COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

Palais des Nations, Geneva
Wednesday, 12 May 1976, at 2.30 p.m.

CHAIRMAN: Dr E. AGUILAR PAZ (Honduras)

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EIGHTH MEETING

Wednesday, 12 May 1976, at 2.30 p.m.

Chairman: Dr E. AGUILAR PAZ (Honduras)

1. REPORT OF THE INTERNATIONAL CONFERENCE FOR THE NINTH REVISION OF THE INTERNATIONAL CLASSIFICATION OF DISEASES: Item 3.9 of the Agenda (Resolution EB57.R34; Document A29/32) (continued)

Professor LOPES DA COSTA (Brazil) said that his delegation had noted the report of the International Conference (document A29/32) and particularly the recommendations transmitted to the Health Assembly.

The Ministry of Health of Brazil, which wished to improve both statistics concerning services and vital statistics, considered the wide and proper use of the International Classification of Diseases (ICD) a constructive means of obtaining more reliable mortality and morbidity data. Considerable efforts had been made to improve training in the use of ICD to meet the needs of the state health services within the country and of the Ministry of Health. For some years the School of Public Health of the University of São Paulo had been offering courses and, in collaboration with the Latin American Centre for Classification of Diseases, two courses had been given in the use of ICD in hospital morbidity studies.

The 1955 and 1965 revisions of ICD had been translated into Portuguese at the expense of the Brazilian Government, with the due authorization of PAHO and WHO. Brazil had been represented by specialists in that field in WHO meetings for the revision of ICD and at the Conference, where it had been indicated that it would be desirable to establish an ICD centre for the Portuguese language. In consultation with PAHO and WHO, the Minister of Health of Brazil had therefore already taken the necessary steps to set up such a centre in the University of São Paulo. Its objectives would be: to advise WHO, upon request, upon questions relating to ICD and the supplementary classifications; to collaborate in research involving the use of ICD; to assist state health services and the health professions and other categories of personnel in the adoption of ICD; to cooperate in the nationwide adoption of a standard death certificate; to provide adequate training of personnel on disease classification; to translate Volume 1 of the 1975 Revision into Portuguese before 31 December 1976, so that it could be put into effect in 1979 followed by Volume 2 in 1977, with the adaptations necessary for its use in Brazil.

Professor CAYOLLA DA MOTA (Portugal) expressed approval of WHO's work on the Ninth Revision of ICD and on the supplementary classifications, which would contribute to the better understanding of health action and health terminology among countries. His delegation supported the report with the amendments suggested by the delegations of the United States of America and France.

In order to improve the application of the Ninth Revision among the recently increased number of Portuguese-speaking countries, with their many inhabitants, he suggested that WHO should sponsor an official Portuguese centre for the translation and application of ICD; there were already WHO centres for the English, French, Spanish and Russian languages. He considered that the centre being set up at the University of São Paulo could well become such a centre and hoped that it would become operational in the near future in order to help with translation, so that the Ninth Revision could come into effect on time and subsequently with its application. He also hoped that WHO would support the Portuguese-speaking countries in their collaboration with the centre, so that the final Portuguese version of the Ninth Revision, and especially Volume 2, could include all the different terms in use in the Portuguese-speaking countries.

He would welcome the opinions of the Portuguese-speaking countries on the suggestion so that, if it met with their approval, a formal proposal could be made before the end of the Health Assembly.
Dr GALAHOV (Union of Soviet Socialist Republics) expressed his delegation's appreciation and approval of the work of the International Conference and of its conclusions.

Dr NATH (India) said that in developing countries, where not all terminal illness was attended by qualified physicians, the question of lay-reporting (referred to in paragraph 3(e) of resolution EB57.R34) was of particular importance and the emphasis on it had not been sufficient. To obtain the much needed vital statistics a system of lay-reporting by paramedical personnel - the model cause-of-death registration scheme - had been tried out in India with results nearing 90% accuracy within the constraints of the scheme. He therefore appealed for any revised ICD to contain a short list of causes of death suitable for use within lay-reporting systems. Without such a list it would be impossible to obtain comparable statistics from countries that had to rely on lay-reporting systems.

