THIRTIETH WORLD HEALTH ASSEMBLY
Provisional agenda item 3.18.1

COORDINATION WITH THE UNITED NATIONS SYSTEM - GENERAL MATTERS

The Director-General, in accordance with resolution EB59/R39, submits the following report on those resolutions adopted by the United Nations General Assembly at its thirty-first session which are of direct concern to the Organization.

Introduction

The thirty-first session of the United Nations General Assembly was held at United Nations headquarters in New York from 21 September to 22 December 1976. Its agenda contained 116 items which ranged from political and security issues, economic and social questions, to personnel, administrative, and budgetary matters.

Following an exceptional procedure, the General Assembly decided to suspend, rather than conclude, its thirty-first session - so as to pursue its deliberations on the question of development of international economic cooperation - a matter directly linked with the high-level political discussions taking place at the International Conference on International Economic Cooperation in Paris. This Conference, sometimes referred to as the "North-South Dialogue", has been seen by many of the developing countries as having made little progress. As such, the General Assembly felt that the Paris Conference, following its resumption in the first part of 1977, might give rise to concrete proposals which in turn could be usefully reviewed at a reconvened session to begin either in May or June of this year.

In spite of the slow pace of the discussions on the central issue of development and international economic cooperation, the General Assembly undertook a considerable amount of work at this session, with 208 resolutions having been adopted thus far. Several of these resolutions call for action by all the organizations and institutions of the United Nations system and, unprecedentedly, WHO is specifically mentioned in four resolutions. These four resolutions are the first to be reviewed hereunder for the consideration of the Thirtieth World Health Assembly.

Resolutions calling specifically upon WHO

1. Accession to and implementation of the 1971 Convention on Psychotropic Substances (resolution 31/125)

1.1 In resolution 31/125, the United Nations Secretary-General and the Director-General of WHO have been invited by the General Assembly "to take into consideration the responsibilities assigned to the drug control bodies of the United Nations and to the World Health Organization by the 1971 Convention on Psychotropic Substances."

1.2 The 1971 Convention on Psychotropic Substances entered into force on 16 August 1976, following ratification by 40 States. Although the obligations devolving upon the Organization as a result of the 1971 Convention are essentially the same as those arising out of existing narcotics control treaties, the World Health Assembly may wish to bear in mind the actions expected of WHO in this respect. In the first instance, WHO is responsible for notifying the United Nations Secretary-General of information acquired on a substance not yet under international control, so that all States parties can be informed via the United Nations
itself. A State party to the Convention may equally inform the Secretary-General of a related substance, but it remains for WHO to analyse all pertinent information to determine if the substance has the capacity to produce a state of dependence or to produce a central nervous system stimulant or depressant. In the light of such findings, WHO is to communicate to the Commission on Narcotic Drugs an assessment of the substance, including the extent or likelihood of abuse, the degree of seriousness of the public health and social problem, and the degree of usefulness of the substance in medical therapy. Recommendations for control measures are also to be made by WHO, following the assessment noted above.

1.3 The Director-General remains fully cognizant of the responsibilities of the Organization in fulfilling its role under the 1971 Convention, and details are given in document A30/25 before the World Health Assembly.

2. Human rights and scientific and technological developments (resolution 31/128)

2.1 The International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and WHO have been specifically mentioned in General Assembly resolution 31/128 on the subject of human rights and scientific and technological development. In particular, the above-mentioned organizations, as well as other specialized agencies, have been requested "to take fully into account, in their programmes and activities, the pertinent provisions of the Proclamation of Teheran and the provisions of the Declaration on the Use of Scientific and Technological Progress in the Interests of Peace and for the Benefit of Mankind."

2.2 The Declaration mentioned above, adopted by the thirtieth session of the United Nations General Assembly in 1975 and addressed to all States, concerns measures to be taken at the national level to prevent and preclude the utilization of scientific and technological achievements to the detriment of human rights and the fundamental freedom and dignity of the human being. The Proclamation of Teheran was adopted by the International Conference on Human Rights in April/May 1968. In the Final Act of that Conference, under Article XI, a recommendation was made to the organizations of the United Nations system that various studies be undertaken with respect to the possible abuse of human rights resulting from developments in science and technology. One of these concerned the protection of the human personality and its physical and intellectual integrity in view of the progress made in biology, medicine, and biochemistry.

