FORTY-SECOND WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FIFTH MEETING

Palais des Nations, Geneva
Saturday, 13 May 1989, at 9h00

CHAIRMAN: Dr J.P. OKIAS (Gabon)
LATER: Professor J.M. BORGOÑO (Chile)

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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4013, WHO headquarters), in writing, before the end of the Health Assembly. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland, before 3 July 1989.

The final text will appear subsequently in Forty-second World Health Assembly: Summary records of committees (document WHA42/1989/REC/3).
The CHAIRMAN drew attention to the draft resolution recommended by the Executive Board for adoption by the Health Assembly in resolution EB83.R11 and to the amendments proposed by the delegations of Chile, Pakistan and the United States of America. He asked the Committee whether it wished to approve the amendments proposed by the delegation of Chile, namely that a new operative subparagraph 1(1) be inserted, reading "to maintain the political commitment to reduce the inequities among the different population groups, and to strengthen the infrastructure of the health services so as to achieve the objectives of the five challenges contained in the second report on monitoring progress in implementing strategies for health for all"; that the subsequent operative subparagraphs be renumbered accordingly; and that in the renumbered operative subparagraph 1(3) the words "taking account of the practical realities" be inserted after the words "of their health systems".

The amendments proposed by the delegation of Chile were approved.

The CHAIRMAN asked the Committee whether it wished to approve the amendment proposed by the delegation of Pakistan, namely that a new operative subparagraph 4(6) be inserted, reading "to continue to urge governments and nongovernmental organizations to promote and support the role of women at all levels of leadership, including in communities, to increase their participation in health and related sectors, and to improve their educational and socioeconomic status in society" and that the existing operative subparagraph (6) should become operative subparagraph (7).

The amendment proposed by the delegation of Pakistan was approved.

The CHAIRMAN asked the Committee whether it wished to approve the amendment proposed by the delegation of the United States of America, namely that operative subparagraph 4(2) should be replaced by a text reading "to assist Member States, in view of the problems posed for developing countries by the international burden of debt and other economic pressures, to develop the capacity to undertake economic analyses that can support improved resource allocation for the health sector; where appropriate, organizations with competence in economic research should be encouraged to cooperate in this assistance to Member States".

The amendment proposed by the delegation of the United States of America was approved.

The CHAIRMAN asked the Committee whether it wished to approve the draft resolution as a whole.

Professor BORGOÑO (Chile) expressed some misgivings as to the positioning of the United States amendment within the draft resolution.
After a brief discussion between Dr BART (United States of America) and Professor BORGON (Chile), Dr BART (United States of America) suggested that, in order to save the Committee's time, the difficulty, if any, should be resolved by further discussions outside the meeting room.

It was so agreed.

2. PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1990-1991 (ARTICLES 18(F) AND 55): Item 18 of the Agenda (Documents PB/90-91 and EB83/1989/REC/1, Part II) (continued)


The CHAIRMAN invited the Committee to consider a draft resolution entitled "Preventing the purchase and sale of human organs" proposed by the delegations of Australia, Austria, Canada, Finland, the German Democratic Republic, Germany, Federal Republic of, Iceland, Italy, Luxembourg, Switzerland, Tonga and the United Kingdom of Great Britain and Northern Ireland, which read as follows:

The Forty-second World Health Assembly,
Concerned by the commercial trafficking in the organs of healthy donors, which exploits human distress and puts at increased risk the health of the donors;
Aware that commercial arrangements for organ transplants are nevertheless being undertaken and that to date there has been little success in preventing trafficking in human organs;
Anxious to prevent the exploitation of human distress and to further the recognition of the ethical principles which condemn the buying and selling of organs for purposes of transplantation;

1. CALLS UPON Member States to take appropriate measures to prevent the purchase and sale of human organs for transplantation;
2. RECOMMENDS that Member States introduce legislation to prohibit trafficking in organs where this cannot effectively be prevented by other measures;
3. URGES Member States, in close cooperation with professional health organizations and supervising health authorities, to discourage all practices which facilitate commercial trafficking in organs;
4. REQUESTS Member States to report to WHO action taken with respect to this resolution;
5. REQUESTS the Director-General to report to the Forty-fifth World Health Assembly the measures taken by the governments of Member States in furtherance of this resolution.

