UNICEF and FAO. Section 4.5 referred to the development of human resources and the questions of training related to it. In sections 4.6 and 4.7, resolutions on the effects of nuclear weapons, and on colonial countries and peoples and apartheid, were reproduced in their entirety or in excerpts of scientific relevance to WHO.

Part 5 referred to the resolutions of the Economic and Social Council. It would be seen that the resolutions on LSD and similar substances, population questions, national co-ordination, co-ordination at country level including the role of resident representatives, were of direct concern to WHO.

Dr MORARU (Romania) proposed the following draft resolution, submitted by his delegation and those of Algeria, Belgium, Bulgaria, Czechoslovakia, France, Hungary and Poland:

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;

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;

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;

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.

His delegation considered that the recommendations of the Ad Hoc Committee of Experts to Examine the Finances of the United Nations and the Specialized Agencies, which were aimed at achieving the best use of the resources of the organizations in the United Nations system, were of great importance to the present committee, although they had been discussed by the Committee on Administration, Finance and Legal Matters. As was clear from the appendix to Annex 11 of Official Records No. 165, WHO had made considerable progress in carrying out the recommendations of the Ad Hoc Committee, and it was to be hoped that future measures to be taken by WHO, particularly with regard to long-term planning, the preparation of the programme and budget estimates and the evaluation of programmes, would be based on those recommendations. He congratulated the Director-General on the work so far accomplished; even more fruitful results were to be expected following the adoption of resolutions WHA21.32 and WHA21.33.

His delegation considered that recommendation No. 29 on long-term planning was especially significant. WHO had already developed a system for long-term planning, in the successive general programmes of work. However, other possible ways of improving long-term planning existed and his delegation looked forward to the report the Director-General would submit to the Executive Board at its forty-third session on the measures to be taken to that end. As the Regional Committee for Europe was to continue its study of long-term planning in new fields of health activity, it was to be hoped that other regional committees would do likewise and that the Director-General, in his report to the Executive Board, would take into account the views expressed by Member States in the regional committees. It was for those reasons that he had, with the other sponsoring delegations, proposed the draft resolution now before the Committee.

Dr. NOVGORODCEV (Union of Soviet Socialist Republics) expressed regret that the important item under discussion came so late in the Committee's programme, and hoped that at future sessions it could be considered earlier.

A variety of matters for which the United Nations or other specialized agencies were responsible (e.g. the World Food Program, economic and social development, population problems and disarmament) were directly connected with the questions discussed by the Health Assembly or the regional committees, and the importance of co-ordination could not be stressed too often. The WHO Secretariat had been giving increasing attention to co-ordination with other agencies; he was particularly gratified to see the close link with the United Nations Development Programme - under which WHO was the executing agency for health projects - since assistance to the developing countries in social and economic development had a direct connexion with health programmes.

Turning to the document before the meeting, he emphasized that co-ordination should extend beyond an exchange of correspondence and meetings. A typical example of co-operation was that of WHO with UNICEF; the Organization also had many points of contact with IAEA, and with UNESCO (equivalence of medical degrees, training programmes, research, for example), but liaison could perhaps be closer. As regards UNDP, the role of WHO, its regional offices, and its representatives in the field should be strengthened, especially during the United Nations Development Decade; and WHO must also take part in the long-term planning for development in the years 1970-1980. In that connexion the regional offices could help countries to choose the right way of building up their health services. His delegation therefore fully supported the draft resolution of the Romanian delegation.

Regarding co-operation with UNICEF, he mentioned that organization's assistance to malaria eradication and, of course, to work in maternal and child health. The detailed discussion of such problems in joint meetings was a good indication of the collaboration achieved. He hoped that it would continue and increase.
One of the most important questions to which the Secretary had referred was that of disarmament and the non-proliferation of nuclear weapons; WHO should play an active part in trying to obtain that the enormous resources at present spent on the arms race should be released for economic and social development, including health work.

