WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

TWENTY-SIXTH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

Palais des Nations, Geneva
Saturday, 19 May 1973, at 9.30 a.m.

CHAIRMAN: Dr A. W. AL-MUFTI (Iraq)

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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 6 July 1973.
1. COORDINATION WITH THE UNITED NATIONS SYSTEM: Item 3,20 of the Agenda (Resolutions EB51.R44 and EB51.R45; Documents A26/27 and A26/27 Add.1) (continued)

Mr HEINRICI (Sweden) referred to section 28 of document A26/27. The Swedish delegation attached great importance to the question of cooperation between UNDP and the Participating and Executing Agencies. The work entailed as an Executing Agency of UNDP formed an increasingly large part of the work of most specialized agencies, including WHO, which had been Executing Agency for a cumulative total of 81 projects, and had received contributions from UNDP amounting to some US$ 63 million.

The development of health services — and, consequently, the work of WHO — formed, of course, a very important part of socioeconomic development; Sweden attached particular importance to programmes in the field of family health, especially maternal and child health and family planning services.

In the opinion of the Swedish delegation, the work of the specialized agencies was the most crucial part of UNDP and of its country programming exercise. The growing share of UNDP-assisted programmes in the activities of the agencies (a trend which Sweden supported) would strengthen the central policy role of WHO and of other agencies in their respective fields of competence. In view of the resulting rapidly increasing demand for the services of the Executing Agencies and of their governing bodies, it was felt that the governing bodies should have a thorough discussion on the operational activities in the field of development cooperation.

Referring to the Twenty-fifth World Health Assembly's resolution WHA25.31 and resolution 2975 (XXVII) of the United Nations General Assembly, he suggested that reports on UNDP-assisted WHO programmes be presented at regular intervals to the Executive Board, to serve as a basis for a more thorough discussion by the Board on the implementation of those programmes and the role of WHO in UNDP and its country programming exercise. He proposed that a paragraph to that effect be included in the relevant draft resolution.

Dr HEMACHUDHA (Thailand) was pleased to note that both in the Director-General's Annual Report (Chapter 9) and in section 13 of the document before the Committee reference was made to the increasing recognition that family planning was an important component of improved family wellbeing and, as such, an integral part of maternal and child health and of overall health care. That was also the policy in Thailand, where it had resulted in the need to strengthen the total health structure and the health delivery system, particularly maternal and child health and family planning care. That had necessitated the mobilization of considerable national and international resources. To ensure their proper utilization, close coordination was required. At the national level, the Ministry of Health had taken the main initiative in coordinating planning with the various ministries and institutions concerned. At the international level, WHO and UNICEF, as part of their ongoing assistance for the development of health delivery systems, had helped Thailand in formulating requests to UNFPA. It was an example of the multidisciplinary nature of family planning as part of health care, and of the responsibility that was being increasingly thrown on ministries of health to ensure that available resources were directed to the strengthening of health as part of the national socioeconomic development plan, avoiding dissipation of efforts and resources.

Regarding the complex question of coordination at the international level, he stressed the belief that WHO's mandate in this area was so clear that it should be encouraged to pursue its leading role. He commended WHO on the assistance provided in 1972 to some 50 countries and its considerable role in cooperation within the United Nations system and with nongovernmental and voluntary organizations.

Dr SÁENZ SANGUNETTI (Uruguay) referred to section 9 of the document before the Committee ("Natural disasters and other emergency situations"), and to resolution EB51.R43 of the Executive Board. He asked whether a full report could be presented (preferably in plenary session) on assistance to Nicaragua.
Dr ALY (Egypt) referred to section 2 of the document. He noted that, following the Director-General's presentation to the Economic and Social Council's Coordination Committee of an outline of WHO's work - indicating the four principal areas of global priority as being the strengthening of health services, health manpower development, disease control (including prevention) and the promotion of environmental health - the Council had suggested that WHO should place greater emphasis on its role as an international centre for coordination and the exchange of information on health matters. His delegation appreciated the efforts made by WHO in that field, but hoped that even more attention would be given to that aspect of WHO's work.

The Economic and Social Council had invited the Secretary-General of the United Nations, in consultation with the specialized agencies concerned and the Administrator of UNDP, to work out proposals for a possible protein fund. Despite the divergence of views that had been evident during the discussion on the problem of protein deficiency (a problem facing most of the developing countries), the Egyptian delegation would urge WHO to make every possible effort to ameliorate the situation. It was inadmissible that millions of people should be suffering from protein deficiency in a world that produced more food than was required by the total population, and that huge resources of protein should remain untapped, or insufficiently utilized.