Dr ACUÑA (Regional Director for the Americas) said that, thanks to the generosity of the Government of Brazil, the last two editions of ICD had been issued in Portuguese, without cost to the Organization.

He confirmed that the centre being established at the University of S£o Paolo, while set up in the first place as a national centre, was intended to become an international centre.

Dr KUPKA (International Classification of Diseases) thanked delegates who had taken part in the discussion and all who participated in work on ICD for their past and future collaboration. Without their help the Ninth Revision could not have become what it was. Their comments would guide the Secretariat in improving ICD for the greater satisfaction of all. He also thanked those countries that had provided financial assistance for the work on the Ninth Revision.

On the question of lay reporting he informed the Committee that, with the collaboration of the Regional Office for South-East Asia, a meeting was to be held in November 1976 which should clarify many aspects of the problem.

The CHAIRMAN invited the Committee to consider the two draft resolutions, appearing in document A29/32, to which he had referred at the previous meeting. The first related to the Manual of the Ninth Revision of ICD.

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

Referring to the second draft resolution, dealing with other recommendations of the International Conference, Dr SACKS (Secretary) recalled that at the previous meeting the delegate of France had proposed that in operative paragraph 3 the words "a complement" should be replaced by "an improvement".

**Decision:** The second draft resolution, as amended, was approved.

2. **ANNUAL REPORTING BY THE DIRECTOR-GENERAL AND OTHER DOCUMENTS ON THE WORK OF WHO:** Item 3.8 of the Agenda (Official Records No. 231, Part I, resolution EB57.R37 and Annex 11) (continued)

The SECRETARY noted that three amendments proposed by the USSR delegation to the draft resolution contained in resolution EB57.R37 had been circulated to the Committee. First, it was proposed that after the first preambular paragraph, the following preambular paragraph should be inserted: "Considering that an improvement in documentation is one of the basic prerequisites for effective performance of the function of both the Organization and the Member States". Secondly, the existing operative paragraph should be numbered paragraph 1. Thirdly, the following new operative paragraph should be added: "2. REQUESTS the Executive Board to conduct a comprehensive study of the documentation of the World Health Assembly and Executive Board, and to report on this matter to one of the forthcoming sessions of the World Health Assembly".

He had been asked by the Soviet Union delegation to state that the proposed amendments were additions only, the intention being to emphasize the importance of the question and to ask for a study of Executive Board and Health Assembly documentation.

Decision:
(1) The USSR amendments were approved.
(2) The draft resolution proposed by the Executive Board in resolution EB57.R37, as thus amended, was approved.

3. AMENDMENTS TO THE RULES OF PROCEDURE OF THE WORLD HEALTH ASSEMBLY: Item 3.12 of the Agenda (Resolution EB57.R39)

Dr JAYASUNDARA (representative of the Executive Board) said that the amendments to the Health Assembly's Rules of Procedure proposed by the Executive Board in resolution EB57.R39 were intended either to accommodate recent decisions of the Assembly, or to consolidate matters of practice for which there was no express provision in the existing Rules. The Committee would note that, as in the past, recourse had been had to the rules and practice of the United Nations and of other agencies within the United Nations system for the formulation of the amendments.

The CHAIRMAN invited the Committee to consider a draft resolution embodying the proposed amendments.

Decision: The draft resolution was approved.


Dr JAYASUNDARA (representative of the Executive Board) recalled that the recent amendments to Articles 24 and 25 of the Constitution, increasing the Board's membership from 24 to 30, had come into force during the Twenty-eighth World Health Assembly. Following the annual election of the Members to be entitled to designate a person to serve on the Board, attention had been drawn in the General Committee to the practical effects of the application of a geographical distribution of the membership taking into account a theoretical mathematical distribution of the seats. One result was that despite the increase in the Board's membership, the theoretical distribution of seats did not result in an additional seat for the South-East Asia Region, despite its physical dimensions and the size of its population. As a consequence, the Assembly had adopted resolution WHA28.22, in which it had requested the Director-General to propose draft amendments to the Constitution to permit a further marginal increase in the Board's membership in order to facilitate a better geographical distribution of the seats.