Finally, in connexion with the Economic and Social Council, the most important area of collaboration was in population problems; that was predominantly a social question, but WHO was concerned with the medical aspects.

He paid a tribute to the Director-General on his report and on his proposals for action in connexion with the decisions of the United Nations and other specialized agencies. He would, however, ask that when subjects came before the Health Assembly on which there were United Nations decisions, the relevant resolution should be attached to the working paper on the subject in question, so that delegations had some background information on the discussions at the General Assembly.

Dr ALAN (Turkey) said that his delegation was very much in favour of long-term planning, and had made that clear at the last meeting of the Regional Committee for Europe. It would, therefore, support the draft resolution.

Sir Herbert BROADLEY (United Nations Children's Fund) said that he had little to add to the information given in the Director-General's report, except to express regret that owing to the different time-tables of the two organizations, information on the decisions of the UNICEF Executive Board were nearly one year old before it could be reported to the World Health Assembly. The UNICEF Executive Board usually met in June, almost immediately after the end of the World Health Assembly. That explained why no detailed estimates of UNICEF expenditure for 1969 had been given. It was only during the previous month or so that it had been possible to assemble details of the proposals to be submitted to the UNICEF Executive Board the following month.

A bold estimate had been made, however, of UNICEF expenditure in the health field during the coming year. That figure, $20,000,000, appeared in Official Records No. 163 and had proved to be a fairly accurate guess. The proposals to be considered by the UNICEF Board in June would involve, if accepted, commitments for the next twelve months in the health field amounting to $22,000,000, and new allocations to the amount of $15,500,000. The latter figure plus expenditure authorized in previous years would come very near to the $20,000,000 estimate. While it rested with the UNICEF Board to decide what projects and allocations it would approve for the next twelve months, the distribution of activities was not likely to vary greatly from the figures for 1967 given in the Director-General's report. On the basis of the proposals to be considered the breakdown would be: Health, 102 projects, involving 48.0 per cent. of UNICEF's expenditure; Nutrition, 33 projects, involving 14.0 per cent. of the expenditure; Education and training, 50 projects, representing 28.0 per cent. of the expenditure. Clearly, health and disease control projects would as usual take the lion's share of the UNICEF expenditure.

He had noted the emphasis the Committee laid on training. UNICEF was devoting an increasing share of its resources to activities in that field. As was stated in the report, 29 per cent. of UNICEF's programme allocations in 1967 had been devoted to training. If the proposals for the coming year were approved that figure would rise to 37 per cent., that being out of a proposed programme involving commitments for the next twelve months of $47,000,000 and the new allocations of $38,000,000. Up to the end of 1967, UNICEF had participated in the training of 325,000 individuals - 121,673 of them from African countries; 137,072 from Asian countries. The vast majority of those were trained in their home countries; the few who were given fellowships abroad returned to their home countries on the completion of their training to put the new knowledge and experience gained at the service of their fellow citizens. All the training facilities provided had been carried out in association with WHO's technical guidance and participation in the health field, and with other organizations of the United Nations system in other fields. During the previous year, two African students had received fellowships from the Maurice Pate Memorial Award for study in African universities. In 1963, three Asian students had been given fellowships from that Award to the University of the Philippines.
With regard to UNICEF policy and activities in the field of family planning, no change of policy was contemplated. There were two projects in operation in India and Pakistan as part of UNICEF assistance to the expansion of basic health services. It was hoped to expand that assistance at the forthcoming meeting of the UNICEF Executive Board, partly thanks to a generous donation from the Government of Sweden for UNICEF's work in that field.

He was glad to report that relations between WHO and UNICEF had never been closer, both at headquarters, through participation in meetings and through the Joint Health Policy Committee, and among the field staff of the two organizations at the detailed planning and operational stages.

He therefore welcomed the plans which had been discussed at the previous meeting for WHO to increase assistance to developing countries. As he had said to the WHO Executive Board at its last session, he felt sure that those plans would not lead to any duplication between the activities of the two organizations, but to the realization of a more effective combined activity.