Dr BANKOWSKI (Council for International Organizations of Medical Sciences), speaking at the invitation of the Chairman, said that the draft resolution under consideration would certainly help to improve the difficult ethical situation with regard to organ transplants. The combination of factors such as the capacity of organ transplants to
save lives, the high cost involved and the scarcity of organs led to a situation in which fundamental ethical questions arose. It seemed to him that three main principles of medical ethics should prevail - justice, beneficence, and autonomy. Justice required that the risks and benefits involved should be equitably shared among the population. Beneficence entailed the obligation not to do any harm and to maximize benefits and minimize risks - an obligation that should be borne in mind in all organ transplants. The principle of autonomy was associated with a number of very controversial issues depending on the cultural and religious setting concerned.

CIOMS had been active in the matter. The first definition of death had been developed at its 1968 conference, immediately after the first heart transplant. With the advance of science and technology, a completely new situation had emerged. Discussions on the definition of death had come to the fore in a variety of countries and cultural settings. In the past three years CIOMS had held three conferences dealing with the transcultural problems relevant to organ transplantation, which was now recognized to be a well established health care technology. It was no longer a problem for doctors and patients but for policy-makers, and it raised ultimate questions as to who should live, who should pay and who should decide. The draft resolution before the Committee would go a long way to help all those who wished to improve the situation. Every conference on organ transplantation that he had attended had unreservedly condemned the commercialization of organs, which could easily lead to unacceptable abuses. CIOMS would continue to collaborate closely with WHO, and with the Health Legislation unit in particular, in the elaboration of any instrument that the Organization might consider necessary.

Professor MENCHACA (Cuba) endorsed the comments made by Dr Bankowski. As everyone knew, a market was developing for trade in children under cover of adoption. These children were used to provide organs for transplantation. The draft resolution should include a condemnation of this horrendous traffic in order to protect children in the developing countries against it, and should draw the attention of Member States to the alarming situation.

Dr LARIVIERE (Canada) said that, as one of the cosponsors of the draft resolution, his country shared the concern of other delegations regarding the despicable trade in human organs for transplantation. Each province of Canada had already introduced measures to prohibit such trade. At the national level, a law reform commission was considering ways in which to introduce similar measures that would be applicable to the country as a whole.

Mr BAIL (Australia) strongly supported the draft resolution. Australia regarded trafficking in human organs as abhorrent and was opposed to the sale of organs by living donors. Legislation was already in force in Australia prohibiting such trafficking. Where donations were permitted by living donors on a non-commercial basis, particular attention should be paid to the rights of children and the mentally incompetent.

Mr GHACHEM (Tunisia) thanked Dr Bankowski for his comments and supported the draft resolution. He suggested that, in operative paragraph 5 of the draft resolution, the Director-General should be requested to report to the Forty-fourth, rather than the Forty-fifth World Health Assembly.

Dr ZOBRIST (Switzerland) stressed the importance of observing ethical criteria in the transplantation of organs. Few organs suitable for transplantation were available and waiting periods were long. There was a risk that rich patients might try to jump the queue. The only way to avoid such a situation was to ensure that the removal of organs from living donors was strictly controlled, in particular by the prohibition of any trade in organs. WHO and its Member States should make every effort to ensure that the socially disadvantaged were not exploited in such trade, to the detriment of the health of donors. Action was urgently called for since organizations already existed that were making a profit from the trade in organs. The growth of such a dangerous situation was to be avoided. She hoped that many delegations would support the draft resolution.
Dr NARANJO (Ecuador) supported the draft resolution, as well as the amendment proposed by the delegate of Cuba with a view to protecting children and condemning trafficking in organs. In the third preambular paragraph, the words "Anxious to prevent the exploitation of human distress" were not sufficiently precise; they should be replaced by, for example, "Anxious to ensure that the use of organs for transplantation did give rise to an immoral traffic in them".