The Director-General had accordingly drawn up and circulated proposals to Members in a letter dated 23 June 1975, a copy of which was attached to document A29/34. The Committee would note that the letter contained: proposals for an increase in the membership of the Board by one, two or three members, namely the marginal increase referred to in resolution WHA28.22, those figures for an increase having been variously referred to in the discussions in the General Committee of the Twenty-eighth Health Assembly; a proposal to make it mandatory for each region to have at least three seats on the Board; and proposals for optional provisions to attempt to ensure a regular rotation of seats within regional groups. The document itself pointed out that practical considerations made that end somewhat difficult to attain.

Of the replies received, one only proposed an amendment going beyond the Director-General's proposals - that of Egypt, which proposed that the membership of the Board should be increased to a total of 42 members, thus permitting the accommodation of three Members from the South-East Asia Region without departing from the theoretical mathematical distribution of seats.

The proposals had been examined by the Executive Board at its fifty-seventh session. The Board had decided to transmit the summary records of its discussions on the subject (Official Records No. 232, pp. 342-346) to the Health Assembly. As the Committee would see from those discussions, most of the members of the Board who spoke on the item had expressed a preference for the maintenance of the status quo or for an increase of one seat only.
Mr KIBRIA (Bangladesh) recalled that the Director-General had prepared the document now before the Committee (document A29/34) in response to resolution WHA28.22. His delegation had given much thought to the various possibilities and, together with the delegations of the Democratic People's Republic of Korea, India, Indonesia, Nepal, Sri Lanka and Thailand, wished to propose the amendments to Articles 24 and 25 of the Constitution contained in the following draft resolution (English text only):

The Twenty-ninth World Health Assembly

1. ADOPTS the following amendments to Articles 24 and 25 of the Constitution, the texts in the Chinese, English, French, Russian and Spanish languages being equally authentic:

   Article 24 - Delete and replace by

   Article 24

   The Board shall consist of thirty-one persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board, provided that of such Members, not less than three shall be elected from each of the regional organizations established pursuant to Article 44. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

   Article 25 - Delete and replace by

   Article 25

   These Members shall be elected for three years and may be re-elected, provided that of the eleven members elected at the first session of the Health Assembly held after the coming into force of the amendment to this Constitution increasing the membership of the Board from thirty to thirty-one the term of office of the additional Member elected shall, insofar as may be necessary, be of such lesser duration as shall facilitate the election of at least one Member from each regional organization in each year.

   2. DECIDES that two copies of this Resolution shall be authenticated by the signatures of the President of the Twenty-ninth World Health Assembly and the Director-General of the World Health Organization of which one copy shall be transmitted to the Secretary-General of the United Nations, depositary of the Constitution, and one copy retained in the archives of the World Health Organization;

   3. DECIDES that the notification of acceptance of these amendments by Members in accordance with the provisions of Article 73 of the Constitution shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations, as required for acceptance of the Constitution by Article 79(b) of the Constitution.

Members of the Committee would note that the increase proposed was of one member only. The sponsoring delegations had taken into account that such an increase would facilitate the geographical distribution of seats on the Executive Board. The South-East Asia Region, with about one-quarter of the world's population and with all its urgent health needs, was the only region to have only two seats. It was necessary to ensure that those health needs were brought before the Board. An increase of one in the membership of the Board would give that Region three members without disturbing the distribution of the other seats. At the same time it was a minimum increase, since the cosponsors appreciated the reasons for keeping down the number of members of the Board in the interests of efficiency.