2.3 WHO carried out a study in 1974 on the health aspects of human rights in the light of scientific and technological developments. This was submitted to the Executive Board at its fifty-fifth session in January 1975, and subsequently transmitted to the United Nations and other organizations and bodies, including the United Nations Commission on Human Rights.

2.4 Resolution EB55.R65 requested the Director-General, inter alia, to continue the studies suggested in the report in consultation with other intergovernmental and nongovernmental organizations concerned. The main focus of the Organization's continued involvement in human rights has been within the framework of research programmes, particularly in relation to human experimentation and genetic engineering.

3. Torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment (resolution 31/85)

3.1 United Nations General Assembly resolution 3218 (XXIX), adopted in 1974, invited WHO to draft an outline of the principles of medical ethics which may be relevant to the protection of prisoners or detainees against torture or other cruel treatment. The WHO Executive Board studied this question at its fifty-fifth session and subsequently adopted resolution EB55.R64 which, inter alia, requested the Director-General to prepare an appropriate study. That study, entitled "Health aspects of avoidable maltreatment of prisoners and detainees", was presented to the Fifth United Nations Congress on the Prevention of Crime and the Treatment of Offenders (September 1975) and to the thirtieth session of the United Nations General Assembly (December 1975).
3.2 The WHO study mentioned above covered a wide range of topics in response to the request of the United Nations General Assembly. In particular, the constitutional responsibilities of WHO were noted, as well as the broader issue of medical deontology and health ethics.

3.3 At its thirtieth session the United Nations General Assembly, in resolution 3453 (XXX), requested WHO to give further attention to the matter and to elaborate appropriate principles of medical ethics. This further appeal was in turn brought to the attention of the WHO Executive Board at its fifty-seventh session, in January 1976, and in resolution EB57.R47 the Director-General was requested to collaborate in this respect with other organizations of the United Nations system having responsibilities in this field, as well as with the World Medical Association and the Council for International Organizations of Medical Sciences (CIOMS).

3.4 Consultations have been held with CIOMS and with the World Medical Association with a view to determining how WHO might best comply with resolution 3453 (XXX) of the United Nations General Assembly. In this connexion, it has been decided that the Declaration of Tokyo, adopted by the Twenty-ninth World Medical Assembly in October 1975, should serve as a basic document in which additional provisions might be included. CIOMS, on behalf of WHO, is obtaining the views of medical practitioners and other health personnel on the question.

3.5 The United Nations General Assembly, at its thirty-first session, was informed of the steps being taken by WHO in collaboration with other organizations to provide an outline of principles of medical ethics in relation to practices that may be considered as cruel and inhuman in the context of treatment of prisoners and detainees. On the basis of this information, the General Assembly adopted resolution 31/85 inviting WHO to prepare a draft Code of Medical Ethics relevant to the protection of persons subjected to detention or imprisonment against torture and other cruel treatment.

3.6 The World Health Assembly will wish to note that the United Nations General Assembly expects WHO to submit a draft Code of Medical Ethics to its thirty-second session, in November/December 1977. This raises the question of whether or not any material received by WHO from CIOMS can be transmitted to the United Nations General Assembly without prior consideration by either the WHO Executive Board or the World Health Assembly. The advice of the World Health Assembly is sought on this question. In the meantime it will be noted that CIOMS is continuing its action on behalf of WHO.

4. Assistance to Sao Tome and Principe (resolution 31/187)

4.1 After considering a report by the Secretary-General on the situation in Sao Tome and Principe, the United Nations General Assembly at its thirty-first session adopted resolution 31/187, expressing deep concern at the serious economic and social situation in that country as a result of the total lack of the infrastructure needed for development. In view of this, the General Assembly made an urgent appeal to Member States and the international organizations concerned, including WHO.