Dr VARET (France) supported the statements made by the delegates of Switzerland and Canada and unreservedly supported the draft resolution.

Mr INFANTE (Spain) supported the amendment proposed by the delegate of Tunisia, as well as those suggested by the delegates of Cuba and Australia with regard to the protection of children and the handicapped.

Dr KOOP (United States of America) said that his country deplored the commercial use of organs for transplantation, especially if they were obtained unethically or immorally. Legislation existed in the United States to prohibit such activities. Having personally arranged the clearing houses for organ transplantation in the United States, he could state categorically that they were not involved in any such trafficking, which did not take place in the United States.

Dr LARIVIERE (Canada), speaking as a cosponsor of the draft resolution and referring to the amendment proposed by the delegate of Tunisia, noted that past practice had been to avoid technical discussion of new issues in the years in which the programme budget was being discussed. The question was very important, however, and he agreed that the Director-General might be requested to report to the Forty-fourth Health Assembly. Since the Director-General was requested by the draft resolution to report on measures taken by the governments of Member States, the latter would in turn have to undertake to report as rapidly as possible to the Director-General on actions that they had already taken, were taking and would take in the future.

Dr DOUG-DEEN (Trinidad and Tobago) said that operative paragraph 4 of the draft resolution should specify a time-frame within which Member States should report to WHO in order to enable the Director-General to report to the Forty-fourth Health Assembly.

Following a suggestion by Mr LUPTON (United Kingdom of Great Britain and Northern Ireland), the CHAIRMAN suggested that a working group should meet informally and draw up a text for consideration by the Committee, taking into account the various suggestions made.

It was so agreed.

Development of human resources for health (programme 5) (Documents PB/90-91, pages 124-130, and A42/6)

The CHAIRMAN drew attention to the following draft resolution presented by the delegations of Algeria, Argentina, Chad, Colombia, Democratic People's Republic of Korea, Ecuador, Guinea-Bissau, Guyana, Islamic Republic of Iran, Libyan Arab Jamahiriya, Mozambique, Nicaragua, Panama, Peru, Sao Tome and Principe, Trinidad and Tobago, United Republic of Tanzania, Uruguay, Venezuela, Viet Nam, Yugoslavia and Zimbabwe:

The Forty-second World Health Assembly,
Mindful of the obvious need for TCDC and of the interest shown by WHO in its resolutions WHA31.41, WHA31.51, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17 and WHA40.30 in strengthening this type of cooperation with a view to improving the health status of the developing countries;
Aware that the developing countries are making a considerable effort to find new ways of fostering TCDC through the identification of skills and needs in the health sector, and especially through the promotion of national TCDC centres for research and training to offer training to specialists in various branches of health;
Recognizing the important role which must be played by WHO as a catalyst and support to the development of TCDC;

...
Endorsing the analysis made by the non-aligned and other developing countries interested in the present status of TCDC and the participation of WHO in its promotion;

1. THANKS the Director-General for his interest in the development of TCDC;

2. URGES Member States:
   (1) to collaborate in the endeavour to develop TCDC as an effective means of cooperation towards the achievement of health for all by the year 2000;
   (2) to make specific proposals to WHO for technical cooperation between the Organization and the developing countries which take account of the contribution each country can make to TCDC programmes;

3. REQUESTS the Director-General:
   (1) to give priority to the implementation of the resolutions of the Health Assembly relating to activities which should be carried out by the Organization to provide systematic support to TCDC;
   (2) to allocate resources from the Director-General's and Regional Directors' Development Programmes to support the establishment and operation of TCDC research and training centres, and funds for training activities at those centres;
   (3) to promote, through the focal points for TCDC at the regional offices, TCDC programmes in countries and the appropriate exchange of information for the conclusion of cooperation agreements in the fields determined by the countries and the Organization;
   (4) to report to the Health Assembly in even-numbered years on the progress made in the implementation of this resolution.