Professor SULANTI SARSO (Indonesia) expressed her delegation's full support for the draft resolution and for the arguments put forward by the previous speaker. The Committee would recall that the Member States of the South-East Asia Region had been active in their support for the recent increase in the Board's membership from 24 to 30 seats because they had felt that the two seats they then had were not enough for their Region. Yet the increase had brought no change for the Region, despite its large population. Her delegation therefore urged the Committee to approve what was a minimal increase.
Mr KUMAR (India), supporting the draft resolution, said that at its twenty-eighth session the Regional Committee for South-East Asia had recommended an increase of one in the membership of the Board. He urged the Committee to approve the draft resolution, which would meet the requirements of equitable geographical distribution of seats and facilitate the renewal of membership, since every year each region would be able to elect a Member to designate a person to serve on the Board.

Dr TOURÉ (Senegal) proposed that the membership of the Board be increased to 33; that would not be excessive when compared with the membership of similar bodies.

Mr SEABOURN (United Kingdom of Great Britain and Northern Ireland) reiterated the view expressed by his Government in response to the Director-General's circular letter that an increase of three seats would be desirable. That would have the advantage of giving a total membership divisible by three, an advantage his delegation considered worth preserving.

Mr ONISHI (Japan) joined the two previous speakers in proposing an increase of three seats for the reasons given by them.

Dr ALSARRAG (Sudan) considered that there should be a total revision of the arrangements to make the seating on the Board equitable and just. Its large population would entitle the South-East Asia Region to more than three seats, but for the time being he would support an increase of one seat, to be attributed to that Region.

Dr CUMMING (Australia) favoured an increase of one, which was the minimum increase that would meet the requirements of resolution WHA28.22 and the rightful claims of the South-East Asia Region. His delegation felt strongly that the effectiveness of the Board and the length of its sessions were likely to be inversely proportional to the number of its members.

Dr UHRICH (United States of America) said that, in view of the recent increase in the Board's membership, his delegation was opposed to any further increase until time had shown how the enlarged Board was fulfilling its constitutional responsibilities.

In the discussion that followed, Dr ROHANI (Iran), Dr PLIANBANGCHANG (Thailand) and Dr HAAS (Austria) supported an increase of one seat, while Dr GARRIDO GARZÓN (Spain), Dr LOPEZ MARTÍNEZ (Mexico), Dr de MEDEIROS (Togo) and Professor UTKAN (Turkey) supported an increase of three.

Professor LISICYN (Union of Soviet Socialist Republics) suggested that in view of the recent increase it would be premature to vote a further increase, especially as there was no unanimity on its desirability. The needs of geographical distribution could be met through the elections that took place each year. He recalled that at the fifty-seventh session 16 members of the Executive Board itself had expressed themselves in favour of the status quo. His delegation shared the views just expressed by the United States delegation.

Mr DILEN (Belgium) and Dr CAYLA (France) also shared those views.

Professor SULIANTI SAROSEO (Indonesia) agreed that the Board had not approved the principle of an increase, but neither had it rejected that principle, since the question had been transmitted to the Health Assembly for decision. The South-East Asia Region wished to continue and expand its constructive work for the health of its large population with all its problems. To await the results of the work of the enlarged Board might mean a long delay, and she appealed to the Committee to take a realistic approach and approve the increase proposed by the delegate of Bangladesh.

Dr SACKS (Associate Director, Division of Coordination), Secretary, pointed out that the proposal of the delegate of Senegal would entail the amendment of Article 24 of the Constitution on the pattern of the draft resolution introduced by the delegate of Bangladesh, but with "thirty-three" instead of "thirty-one" in the first line. The consequential amendment to Article 25 would not be that proposed by the delegate of Bangladesh, but would be alternative (c) under the first option contained in Annex I to the Director-General's circular letter, reading as follows:
These Members shall be elected for three years and may be re-elected, provided that
of the thirteen Members elected at the first session of the Health Assembly held after
the coming into force of the amendment to this Constitution increasing the membership
of the Board from thirty to thirty-three the term of one Member shall be for one year
and the term of one Member shall be for two years as determined wholly or partially by
lot, in order to facilitate the election of at least one Member from each regional
organization in each year.