4.2 The World Health Assembly will wish to note that WHO assigned a medical officer in maternal and child health and a laboratory technician to Sao Tome and Principe in 1976, and that the WHO representative in Libreville is also responsible for this country. At present, a basic agreement has been prepared between the Government and WHO for the provision of technical cooperation in the health field, and steps are being taken to see that special attention is paid to health administration services within the framework of the Government structure, so that technical cooperation between the Organization and the Government may be handled in the most effective way possible.

4.3 An expanded programme on immunology will be reinforced, and a public health advisor will be provided to assist in strengthening primary health care, as well as in the training of all categories of health staff; these are among the priorities decided upon between the governing authorities and the Regional Director for Africa, who paid a visit to the country in August 1976. At the same time, WHO will assign a health inspector to promote environmental health and decide on the best way to use supplies being provided by UNICEF.
Other resolutions of direct concern to WHO

5. Although WHO is not mentioned specifically in other United Nations General Assembly resolutions adopted at the thirty-first session, the Organization will be expected to contribute to many activities to be carried out by the whole United Nations system in accordance with requests from the General Assembly. Those resolutions of immediate concern to WHO are reflected in the following paragraphs for the attention of the World Health Assembly.

6. In resolution 31/123, the General Assembly proclaimed 1981 as the International Year for Disabled Persons, with the theme "full participation". The objectives of the Year are:

(a) helping disabled persons in their physical and psychological adjustment to society;

(b) promoting all national and international efforts to provide disabled persons with proper assistance, training, care and guidance, to make available opportunities for suitable work and to ensure their full integration into society;

(c) encouraging study and research projects designed to facilitate the practical participation of disabled persons in daily life - for example, by improving their access to public buildings and transportation systems;

(d) educating and informing the public of the rights of disabled persons to participate in and contribute to various aspects of economic, social and political life;

(e) promoting effective measures for the prevention of disability and for the rehabilitation of disabled persons.

6.1 The Organization is likely to have a major contribution to make to the programme to be elaborated for the Year, in the light of its rehabilitation programme and the objectives stated in (a), (b), and (e) above. Apart from the technical inputs expected from the Resource Group of the Division of Strengthening of Health Services, it is foreseen that the programme will also receive the attention of the Division of Mental Health, the Office of Occupational Health, and possibly the Division of Health Manpower Development.

6.2 The United Nations Secretary-General has been named by the United Nations General Assembly as the central coordinator for the preparation of a draft programme which will be submitted to the General Assembly at its thirty-second session. This question will also be taken up at the forthcoming sixty-ninth session of the Administrative Committee on Coordination, to be held at UNESCO headquarters from 5 to 7 April 1977.

7. After more than a year of discussion within the Economic and Social Council, as well as in the General Assembly, the General Assembly decided in its resolution 31/184 to convene a United Nations Conference on Science and Technology for Development in 1979. The Director-General has decided that the principal contribution to be made by WHO is in the area of research and training in tropical diseases.

7.1 The preparations for the Conference will be elaborate, beginning with the preparation of papers at national level, discussion of those papers in regional meetings, and the finalization of an agenda for the Conference to be prepared by the Economic and Social Council's Committee on Science and Technology for Development. To ensure the proper coordination of this United Nations system-wide effort, the ACC Subcommittee on Science and

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1 A list of all resolutions adopted by the United Nations General Assembly at its thirty-first session, as well as the full text of these resolutions, can be made available to delegates upon request (A/INF/31/9).
Technology will serve as the interagency body through which the United Nations system collectively will provide all relevant and appropriate information and material for the Conference itself.

7.2 In its resolution 31/169 the General Assembly proclaimed the year 1979 as the International Year of the Child. The Year will have the following general objectives:

(a) to provide a framework for advocacy on behalf of children and for enhancing the awareness of the special needs of children on the part of decision-makers and the public;

(b) to promote recognition of the fact that programmes for children should be an integral part of economic and social development plans, with a view to achieving, in both the long-term and the short-term, sustained activities for the benefit of children at the national and international levels.