Dr QUIJANO NAREZO (representative of the Executive Board) said that programme 5 on the development of human resources for health was a cornerstone in the implementation of the health-for-all strategy, not only by the year 2000, but for the first couple of decades of the twenty-first century. The training of health personnel covered all members of the health team, not only medical personnel but also all health workers, including nurses, health educators and traditional health workers. The Executive Board had discussed medical studies in connection with the Edinburgh Declaration, which dealt essentially with cooperation between universities and health authorities with a view to ensuring that medical training was relevant to the needs of health services. The need for health personnel did not match their availability. The problem of the brain drain was especially serious, and both the suppliers and consumers of medical services should make efforts to ensure that developing countries retained their own professionals through the introduction of new and innovative services.

Mrs POOLE (United Kingdom of Great Britain and Northern Ireland) congratulated the Director-General on his excellent report (document A42/6). The Health Assembly had on many occasions addressed the question of the contribution of nursing and midwifery personnel to the health-for-all strategy, as noted in the document. It was, however, with particular urgency that the problems of strengthening the structures of national health systems and national educational programmes for nursing and midwifery were again being taken up. Whatever medical technological advances were made, the strategy would not succeed unless the crucial contribution to health care made by nurses and midwives was developed and utilized. As stressed in the Director-General's report, there was an urgent need for action.

Regarding the reorientation of nursing education to primary health care, the report pointed to many areas of neglect, both in the education of nurse teachers and in the preregistration education of nurses and midwives. Methods of education also needed attention. In many cases they were stereotyped and old-fashioned, with students being lectured by medical practitioners about topics which had little relevance to primary health care or to meeting the health needs of the next decade. National systems were necessary to ensure proper accreditation, registration and regulation of the professional
education and practice of nursing/midwifery personnel. Consideration should be given to improving employment practices, including conditions of service, flexibility in employment and the proper utilization of skills. Such a regulatory body, run by the nursing and midwifery professions and independent of the Government, existed in the United Kingdom. There was also an independent review body which advised the Prime Minister on the remuneration of nurses, midwives and health visitors employed in the National Health Service. Trained nurses were leaving the health services of many Member States at an alarming rate. A survey carried out by WHO showed that the main reason for this was lack of career choice, of professional opportunity and, of status in society. That situation could no longer be tolerated.

To avoid maldistribution of scarce human and financial resources, there was a need for balanced investment in skills training, workforce planning and distribution of health service personnel to meet the needs of rural and urban population groups. In the United Kingdom, research was being undertaken into manpower needs and the mixture of nursing, midwifery and health visiting skills required to deliver the quality service to which the National Health System was committed. Like many other countries, the United Kingdom faced for demographic reasons a reduction in the size of the pool from which nursing recruits were drawn. It also experienced difficulties in retaining a sufficiently high percentage of qualified nurses, midwives and health visitors. The current management action and recruitment campaign were aimed at those who had left for child rearing and family care. The development of services required skilled personnel, as well as financial resources.

There was a paucity of research into many areas of nursing practice and education, into the quality of care delivered by nurses, and into the planning and development of the nursing workforce. Such research was essential if nursing/midwifery skills were to be used adequately and efficiently. Referring to paragraph 87 of document A42/6, she pointed out that "simple" research was not necessarily inexpensive. Wise investment in properly organized, reputable and responsible research would provide real long-term benefits from the point of view both of patient care and of policy and development plans for health care. Such research was being impeded because nurses were not adequately trained in the methods needed to enable them to carry it out. It was of little use to state, as in the report, that nurses were poor at describing their own work. How could people without a proper research-based education (in both pre- and post-basic registration programmes) undertake such work when they perceived their main role as task-oriented delivery of patient care?