A decision on the proposals would require a two-thirds majority of the Members present
and voting, in accordance with Article 60 of the Constitution.

The CHAIRMAN invited the Committee to consider, first, the proposal of the delegate of
Senegal, and second, the draft resolution introduced by the delegate of Bangladesh.

Decision:
1. The proposal by the delegate of Senegal was rejected by 42 votes to 22, with
13 abstentions.
2. The draft resolution introduced by the delegate of Bangladesh was approved by
42 votes to 4, with 27 abstentions.

5. COORDINATION WITH THE UNITED NATIONS SYSTEM: Item 3.14 of the Agenda

Documents A29/35 and A29/35 Add.1)

Dr JAYASUNDARA (representative of the Executive Board) said that at its fifty-seventh
session the Executive Board had considered a series of reports by the Director-General
concerning coordination with other organizations of the United Nations system; its attention
had in particular been drawn to the decisions and resolutions adopted by the Economic and
Social Council at its fifty-eighth and fifty-ninth sessions, and the resolutions adopted by
the United Nations General Assembly at its thirtieth regular session, which had a direct
bearing on health and health programmes, and to the steps being taken to implement them in
collaboration with other organizations and institutions of the United Nations system. As a result the Board had adopted resolution EB57.R48.

The attention of the Executive Board had also been drawn to United Nations General Assembly resolution 3453 (XXX), entitled "Torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment". The Board had been informed that a document prepared in accordance with resolution EB55.R64, on health aspects of avoidable mal-treatment of prisoners and detainees, had been submitted to the Fifth United Nations Congress on the Prevention of Crime and the Treatment of Offenders and to the United Nations General Assembly at its thirtieth regular session.

The Organization had been invited by the General Assembly to continue its study and
elaboration of principles of medical ethics relevant to the protection of persons subjected to
such treatment. Subsequently, at its fifty-seventh session, the Executive Board had adopted
resolution EB57.R47, in which it had noted the Declaration adopted by the Twenty-ninth World Medical Assembly in Tokyo in October 1975 entitled "Guidelines for medical doctors concerning torture and other cruel, inhuman or degrading treatment or punishment in relation to detention or imprisonment" and had requested the Director-General to collaborate with other organizations of the United Nations system with responsibilities in that field, as well as with the non-governmental organizations concerned, for the purpose of developing codes of medical ethics, including those related to the protection of persons subjected to any form of detention or imprisonment against torture and other cruel, inhuman or degrading treatment or punishment.

After considering a report by the Director-General on the United Nations Development Programme and other United Nations and extrabudgetary programmes, the Executive Board had adopted resolution EB57.R48. With particular reference to UNDP, the Board noted the action that WHO had undertaken to strengthen the health sector in UNDP country programming.

The Board had taken note of the new machinery being instituted by UNDP in virtue of United Nations General Assembly resolution 3461 (XXX) to promote technical cooperation among developing countries, the objectives of which coincided with those of resolutions WHA28.75 and WHA28.76 dealing with new ways of expanding assistance to the developing countries and particularly of
assisting them in achieving self-reliance. The Board had adopted resolution EB57.R50 requesting Member States to accord priority attention to technical cooperation among developing countries and requesting the Director-General to cooperate fully with UNDP to that effect.

The Board had noted the cooperation between WHO and UNDP, particularly WHO's accelerated delivery of 1974 and 1975 prior to UNDP's financial problems. A summary report on those problems had been submitted by the Director-General to the Executive Board. Indications at the UNDP Governing Council's session in January 1976 had been that there would have to be a reduction in programme delivery and curtailment of expenditure envisaged for 1976. In resolution EB57.R49 the Executive Board had expressed the hope that the UNDP Governing Council would find ways and means in the immediate future to solve its liquidity problem, and encouraged initiatives by UNDP to establish financial policies and practices that would prevent sudden reductions in UNDP-supported activities. Document A29/35 Add.1 provided the information requested in resolution EB57.R49 on developments since the Executive Board's January session, based on decisions taken by the UNDP Governing Council to solve its financial problems.