7.3 The United Nations Children's Fund has been designated as "lead agency" for coordinating the objectives of the Year. WHO is in consultation with UNICEF - directly as well as through the Administrative Committee on Coordination - regarding the specific and overall contributions which the various specialized agencies and organizations concerned can make towards meeting the above-mentioned objectives. It is foreseen that the main contribution from WHO will result from its maternal and child health programme. Further attention will, however, be given to other aspects of WHO programmes that might help to attain the objectives of the Year.

8. The United Nations Secretary-General and the heads of the United Nations bodies and organizations concerned have been requested in resolution 31/178 to prepare for a review and assessment of General Assembly resolutions 2626 (XXV), 3202 (S-VI), 3281 (XXXIX), and 3362 (S-VII), all of which are relevant to the Second United Nations Development Decade and a New International Economic Order. The assessment will be carried out by the General Assembly at its thirty-second session, in 1977, and the Director-General is ensuring that WHO contributes relevant material reflecting the progress made in the health sector following the mid-term review and appraisal of the Second United Nations Development Decade carried out in 1974.

9. Directly related to the above-mentioned resolution 31/178, United Nations General Assembly resolution 31/182 foresees further preparations for a new International Development Strategy. In this connexion, the General Assembly requested the Secretary-General to collect data and information that would help in the formulation of a new strategy. This question will be discussed within the framework of the Administrative Committee on Coordination, in which the Director-General fully participates.

10. In addition to the appeal for assistance to Sao Tome and Principe mentioned in section 4 above, the United Nations General Assembly has made further requests to the competent organizations of the United Nations system with respect to assistance to Angola (resolution 31/188), Cape Verde (resolution 31/17), Comoros (resolution 31/42) and Mozambique (resolution 31/43). The organizations of the United Nations system have been invited to grant to Angola, Cape Verde and the Comoros benefits comparable to those enjoyed by the least developed among the developing countries. The related activities of the Organization are reflected in document A30/29 which is before the World Health Assembly.

11. The implementation of the Declaration on the Granting of Independence to Colonial Countries and Peoples by the specialized agencies and the international institutions associated with the United Nations continues to be a major item of discussion in the General Assembly. At the thirty-first session, the General Assembly adopted resolution 31/30, which noted with satisfaction the activities being carried out by several specialized agencies and organizations, and the executive heads of the specialized agencies were again urged to submit to their governing and legislative bodies, as a matter of priority, concrete proposals aimed at providing further assistance to the peoples in colonial territories and to their national liberation movements. The programmes being developed by WHO in collaboration with UNDP and OAU are reflected in document A30/29.
12. In resolution 31/130 concerning the role of youth, the United Nations General Assembly has invited all relevant organizations of the United Nations system to give special attention to programmes connected with education and the participation of youth in development. WHO has remained active in the discussion of youth affairs within the framework of the Administrative Committee on Coordination, and maternal and child health programmes are being developed with special emphasis on adolescents as contributors to and beneficiaries of health programmes.

13. In resolution 31/148 the United Nations General Assembly commended the inauguration of the United Nations Institute for Namibia at Lusaka, and requested all States and the specialized agencies and other organizations within the United Nations system to make an adequate financial contribution to the United Nations Fund for Namibia.

14. After considering the reports of the Governing Council of the United Nations Development Programme on its twenty-first and twenty-second sessions, the General Assembly adopted resolution 31/171, entitled "Operational activities for development". In that resolution a request has been made to all organizations of the United Nations system "to pursue actively their consultations in order to develop the measures required to strengthen their cooperation and to ensure ... an integrated and interdisciplinary approach to operational activities ...".

15. WHO was represented at the twenty-second session of the UNDP Governing Council, held in June 1976, as well as at its twenty-third session, held in January/February 1977. The Thirtieth World Health Assembly may wish to note that the financial situation of UNDP has improved, although pledges still fall short of the needs of the planned programme. The Governing Council gave special attention to the future role of UNDP in the overall context of technical development. In this connexion, government delegations in the Council gave substantial support to the principle of UNDP becoming the primary source of financing in the United Nations system's development efforts; to this end, it was proposed that the bulk of all multilateral contributions should be channelled through UNDP. The representatives of WHO, as well as of other specialized agencies, warned against any moves that would erode their role in carrying out their respective mandates.