The question of the development of nurses in leadership roles so that they could really participate in the development and implementation of national health policies had been discussed in the report, reference being made to the International Encounter on Leadership in Nursing for Health for All, held in Tokyo in April 1986. In 1986, leadership had been the theme of the Technical Discussions at the Health Assembly. The question had been debated at length and a resolution had been adopted. Why then had there been so little progress in this essential element of the health-for-all strategy? Might there be little or no real commitment on the part of ministries in Member States to ensuring that nurses and midwives were adequately educated and motivated to give good-quality care or to their appointment in leadership positions where they could assist in the planning and development of health services? WHO should provide leadership, resources and support to Member States in implementing the many recommendations made in studies commissioned by the Organization. An international strategy for nursing should be drawn up, with targets for action, perhaps along the lines of the strategy adopted in the United Kingdom. Action should be taken immediately. That required political will, leadership and adequate resources. The United Kingdom hoped that WHO would give that leadership and transform recommendations into action, and was ready to offer assistance. It would be cosponsoring a draft resolution on the strengthening of nursing and midwifery in support of health-for-all strategies which would urge Member States to take the necessary action in developing strategies to recruit, educate, reorient and retain nursing/midwifery personnel to fully meet national needs. In addition, it would request the Director-General, within his budget, to increase support to the planning, implementation and evaluation of the nursing/midwifery components of national health programmes and, in particular, those relating to nursing/midwifery personnel and their development and utilization.
Dr LARIVIERE (Canada), recalling resolution WHA36.11, adopted in 1983, said that it had already been recognized at that time that nurses and midwives were an essential component of national health systems, and that their potential was often underutilized. In particular, better use must be made of their close contact with the population, which could promote acceptance and expansion of primary health care through their ability to motivate public opinion. The factors constraining the mobilization of nurses in national strategies were well documented in the report (document A42/6), as were the solutions to such problems.

National health authorities must ensure that nurses and midwives were involved in both policy-making and decision-making regarding their own education and practice. Their working conditions, career structures and work environments, from the point of view of equity and partnership with other health professionals, must be addressed as a matter of urgency in order to ensure that nurses became and remained integral members of the health care team. Nurses and midwives must be more appropriately distributed throughout the health system and involved in the management of primary health care. The mobilization of their skills throughout the world would provide a cost-effective way of delivering health services.

Canada had participated in the drafting of the resolution on strengthening nursing and midwifery personnel in support of health-for-all strategies, mentioned by the delegate of the United Kingdom thereby recognizing the vital contribution that such personnel had been making throughout the world, as well as the principles of sound management, equity and partnership in achieving health for all. Action to that end must not be delayed any longer.

Professor BORGOÑO (Chile) supported the programme under consideration and commended the Director-General's report. He stressed the importance of nursing and midwifery personnel, especially in developing countries, which suffered from a general shortage of such staff. It was therefore necessary to promote their training at university level and to provide them with refresher courses. Such personnel should be promoted to higher positions in view of the very important role they could play in health.

Lastly, his delegation would support the draft resolution alluded to by the delegations of the United Kingdom and Canada.

Miss HOLLERAN (International Council of Nurses) commended the accuracy of the report before the Committee. However, resolutions and reports meant nothing unless every health ministry acted upon them and introduced reforms aimed at better utilizing the potential of nursing and midwifery personnel in primary health care delivery. Indeed, nursing and midwifery were a medical service like any other requiring identification in the structure of WHO and ministries of health as well as adequate financing and staffing. WHO should implement a specific long-term strategy to assist Member countries to that end. The allocation of both WHO and national resources must be adjusted to provide the essential funds needed to bring about those changes.

Nursing research was urgently needed. Nurses who were experts in areas of research must be brought into the staff of the Organization and serve as consultants and committee members, for their expertise would enhance the cost-effectiveness of health services. The report under consideration must be acted upon and genuine changes must be introduced within the next five years.

In view of the lack of accurate data on nursing and midwifery in most countries IGN, governments and WHO must give high priority to the collection of such data and to planning for the future needs of nursing services. Leadership in interdisciplinary cooperation in health care delivery must be developed, notably through the sharing of appropriate student learning experiences among health professionals in respect of community health, care for the elderly, prevention of HIV infection, etc.

IGN's good working relationship with WHO was expected to continue, and the Council would provide assistance in that matter once WHO had set goals for making nursing services more effective in the delivery of health services.