Dr FLACHE (Director, Division of Coordination), referring to document A29/35 Add.1 and the difficulties encountered by UNDP, said that the seriousness of the problem had become evident towards the end of the previous year when the expenditure incurred by UNDP on a global basis began to outstrip its liquid resources. A number of factors were responsible, inter alia, a sizeable improvement in programme delivery and a significant increase in activity costs due to inflation. Yet another factor had been the late payment of pledges to UNDP by certain contributors and the failure of others generally to increase their contributions. UNDP's incoming resources had consequently not kept pace with its cash outflow. It was still too early to assess the impact of the reprogramming activities on the health sector. Although WHO only executed a small percentage of the overall UNDP-assisted programme, a number of elements or projects had had to be curtailed or at least deferred. The reprogramming exercise had not been easy but WHO had done its best to help governments and UNDP to meet the realities of the situation. Regional projects, particularly affected by inflation, had had to be negotiated with special care.

The Governing Council, at its forthcoming session in Geneva, would be reconsidering the question in detail, and particularly the prospect of more funds being available. In the meantime the Director-General would keep the situation under constant review and would report to the Health Assembly and to the Executive Board as developments occurred.

The CHAIRMAN drew the Committee's attention to a draft resolution proposed by the delegations of Australia, Canada, Ghana, Haiti and Switzerland, which read as follows:

The Twenty-ninth World Health Assembly,
Having considered the Director-General's report on the current financial situation of the United Nations Development Programme,
Noting the resolution adopted by the Executive Board at its fifty-seventh session after consideration of these problems and their possible effect on WHO's programme of technical cooperation with the developing countries,
Noting further the measures decided by the UNDP Governing Council at its twenty-first session held in January 1976 to mitigate the effects of the liquidity crisis on the operational programme,
Recalling that the Governing Council will again review the situation at its twenty-second session in June 1976,
Recalling the terms of resolution EB57.R49 adopted by the Executive Board;
1. EXPRESSES deep concern over the financial problems that the UNDP is facing and the impact these may have on the United Nations development system's support of the developing countries' efforts towards self-reliance within the overall framework of the New International Economic Order;
2. ENCOURAGES Member States benefiting from UNDP assistance to make special temporary arrangements through their health administrations to attenuate major disruptive effects that the current financial situation of UNDP may have on the ongoing internationally-assisted health programme in their countries through recourse to such measures as partial self-financing or cost-sharing, enlarged use of national staff and institutions, and judicious reprogramming with other available sources of funds;
3. REQUESTS the Director-General to continue his full collaboration with the Administrator of UNDP in order to ensure a systematic consultation at all levels between the governments concerned, UNDP and WHO with a view to safeguarding essential projects and components in the programme of health and related fields;

4. REQUESTS the Director-General to keep the situation of UNDP-financed activities executed by WHO under constant review and to report on further developments to the fifty-ninth session of the Executive Board.

Mr BANNA (Lebanon) recounted the tragic events that had occurred in his country and had brought about a critical situation as regards the treatment of the wounded, mutilated and homeless. Transport, drugs, sanitary equipment and other forms of medical aid provided earlier through the United Nations and WHO, within the framework of the latter's regular budget, and through emergency funds, had long since been exhausted. The Red Cross, Red Crescent, Red Lion and Red Sun, as well as neighbouring Arab countries, had also helped in providing emergency aid. Nevertheless, Lebanon was now forced to appeal to all countries for all possible aid to alleviate the suffering of its people. He urged the Committee to approve the following draft resolution, which had been proposed by the delegations of Argentina, Brazil, Cyprus, France, Greece, Honduras, India, Mali and Yugoslavia:

The Twenty-ninth World Health Assembly,
Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;
Taking into consideration the appeal made by Dr Kurt Waldheim, Secretary-General of the United Nations, to the international community on 26 February 1976 requesting that assistance be provided to Lebanon and urging the Member States to contribute generously to alleviate the results of the current conflict in Lebanon;
Noting the resolution adopted by the Regional Committee for the Eastern Mediterranean (Sub-Committee A) in October 1975 inviting the international community to increase its assistance to Lebanon;
Taking note of the assistance given by WHO, in cooperation with UNHCR, to Lebanon in the field of health within the overall framework of the efforts of the United Nations, its programmes and specialized agencies;
Noting that, notwithstanding this assistance, there still remains an urgent need for more assistance on account of the aggravation of the situation in Lebanon, of the increasing number of injured, mutilated and handicapped persons, and of the fact that many of the inhabitants are being forced to flee from battle areas;
Expressing its thanks and appreciation to the United Nations Secretary-General and the Director-General of WHO for their efforts in favour of Lebanon;
REQUESTS the Director-General to explore ways and means of increasing the volume and kinds of assistance made available by WHO so as to provide more services to the afflicted displaced persons and to secure for that purpose the necessary funds within the availability of various WHO financial resources as well as from extrabudgetary sources, and to report to the Thirtieth World Health Assembly on such assistance.

The CHAIRMAN expressed sympathy with the Lebanese people and the hope that peace would prevail in the area.

On behalf of the delegations of Chad, Gambia, Mali, Mauritania, Niger, Senegal and Upper Volta, Dr TOURE (Senegal) introduced the following draft resolution on aid to the Sudano-Saharan populations:

The Twenty-ninth World Health Assembly,
Noting the annual report of the Director-General on the work of WHO in 1975,
Recalling:
(1) resolution 1797 (LV) adopted by the United Nations Economic and Social Council under the title "Aid to the Sudano-Saharan populations", at its fifty-fifth session,
(2) resolution 1918 (LVIII) adopted by the United Nations Economic and Social Council under the title "Measures to be taken for recovery and rehabilitation of the Sudano-Saharan region stricken by drought" at its fifty-eighth session,
(3) resolution 3253 (XXIX) adopted by the United Nations General Assembly on 4 December 1974 under the title "Consideration of the economic and social situation in the Sudano-Sahelian region stricken by drought and measures to be taken for the benefit of that region".

(4) resolution WHA28.48 entitled "Coordination with the United Nations system. WHO activities related to disasters and natural catastrophes. Drought in the Sahelian zone" and adopted by the Twenty-eighth World Health Assembly at its twelfth plenary meeting on 28 May 1975.

Noting with satisfaction the constitution of the "Friends of the Sahel Club", which testifies to a common will to give the countries of the Sahel important aid to enable them to make the best of their potentialities,

Noting also the decision to set up a working group which, under the auspices of the coordinator of PCDCS, is going to contribute to the drawing up of a medium- and long-term economic and social development strategy by the member countries of the PCDCS,

Realizing that despite the efforts made by governments and international organizations the Sahel subregion is still confronted with serious health care problems due to shortage of human, material and financial resources,

1. INVITES WHO in addition to what it is doing at present to prepare a short- and medium-term intervention plan with a view to participating in correcting the effects of the drought in the countries of the Sahel;

2. REQUESTS the Director-General to direct this participation by WHO into the fields of nutrition, communicable disease control and the strengthening of infrastructures by the improvement of health care services.

3. REQUESTS the Director-General to present a report to the Thirtieth World Health Assembly on all the measures taken for the promotion of health in the countries of the Sahel.

The countries of the Sahel region had suffered catastrophic drought for seven years with severe consequences for the health of the population. They had been spared the worst, thanks to international solidarity, but if the climatic effects had lessened, the biological repercussions of the drought remained, and preventive action must be taken, coordinating efforts for assistance to the Sahelian countries and combining services among them in case a drought should recur.

He expressed gratitude for the efforts of the "Friends of the Sahel Club" and hoped that other Members of WHO would join in crusading efforts on behalf of the stricken populations, giving full support to the draft resolution.