16. The Thirtieth World Health Assembly may wish to take into account that the United Nations General Assembly, at its thirty-first session, admitted three new Member States: the Republic of Seychelles (resolution 31/1), the People's Republic of Angola (resolution 31/44), and the Independent State of Western Samoa (resolution 31/104).
COORDINATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Health and medical assistance to Lebanon

Report by the Director-General

In this report, submitted in accordance with resolution WHA29.40, the Director-General reports on action taken by WHO, in cooperation with other international bodies, to provide emergency health and medical assistance to Lebanon in the period October 1975 - April 1977. A draft resolution is suggested for the Health Assembly's consideration.

1. Introduction

1.1 The Twenty-ninth World Health Assembly, in resolution WHA29.40 on "Health and medical assistance to Lebanon", requested 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".

1.2 The present report deals with the assistance provided to Lebanon in the health and medical fields during the period October 1975 - April 1977, and identifies the sources of funds utilized for this relief operation.

2. Assistance provided in 1975

2.1 In October 1975, the Regional Committee for the Eastern Mediterranean (Sub-Committee A) adopted a resolution inviting the international community to increase its assistance to Lebanon.

2.2 During the same month the Government of Lebanon requested WHO's assistance to alleviate the adverse affects on public health of the events in the country. For the provision of urgently needed medicaments and medical supplies a total of US$ 80,000 was made available, of which US$ 50,000 was from WHO's regular budget and the remaining US$ 30,000 from the Special Account for Disasters and Natural Catastrophes (Voluntary Fund for Health Promotion).

3. Assistance provided in 1976

3.1 In January 1976, to help to meet the pressing health and medical needs of Lebanon, the Organization allocated an additional amount of US$ 196,000 to accelerate the provision of the urgently required medicaments, medical equipment and supplies. This sum was composed of US$ 146,000 from the regular budget and US$ 50,000 from the Special Account for Disasters and Natural Catastrophes.

3.2 In February 1976 the Organization assigned two short-term consultants, one in epidemiology and one in public health, to help the Ministry of Health, Beirut, in assessing the health situation and in preparing lists of supplies required for the protection of the human environment and prevention of communicable diseases and other public health hazards.
3.3 The Office of the United Nations High Commissioner for Refugees (UNHCR) made available the sum of US$ 200 000 for the provision by WHO of medications, medical equipment and supplies for the relief of an estimated 180 000 displaced persons and 400 000 persons adversely affected by the events in Lebanon at that time.

3.4 On 26 February 1976 the Secretary-General of the United Nations appealed to the international community to provide assistance to Lebanon and urged Member States to contribute generously to alleviate the consequences of the conflict in Lebanon. The appeal's target was US$ 50 million, including US$ 4 million for immediate relief assistance in the medical and health fields.

3.5 In April 1976 close collaboration was established with the International Committee of the Red Cross (ICRC), which undertook to arrange for the despatch of emergency health and medical supplies to Lebanon and to ensure their appropriate distribution within the country. Decisions on the nature of consignments and the timing of their delivery were taken jointly by ICRC and WHO in the light of local needs as indicated by the ICRC medical teams in Lebanon. Special emphasis was given to the provision of vaccines, antibiotics, water purification products, ambulances, antiseptics, blood transfusion equipment, dressings and surgical materials.

3.6 The Twenty-ninth World Health Assembly in May 1976 took note of the assistance so far given by the Organization in collaboration with UNHCR in the field of health within the overall framework of efforts of the United Nations, its programmes and specialized agencies. The Health Assembly also took into consideration the appeal by the Secretary-General of the United Nations to the international community. However, it recognized that, notwithstanding the assistance already provided to Lebanon, there still remained 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 were being forced to flee from battle areas. In resolution WHA29.40, therefore, as noted earlier, the Health Assembly requested the Director-General to explore ways and means of increasing the volume and kinds of assistance provided by WHO for the afflicted displaced persons and to secure the necessary funds from WHO's financial resources and from extrabudgetary sources. In response to that request, the Organization intensified its efforts to provide the urgently required health and medical assistance.