Mr BAIL (Australia) said that his country was not experiencing problems posed by the poor working conditions of nurses, largely because of the industrial bargaining power of the profession and the recognition that nursing had in the past been discriminated
against as a female profession. Accordingly, nursing education was being converted from a hospital-based system into an accredited diploma/degree course in the tertiary education sector; midwifery was to be offered as a postgraduate course. Most states and territories in Australia had a senior nursing adviser providing input into government discussions on nursing policy. Nursing research was being developed and a national workshop had been convened to discuss appropriate goals and strategies.

Australia recognized that more resources had to be allocated to health-promotion and disease-prevention strategies and that there was scope for the extension of the role of nursing in many areas of health care, including midwifery.

Dr HENRY (United States of America) was particularly gratified that the report recognized that nurses represented a critical resource in any government's strategy for achieving the goal of health for all. Many of the conditions and situations reported for various countries or regions were fairly widespread and applicable to almost every country, including the United States, so that the sharing of information among countries would be useful. A key problem stemmed from the need to prepare nurses to assume leadership roles in nursing and health care organizations, which, in turn, could play a helpful part by emphasizing the importance of the nurse's role in decision-making regarding patient care and by adopting staffing patterns utilizing the education, competence and experience of registered nurses. In implementing the proposed programme budget for 1990-1991, WHO must pay due attention to support for national efforts aimed at alleviating such problems.

In order to cope with the shortage of nurses in her country, a Commission on Nursing had been established to work out a plan of remedial action. The Commission had recommended 16 actions and 81 strategies, and its report, which was available on request, had been submitted to the WHO Nursing unit.

Finally, her delegation would be pleased to cosponsor the draft resolution on strengthening nursing and midwifery in support of health-for-all strategies, mentioned by the delegates of the United Kingdom and Canada, and would invite all delegations to support it.

Dr LU Rushan (China) endorsed the views expressed in paragraph 6 of document A42/6, and stressed the importance of human resources in the implementation of health for all. Obviously, nurses and midwives had a very important role to play in that connection. In China, however, serious difficulties had arisen, as described in paragraph 10 of the document, because of the concentration of trained nursing personnel in urban areas, with the main emphasis on curative medicine, whereas most rural areas were served only by village doctors. Changes were therefore needed if nurses were to play an appropriate role in health services.

Part IV of the report, concerning WHO's role, was also commendable. With regard to paragraphs 12 and 13, the problem posed by nurses migrating from developing to developed countries was caused by the low salaries that they were paid in the former, an issue which must be addressed. It was hoped that WHO would play a more active part in leadership and coordination in that respect.

Mrs BOROTHO (Lesotho) expressed her strong support for the work planned under the programme, since human resources were the key to ensuring the effective functioning of National Health Systems. With reference to paragraph 40 of the programme statement indicating the support to be given to regulatory bodies to enable them to support training and practice appropriate to health-for-all through primary health care, especially in relation to nursing and midwifery personnel, the work WHO was doing in collaboration with the International Council of Nurses and other agencies was noted with appreciation. The Director-General was particularly commended on his report.

Nurses and midwives had a very important role to play in attaining the goal of health-for-all by the year 2000. Without wishing to minimize the importance of other categories of health worker and the need to support them, she considered that nurses and midwives had the greater role to play both in terms of numbers and in time spent on, and in proximity to patients or the community in delivering health services, especially as part of health-for-all.
There was an urgent need to concentrate on action to implement decisions taken at previous discussions on the strengthening of nursing and midwifery services. She therefore urged the Organization to pay special attention to the development of the leadership capabilities of nurses and midwives and to enhance the status of the profession so that it could respond to its expanding role. Factors adversely affecting the nursing profession should be countered as a matter of urgency. University training for nurses should be supported. In Lesotho, efforts had been initiated to collaborate with the local university to that end. It was important to ensure that nursing remained a challenging and attractive profession by keeping pace with developments. WHO, in keeping with its traditions, should take the lead in strengthening nursing and midwifery globally, regionally and nationally as indicated and requested by other speakers. She commended the Regional Director for Africa for the work that was being done and urged him to ensure a speedy follow-up to the recommendations made.