Dr BELLERIVE, Director, Division of Co-ordination and Evaluation, replied to the points raised by the delegate of Romania. He could assure that delegation that WHO co-operated to the fullest possible extent with all other organs of the United Nations family, many of whose representatives called regularly at WHO headquarters and were given any information that they requested. With regard to long-term planning, the Programme Evaluation unit was at present working out a new evaluation system which would further improve the work of WHO in that direction.

He could likewise assure the delegate of the USSR that co-operation with other organizations went beyond exchange of correspondence and meetings. Liaison officers had been appointed to work within other organizations and consultations took place almost daily. Consultations with the UNDP, in one form or another, also took place daily. WHO participated in all UNDP meetings and working groups, wherever they took place, and was always represented in the Governing Council.

Dr SACKS, Programme Co-ordination, said that the World Health Assembly, in resolution WHA20.53, had taken account of the resolutions in which the United Nations General Assembly and the Economic and Social Council had endorsed preparatory work for the Second Development Decade. Those had been followed up in July and December by decisions of the Council and the General Assembly which envisaged the formulation of a preliminary framework of international development strategy for the decade of the 'seventies. That strategy would involve specific goals and targets to be attained by the international community as well as a co-ordinated programme of technical co-operation throughout the United Nations family.

He drew the attention of the Committee to section 4.1.6 of the report, in which the Director-General made specific proposals on the action he would take to work with other United Nations bodies in developing that international strategy, based upon realistic assessments of the health situation. With regard to population questions, the Administrative Committee on Co-ordination, which had met in the previous month, had conducted an intensive series of meetings among all the agencies concerned in that field, in particular the United Nations, UNESCO, ILO, FAO, WHO, UNICEF, and the United Nations Institute for Training and Research. At those meetings, the ACC had made important recommendations on the ways in which the United Nations system could collaborate and co-ordinate in the development of programmes dealing with population questions. It had unfortunately not been possible due to the very recent date of those meetings to include that material in the Director-General's report.

Dr AKWEI (Ghana), Rapporteur, read out the following draft resolution:

The Twenty-first World Health Assembly,

Having considered the Director-General's report on co-ordination with other organizations, the United Nations, the specialized agencies and IAEA,
1. NOTES the report of the Director-General; and

2. THANKS UNICEF for its valued and continuing support for programmes designed to improve the health of women and children.

Decision: The draft resolution was approved.

3. INTERNATIONAL QUARANTINE: Item 2.7 of the Agenda (Resolution EB41.R23; documents A21/P&B/2 and A21/P&B/29)

Dr GONZÁLEZ (Venezuela) Rapporteur of the Sub-Committee on International Quarantine, introduced the Sub-Committee's report to the Committee on Programme and Budget (document A21/P&B/29). The Sub-Committee had considered the fourteenth report of the Committee on International Quarantine (document A21/P&B/2) and the observations received up to 9 May 1968 from some Member governments and from the International Civil Aviation Organization (ICAO) and the International Air Transport Association (IATA) on the review of the International Sanitary Regulations. The comments of delegates and the explanations of the members of the Secretariat had been recorded in the summary records of the Sub-Committee's meetings. The Sub-Committee had approved and attached to its report three draft resolutions: on disinsection of aircraft; on the fourteenth report of the Committee on International Quarantine (Volume I: Functioning of the International Sanitary Regulations for the period 1 July 1964 to 30 June 1967); and on the special review of the International Sanitary Regulations.

Dr ALAN (Turkey) said that his delegation had noted the report with great satisfaction, particularly the penultimate paragraph which indicated that in view of the importance and the implications of the recommendations of the Committee on International Quarantine, the proposed review of the International Sanitary Regulations required further study by Member States. That was exactly the opinion of his delegation.