3.7 In August 1976, in response to a joint appeal by ICRC and WHO, the Egyptian Red Crescent Society provided, free of charge, 50 000 doses of typhoid vaccine which were urgently needed by the ICRC medical field teams. Other vaccines provided from WHO stocks were: 25 000 doses of polio vaccine; 16 000 doses of cholera vaccine; and 10 000 doses of smallpox vaccine. Additional vaccines were procured from the funds made available by UNHCR as follows: 200 000 doses of polio vaccine; 200 000 doses of DPT vaccine; 200 000 doses of TAB vaccine; 40 000 doses of tetanus vaccine; and 500 ampoules of rabies serum.

3.8 To assist in controlling outbreaks of intestinal diarrhoea, WHO procured 100 000 capsules of tetracycline 250 mg, 35 000 sachets of oral rehydration salts and 3 500 000 water purification tablets. UNICEF contributed through WHO a further 9 500 000 water purification tablets to prevent water-borne infections.

3.9 During the last quarter of 1976 the Organization assigned a sanitary engineer and a sanitaryian who advised the local authorities on measures for the protection and purification of water supplies in the cities and in the rural areas.

3.10 To assist with the rescue operations in the field and at hospitals, the Organization provided four ambulances, two high-pressure autoclaves and two sets of anaesthesia apparatus for surgical hospitals. Minor equipment and supplies were also provided to improve the services of the bacteriological laboratory at the Tripoli hospital.
3.11 In November 1976 the Organization made available US$ 130,000 from its regular budget to ensure the continuity of the emergency operation and the uninterrupted flow of urgently needed medicaments and medical supplies. These funds were immediately utilized for the procurement of equipment necessary for the establishment of two central blood banks as agreed between the ICRC medical teams and the local authorities.

3.12 In December 1976 the Secretary-General of the United Nations approved the transfer to WHO of US$ 400,000 from the United Nations Trust Fund for Lebanon. Agreement was reached with the Lebanese Government for the use of these funds towards the reorganization and restoration of health and environmental sanitation services in the country as well as the rehabilitation of injured persons.

4. Assistance provided in 1977

4.1 In January 1977 a senior WHO public health administrator was assigned to Lebanon for three months to assist the Ministry of Health in the rehabilitation programme and in the preparation of lists of priority health and medical needs.

4.2 In March 1977, with the Ministry of Health, he completed the lists for the second and third phases of rehabilitation of health and medical services.

4.3 To ensure the early implementation of these two phases the Organization provided the amount of US$ 207,000 from its regular budget in addition to US$ 1,270,000 made available to WHO by the Secretary-General of the United Nations from the Trust Fund for Lebanon for the same purpose.

4.4 In April 1977 action was taken to procure medical equipment and supplies requested by the Ministry of Health for two medical rehabilitation centres, the sanitary engineering department and the central public health laboratory. The Organization also took action to provide all the vaccines and drugs needed for health dispensaries as well as the refrigerators, deep-freezers and pick-up vehicles required for their adequate storage and timely distribution.

4.5 Close collaboration will continue to be maintained between WHO and the United Nations, UNICEF and ICRC, whose efforts have been instrumental in bringing emergency health and medical relief within the reach of the populations needing it in Lebanon.

4.6 The Organization will continue to do its utmost to meet the health needs of the national health authorities and to assist them in identifying the priority health and medical requirements of the population.
ANNEX

DRAFT RESOLUTION

COORDINATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

Health and medical assistance to Lebanon

The Thirtieth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Recalling resolution WHA29.40,

1. NOTES with satisfaction the information provided by the Director-General on the health and medical assistance already provided to the populations in need in Lebanon;

2. EXPRESSES its gratitude to all the Member States that have responded generously to the appeal to the Secretary-General of the United Nations by contributing to alleviate the consequences of the conflict in Lebanon;

3. THANKS the International Committee for the Red Cross, UNHCR and UNICEF for their help to WHO in fulfilling its responsibilities for the provision of health and medical assistance to Lebanon;

4. REQUESTS the Director-General to continue and intensify the Organization's health and medical assistance to Lebanon, in addition to any funds received from the United Nations Trust Fund for Lebanon, and to report to the Thirty-first World Health Assembly on such assistance.