He drew attention to paragraph 16.5, referring to the Economic and Social Council's resolution 1687 (LII). He would not describe how aggression had deprived many women and children in the Middle East of their basic needs. The details were too well known. He urged WHO to develop ways and means of rendering all possible humanitarian support to women and children, as well as to all other people exposed to similar dangers and risks in the Middle East. That item was essentially linked with section 21 ("Human rights") - in particular, paragraph 21.4, referring to resolution 3005 (XXVII) on the "Report of the Special Committee to Investigate Israeli Practices Affecting the Human Rights of the Population of the Occupied Territories".

Dr SUMBUNG (Indonesia) said that WHO's cooperation with so many organizations, both within and outside the United Nations family, was a clear indication that health was now regarded as an important and essential element in all socioeconomic development.

The Indonesian delegation hoped that WHO would continue to play an important role in some of the programmes mentioned in the document before the Committee, in particular with regard to science and technology; atomic radiation; food production and the use of edible protein; education, especially the establishment of an international university; natural disasters; refugees; the human environment; drug dependence; and population problems and family planning.

He would mention in particular the question of family planning, which was important not only as a means of slowing down rapid population growth but also for the promotion of a better quality of life among children, mothers and the whole family. During the past few years many Member States had adopted national family planning programmes, and others assigned high priority to family planning. At the international level population problems and family planning had come to be regarded as one of the world's main problems, requiring concerted action. Assistance in this connexion from national and international resources had been far greater than that for general health services, and there was the risk of an imbalance in the implementation of family planning programmes as an integral part of the health services. Great pressure had been exercised on health administrators for the successful implementation of family planning programmes, but administrators were often uncertain as to the best way of implementing the programmes, since they were a relatively new element in health services. In that connexion, WHO could provide valuable assistance to Member States with regard to the strengthening of the general health services, especially the maternal and child health services, in support of the family planning programme; the elaboration of methods for effective delivery of family planning services at all levels; and the training of different categories of health personnel to carry out family planning programmes.

He was pleased to note (paragraph 13.7) that WHO was cooperating in the arrangements for the World Population Conference and Year. He hoped that WHO would assist Member countries in preparing delegations to attend the conference and would urge that health administrators be included in those delegations.
Dr ONYANGO (Kenya) drew attention to paragraph 13.6, referring to the guidelines outlined by the Administrative Committee on Co-ordination, indicating that "the general health services, in particular maternal and child health services, should remain the principal channel for the delivery of family planning services". The Kenyan delegation felt that it was extremely important that any assistance provided for family planning should take into account the state of development of both the general and the maternal and child health services, and the programme should form an integral part of those services.

Dr AVILÉS (Nicaragua) said that, as a member of the Executive Board, he had presented to the Board at its fifty-first session a report on the cost of the damage caused to the health sector by the earthquake in Nicaragua (reproduced as an annex to EB51/SR/13 Rev.1 in the summary records of the fifty-first session of the Executive Board). About 25% of Nicaragua's total population of some 2 million had been concentrated in Managua. As a result of the earthquake, which had in fact lasted some two hours, Managua had been almost entirely destroyed. The death rate had been 25 per thousand inhabitants, the number of injured had been 250 per thousand, the total cost with regard to the health of the population had been estimated at US$ 200 million, and the total damages to hospitals and health centres at US$ 33 million. WHO had provided very effective emergency assistance.

The Executive Board had unanimously adopted resolution EB51/R43, requesting the Director-General to send a high-level advisory mission to work out with the Government of Nicaragua a detailed programme for the rehabilitation and reconstruction of the health services in Managua, and to launch an appeal to all Member States (through both WHO headquarters and the Regional Office for the Americas) to provide assistance for the construction of a national university hospital and a national health centre. He would thank WHO and all those who had taken part in that mission; a report had been drawn up and would be presented either to the Assembly or to the Executive Board. Meanwhile, he himself would be happy to provide any further details to a plenary session of the Assembly.

Dr ADESUYI (Nigeria), referring to section 17 of document A26/27 was pleased to note the resolution of the United Nations General Assembly inviting the Secretary-General to prepare a study on the outflow of trained personnel from the developing to the developed countries. He hoped that suitable solutions might be found to the problem as a result of the study. The provision of training opportunities inside the developing countries would help to a certain extent to solve the problem, since much of the outflow was due to the fact that candidates had to go abroad for training, particularly postgraduate training. It would, however, take some time before efforts in that direction could yield fruitful results. Meanwhile, the developed countries could help considerably, not only by assisting in the improvement of training opportunities within the developing countries, but also by adopting a policy of not encouraging those who had completed their training to remain and work in the country where they had been trained. Some developed countries were indeed already following such a policy, and were insisting that trainees should return to their home countries on completion of their training. It was to be hoped that others would follow their example.