His delegation would support the draft resolution but proposed that in operative paragraph 4 of the third draft resolution (page 5 of document A21/P&B/29) the date should be changed from 30 September 1968 to 31 October 1968.

Sir William REFSHAUGE (Australia), Chairman of the Sub-Committee on International Quarantine, said that there had been some discussion on the date, and 30 September 1968 had been agreed upon as a compromise. He did not, however, think the Sub-Committee would have any objection to the proposed change in date as long as the Secretariat could prepare the necessary documents in time for Member States to receive them by 1 February 1969.

The CHAIRMAN said that the Secretariat had indicated that the change of date would be feasible.

Decision: It was agreed to change the date in operative paragraph 4 of the resolution on page 5 of the document from 30 September 1968 to 31 October 1968.

The CHAIRMAN invited the Committee to approve the three draft resolutions attached to document A21/P&B/29.

Decisions (1) The draft resolution on disinsection of aircraft was approved.

(2) The draft resolution on the fourteenth report of the Committee on International Quarantine (Volume I) was approved.

(3) The draft resolution on the special review of the International Sanitary Regulations was approved with the amendment to operative paragraph 4.
4. EIGHTH REPORT OF THE COMMITTEE

The CHAIRMAN read out the draft eighth report of the Committee (document A21/P&B/30).

Decision: The draft report was adopted.

5. CLOSURE

The CHAIRMAN said that the Committee had now completed its work. He had had an extremely easy task, thanks to the courtesy, tolerance and co-operation of the members of the Committee.

Dr AHMETELI (Union of Soviet Socialist Republics) thanked the Chairman for the brilliant way in which he had guided the Committee to the successful conclusion of its work at the very important twentieth anniversary session of the Assembly. He also thanked the Director-General and members of the Secretariat, who had so greatly contributed to the success of the Committee's work.

Dr LAL DAS (Nepal), speaking on behalf of his own delegation and those of the countries of the South-East Asia Region, paid a tribute to the Chairman's wise leadership and his sense of humour in difficult conditions. He also thanked the Vice-Chairman, the Rapporteur, the representative of the Executive Board, the Director-General, the Secretariat, and all who had helped the Committee in its work.

Dr ANOUTI (Lebanon), speaking on behalf of his own delegation and those of the countries of the Eastern Mediterranean Region, congratulated the Chairman on his wisdom, competence and energy. He also thanked the Vice-Chairman, the Rapporteur, the Secretariat, and all who had helped the Committee to complete its heavy agenda within the allotted time.

Dr OLGUIN (Argentina) paid a tribute to the Chairman for having brought the Committee's long task to a satisfactory conclusion with such efficiency, ability and good humour. He also thanked the Rapporteur, the Director-General, the Deputy Director-General, the Assistant Directors-General, the Regional Directors and all the staff who had co-operated in the Committee's work. He greatly appreciated the friendship of his fellow delegates.

Dr OTOLORIN (Nigeria), speaking on behalf of the countries of the African Region, expressed his gratitude to the Chairman for his effective conduct of the Committee's work and for his wisdom, coolness and imperturbability. He also thanked the Vice-Chairman, the Rapporteur and the representative of the Executive Board. He wished particularly to thank the Director-General and also the Deputy Director-General, the Assistant Directors-General and the other members of the Secretariat.

Dr YEOH (Singapore), speaking on behalf of his delegation and those of the members of the Western Pacific Region, said that the members of the Committee were to be congratulated on having completed their work. He endorsed the words of the delegate of Nigeria and wished particularly to thank the Chairman for guiding the discussion and the Secretariat for their high-speed production of documents.
The CHAIRMAN thanked the speakers for their kind words. He also expressed his great appreciation of the help of his fellow officers, the Vice-Chairman and the Rapporteur, and of the representative of the Executive Board. In particular he thanked the Director-General whose speeches had played such an important part in the Committee's work, and also the Deputy Director-General, the Assistant Directors-General, and all the staff members concerned.

The meeting rose at 5.50 p.m.