Mr PATERAS (Cyprus) said that his Government had been following the recent tragic events in Lebanon closely, and was ready to give any assistance within its means. His delegation was a co-sponsor of the draft resolution on medical assistance to Lebanon, and his country's efforts were only an earnest of the close ties of Cyprus with the Arab world and repayment of the support given to Cyprus in its hour of need.

Mr ARIM (Turkey) supported the draft resolutions on assistance to Lebanon and aid to the Sudano-Sahelian populations.

Mr SWEGER (Sweden) congratulated the Director-General on the presentation of his report on the financial situation for UNDP-supported activities (document A29/35 Add.1), and noted his undertaking to keep the Health Assembly and Executive Board informed of developments. He reiterated the Swedish delegation's concern for a review of those and other technical assistance activities financed from extrabudgetary funds.

UNDP's financial problems might result in a reduction of as much as 20% in its activities in 1976 and 1977. Sweden had stated at the last session of the UNDP Governing Council that a solution must be found within the context of UNDP's own resources. It had increased its contribution to 255 million Swedish crowns, but such measures would not be enough to solve the problem, and important reductions not only in planned activities but even in ongoing programmes must be expected.

As the Director-General had stated, it was difficult to know what the effect on WHO programmes would be, but the Swedish delegation urged him, in line with the concern expressed in the Governing Council of UNDP, to ensure that programmes of assistance to developing countries did not suffer.
Dr ETER (Federal Republic of Germany) supported the draft resolutions on health assistance to Lebanon and on aid to the Sudano-Saharan populations.

Dr CAYLA (France) expressed support for the draft resolution on health assistance to Cyprus, which had not yet been introduced. Secondly, he associated himself with the Lebanese delegate's remarks; as a co-sponsor of the draft resolution on assistance to Lebanon, his delegation called for a maximum effort to help that country. Lastly, the return of climatic and meteorological conditions to normal in the Sahel did not mean a rapid return to good health for populations of the stricken countries, many having migrated, and others having suffered nutritional consequences to an extent that they were more vulnerable to certain diseases. The French delegation therefore supported the draft resolution on aid to the region and hoped that coordinated action could be taken to protect the vulnerable groups.

Dr ROUHANI (Iran) supported the draft resolution on assistance to Lebanon. He was confident that WHO would continue its assistance to that country, but a global approach was indicated in view of the seriousness of the situation, and he appealed to Members of WHO to support the special measures proposed. He also expressed support for the draft resolution on aid to the Sudano-Saharan populations.

Professor LISYCN (Union of Soviet Socialist Republics) drew attention to the Director-General's report (document A29/35) reviewing major developments of direct concern to WHO in the United Nations system, and particularly to the resolutions of the seventh special session of the United Nations General Assembly. As the Director-General had pointed out in the report, section III (Science and technology), paragraph 9, of resolution 3362 (S-VII) called on WHO and other organizations, in particular UNICEF, to "intensify the international effort aimed at improving health conditions in developing countries by giving priority to prevention of disease and malnutrition and by providing primary health services to the communities, including maternal and child health and family welfare". His delegation attached particular importance to the examination of social and economic developments and their influence on health, and although it did not wish to make a formal proposal, he suggested that the resolution, together with others taken up by the Director-General in his report, should provide the basis for revitalized coordinated action. It might be appropriate for WHO to make a special study, within the terms of reference of the ad hoc committee established in section VII of resolution 3362 (S-VII), of the resolutions and decisions of the United Nations and related organizations with a view to increased coordinated action. In particular, WHO should take the initiative in a search for new sources of multilateral assistance.

His delegation supported the draft resolutions on assistance to Lebanon and on aid to the Sudano-Saharan populations, as well as that on the financial situation regarding UNDP-supported activities. Drawing attention to two anomalies in the Russian texts of the first two texts, he said that it would be preferable in the draft resolution on Lebanon not to indicate in the operative paragraph which sources of funds should be used.

The meeting rose at 5.30 p.m.