Professor LISICYN (Union of Soviet Socialist Republics) said that while document A26/27 was both extensive and interesting, he would like further information on certain points. He noted with concern that according to paragraph 1.4 very few concrete measures had so far been taken by the agencies to implement the resolutions concerning colonial countries and peoples and apartheid. He wished to know what action WHO had taken in formulating and implementing those resolutions. He also wondered what help WHO had given to the 17 non-self-governing territories mentioned in paragraph 1.5.3.

Paragraph 5.2 referred to the question of the establishment of a special protein fund. He asked what part WHO had played in the question, and in the activities of the Protein Advisory Group. Turning to section 6, ("Science and technology"), he inquired to what extent other organizations coordinated their activities on biological and medical research, and what WHO's relations were with those organizations. As regards section 13, he asked for further information on the steps WHO was taking to prepare for and take part in the World Population Conference, 1974.

Referring to section 15, he was aware that WHO was playing a large part in developing an international system of medical information as part of a unified system of scientific and
technical information. He asked what national institutions were cooperating in setting up the system of medical information, and what approach WHO was adopting to the problems being tackled by the Inter-Organization Board for Information Systems and Related Activities. He also wondered what specific measures the Director-General had taken on the question of the outflow of trained personnel from developing to developed countries, which was dealt with in section 17 of the report.

He had been particularly interested in paragraph 28.7, which referred to a shortfall in UNDP's resources. He inquired if there had been a reduction in UNDP allocations for health purposes; he was under the impression that government requests for funds for the development of health services had fallen sharply, and wondered what the present situation was. Was there also a tendency for UNICEF's commitments in the field of health, listed in paragraph 29.1, to fall?

Turning to section 33, he asked if a programme for the United Nations Staff College was available yet, so that he could obtain more details. He also wondered if the report to the Joint Inspection Unit referred to in paragraph 36.3 had been submitted, and if so, what it contained.

Dr BELLE RIVE, Director, Division of Coordination, thanked delegates for their comments on document A26/27. In response to the delegate of Sweden, he pointed out that regular reports were submitted to the Executive Board and the Health Assembly on WHO's cooperation with UNDP. However, if the Committee decided that it wished for a more detailed report, the Director-General could prepare one.

The delegate of Thailand had referred to the assistance his country required for the development of family planning within the basic health services. He had no doubt that the approach outlined by the Thai delegate was in line with the approach followed in WHO's programme.

With regard to the disaster in Nicaragua, he could not at present add to the information he had given when introducing the agenda item. He assured the delegate of Egypt that the questions he had raised were constantly in the Director-General's mind. The points stressed by the delegate of Indonesia were, he felt, fully reflected in the Organization's work programme.

Dr SACKS, Secretary, informed delegates who had referred to General Assembly resolution 3017 (XXVII) on the outflow of trained personnel that the United Nations was setting up a central point for the exchange of information on the subject at secretariat level. Several organizations in the United Nations system would prepare in-depth studies on the situation in their respective fields; the studies would not duplicate each other.

Replying to the delegate of Egypt, he said that the Secretary-General of the United Nations had been in touch with WHO regarding the Economic and Social Council's resolution on the protection of women and children in emergency and armed conflict. WHO was preparing a document on health aspects of the question that would be transmitted to the Commission on the Status of Women and through it to other United Nations organs.

Regarding the USSR delegate's question on the implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples, the Director-General had reported in detail to the Twenty-fifth Health Assembly on the steps he was taking, and had been requested to continue in the same directions. Dr Bellerive had already mentioned the action taken during the past year.

While it had not taken a position on a special fund for protein, WHO had kept the General Assembly and the Economic and Social Council informed of the importance it attached to protein, as requested by the Executive Board in January 1972 following its consideration of a report on the whole question of nutrition, including protein.

He noted that the new Committee on Science and Technology for Development established by the Economic and Social Council had now held its first session, at which WHO had been actively represented. Further, a member of the Advisory Committee on the Application of Science and Technology to Development (ACAST) had attended the meetings of WHO's Advisory Committee on Medical Research.

The Inter-Organization Board for Information Systems and Related Activities (IOB) did not work with national organizations, but was an inter-organization body of the United Nations
systems. WHO's relations with IOB were outlined in paragraph 15.3 of document A26/27. A full report on IOB's activities would be provided by ACC in 1974, and meanwhile the Executive Board and Health Assembly would be kept informed of the progress made. The types of courses the United Nations Staff College would be called upon to conduct were indicated in paragraph 33.1, and no further information was at present available. The United Nations General Assembly was to review and consider the establishment of the staff college at its twenty-eighth session and its decisions would be reported to the Executive Board and the World Health Assembly. He noted that reports on the activities of the Joint Inspection Unit were submitted regularly to the Executive Board.