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COORDINATION WITHIN THE UNITED NATIONS SYSTEM - GENERAL MATTERS

United Nations Water Conference

Corrigendum

On the first page of this document, paragraph 4, line 2, should read as follows:

". . . International Drinking-Water Supply and Sanitation Decade, to be devoted to implementing the national . . ."

Similarly, page 2, paragraph 2, line 6 should read:

". . . Water Supply and Sanitation Decade (1980-1990). It was also recommended that the collaboration of . . ."
WHO participated both in the preparations for the United Nations Water Conference and in the Conference itself. Written contributions were made to the background papers prepared for the various items of the agenda of the Conference; in addition, WHO staff attended preparatory meetings organized by the regional commissions of the Economic and Social Council.

At the request of the Secretary-General of the Water Conference, WHO, jointly with the World Bank and in consultation with UNICEF, prepared a conference document on community water supplies (E/CONF.70/14). This document outlined strategies and a plan of action to enable countries to achieve the targets adopted at the United Nations Conference on Human Settlements (Habitat) held in Vancouver in May 1976.

The Water Conference unanimously agreed on the need to implement the recommendations of the Habitat Conference on the provision of adequate and safe water supplies for all people by 1990, particularly for the rural communities in developing countries. In this regard it was suggested that countries should adopt specific and detailed plans on water supply and sanitation services suited to their individual and specific conditions, and that the international community should adopt a more effective approach to support the increased national commitments of the developing countries through financial and other means.

Furthermore, the Conference recommended designating the decade 1980-1990 as the International Drinking-Water and Sanitation Decade, to be devoted to implementing the national plans for drinking-water supplies and sanitation in accordance with the Plan of Action outlined in the conference document on community water supplies (E/CONF.70/14) and endorsed by the Conference.

Regarding institutional arrangements within the United Nations system, the Conference requested the Economic and Social Council, in its deliberations on the restructuring of the economic and social sectors of the United Nations system, to give consideration inter alia to the following recommendations:

(a) that the Economic and Social Council, the Committee on Natural Resources, and the regional commissions within their respective regions, should play a central role in the promotion of intergovernmental cooperation in the follow-up of the Plan of Action recommended by the Conference for integrated water development and management;

(b) that the secretariat support services to these organs be strengthened by all United Nations organizations and bodies involved in the water resources sector;
(c) that the proposals in the report of the Administrative Committee on Coordination and the Environment Coordination Board\(^1\) be examined by the Committee on Natural Resources at its next session in May 1977 and its recommendations submitted to the sixty-third session of the Economic and Social Council.

The Conference made a number of specific recommendations for action through international cooperation to support increased national commitments with particular reference to the least developed and most seriously affected countries. This included the need for United Nations agencies to coordinate their work to help Member States, when so requested, in preparing drinking-water and sanitation plans and programmes by 1980, for the International Drinking-Water and Sanitation Decade (1980-1990). It was also recommended that the collaboration of the international organizations with the on-going activity of the World Health Organization in the field of monitoring and reporting on the status and progress of community water supply and sanitation be intensified.

In the light of the above, the Organization will intensify its collaborative programmes with developing countries, giving particular emphasis to national planning processes, sector studies, development of investment programmes, and to the strengthening of national organizations for planning, directing, providing logistic and financial support to regional and local programmes.

The Organization will also develop additional collaborative arrangements with IBRD, regional banks, FAO, UNICEF and interested bilateral agencies for joint planning and implementation of projects for rural development which include drinking-water supply and sanitation together with water development for agricultural purposes.

Finally, at the global level, the Organization will maintain its coordinating role with regard to the health aspects of technical cooperation programmes in this field and will stimulate an increased flow of external financial assistance to enable Member countries to accelerate their water supply programmes.

\(1\) Present and future activities of the United Nations system in water resources development (E/CONF.70/CBP/4).

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