Dr BELLERIVE, Director, Division of Coordination, replying to the USSR delegate, pointed out that there was no reduction in dollar terms in the funds allocated to WHO by UNICEF; as UNICEF's social programme had grown, however, the proportion allocated to WHO had fallen.

As to WHO's cooperation with UNDP since 1972 within the country programmes concept, the countries themselves decided on the programmes they wanted. Therefore it was not a question of UNDP reducing its allocation to WHO, but of countries requesting or not requesting health projects.

Mr FURTH, Assistant Director-General, added that WHO's share of UNDP funds had remained fairly constant as a percentage of the whole UNDP programme, but had increased in dollar terms. In the three years before the merger of the technical assistance and Special Fund components of UNDP, WHO had been allocated about US$ 12.5 million in 1969, US$ 13 million in 1970, and US$ 15 million in 1971. Since 1 January 1972, when the merger had taken place, UNDP had introduced a new programming system. There now was a total UNDP indicative planning figure for the five-year period 1972-1976, for all countries, of US$ 1523 million; WHO's present share of that sum was a total of US$ 79 240 663 for 402 projects. That amount, comprising WHO projects approved by UNDP so far, represented about 5.20% of the global five-year figure, or an average annual allocation for the period of some US$ 15.5 million.

Dr ZAHRA, Director, Division of Family Health, responding to points raised in the discussion, said that the introduction of family planning care in general health services, and particularly in mother and child care, was likely to expand. Whereas 23 countries had asked for assistance in that field in 1969, there were by now 55 countries where projects had been approved, with the support of additional financial assistance of UNFPA and UNICEF.

Speakers had described how ministries of health were giving attention to strengthening the planning, organization and evaluation of their health care delivery systems in order to meet their additional responsibilities on a multidisciplinary and multisectoral basis. The delegates of Thailand and Indonesia had illustrated how the problems of maternal and child health and family planning were interrelated; a versatile health service was therefore required, with the coordination of several health disciplines. As to the concern expressed by the Kenyan delegate, the assistance of WHO and the funding agencies was geared to the overall strengthening of basic health services. It was also necessary for ministries of health to continue to take the lead in coordinating their activities with other ministries. On the international side, he assured the Swedish delegate that assistance was being given to family planning care within UNDP overall country programming in collaboration with all appropriate agencies within and outside the United Nations system. WHO considered it most important for coordination to ensure the development of balanced and systematic assistance to governments in the area of family planning as part of family health and other social services.

The World Population Conference was to be held in 1974, probably in Bucharest. A secretary-general of the conference had been designated, and WHO had appointed a medical adviser to the conference secretariat in order to ensure that medical and health aspects received due attention within the conference's very broad agenda. In response to the USSR delegate's question, he gave details of the proposed agenda of the World Population Conference and confirmed that WHO had prepared three background papers, as mentioned in paragraph 13.8 of document A26/27.

The CHAIRMAN suggested that the Rapporteur prepare a draft resolution taking into account the views expressed during the discussion.
He invited the Committee to consider the draft resolution on the continuation of the Joint Inspection Unit recommended by the Executive Board in its resolution EB51.R44.

**Decision:** The draft resolution on continuation of the Joint Inspection Unit was approved.

The CHAIRMAN then invited the Committee to consider the draft resolution on the International Civil Service Commission, which appeared in paragraph 5 of document A26/27 Add.1.

Mr MUHEIM (Switzerland) said that a number of important matters remained open after the United Nations General Assembly's decision on the establishment of the International Civil Service Commission, notably the Commission's powers, terms of reference, and composition. Could the Secretariat give further information on the tentative draft statutes prepared by ACC? It appeared that WHO would not have another opportunity to express its views on the statutes until they had been adopted by the General Assembly and then transmitted for the Organization's approval.

Mr FURTH, Assistant Director-General, said that the Secretariat had little information on the Commission's statutes beyond what appeared in document A26/27 Add.1. Certainly no text had yet been prepared in final form. The very tentative draft prepared by ACC would be considered by the International Civil Service Advisory Board (ICSAB) at its May 1973 session. The Executive Board and Health Assembly would be kept fully informed at their sessions in 1974. If by then a new statute had been adopted by the General Assembly, the Health Assembly could decide if it wished to ratify it.

**Decision:** The draft resolution was approved.

The meeting rose at 10.50 p.m.