Lesotho would endorse and would wish to cosponsor the resolution on strengthening nursing and midwifery in support of health-for-all strategies mentioned by previous speakers.

WHO should support Member States in developing manpower capabilities in order to achieve balance in the composition of health manpower in primary health care and to plan effectively for its development.

Dr IVANOV (Union of Soviet Socialist Republics) said that he agreed with the high priority given by the Director-General to the programme, since it was a question of training manpower for the next century. Many complex problems had, of course, still to be overcome, as described in the document. The proposed targets seemed very sound, calling, for instance, for a shift in emphasis from quantity to quality in the training of personnel, an improvement in training methods and curricula not only in the medical but also in the social field.

He recalled the recommendation contained in resolution EB71.6 that systematic evaluations should be made of WHO's health manpower development programme. Although that approach had not, unfortunately, become part of the normal WHO procedure, he believed that that important resolution should be implemented since the results of such evaluations would be useful both to CIOMS and WHO.

Notwithstanding the high priority accorded to the programme, the budgetary allocations for it had decreased by 7.1%. It would therefore be necessary to seek extrabudgetary resources.

With regard to international cooperation, he considered that the Edinburgh Declaration emerging from the 1988 World Conference on Medical Education contained a number of useful recommendations for WHO. The Alma-Ata Declaration should also be borne in mind, as it referred to the need to take social aspects into account in the training of health personnel. The real challenge was to implement those declarations.

The crucial question of the changing role of health personnel was clearly addressed in document A42/6, which recommended a number of useful measures for enhancing that role. A new approach was fully justified and deserved every support. There was certainly a need for an international approach and for increased coordination by WHO, as the problem was shared by many countries, as well as for collaboration between WHO, Member States, the regional offices and nongovernmental organizations in determining policy and taking measures for the training of middle-level personnel. It was high time that practical solutions were found.

His Government attached high priority to the training of nurses and midwives, which included a primary health care component. A training manual and teaching materials were being produced. Teachers were making good use of WHO documentation, particularly concerning primary health care. It was also proposed to carry out studies with a view to improving the work of teams of doctors and nurses and involving nurses in health planning. Associations of middle-level personnel would enable them to be drawn in to a greater extent in research on various aspects of nursing. What was important was to instill a spirit of leadership in nursing professionals. In conclusion, his delegation wished to emphasize the importance of the measures proposed in the Director-General's report with regard to the training and further training of nurses and midwives so as to enable them to realize their full potential and improve the quality of preventive care.
Dr VARET (France) said she agreed with the Soviet delegation that the budgetary allocation was insufficient for such an important programme. She hoped the necessary extrabudgetary resources could be obtained, and that a full evaluation would be made of the training and fellowship activities. She believed that better role definition and quality assurance in training would bring better working and living conditions for nurses. WHO could also help in developing global data banks.

She commended the report. With regard to basic training, reforms were proceeding very slowly, and some of the objectives were not properly defined - particularly with regard to public health, epidemiology, teaching management and even its methods, and research. She stressed the importance of action-oriented sectoral training provided as part of continuing education, facilitating access to training and allocating specific funds for the purpose.

WHO had given valuable support in organizing the Vienna Conference for which 43 meetings of nursing leaders had been held in France, with over 5000 participants. In France, a national committee of nurses had been set up to study the possibilities for upgrading the profession generally and introducing components of primary health care and public health into nursing education. That work had also been of value in improving training methods. Her delegation would support the draft resolution as one of its sponsors.

3. DESIGNATION OF AN ADDITIONAL VICE-CHAIRMAN OF COMMITTEE A AD INTERIM (Rule 37 of the said Rules of Procedure)

The CHAIRMAN said that as he was obliged to be absent from Geneva for a short time and the Vice-Chairman was not available, he proposed that Professor Borgoño be designated as Vice-Chairman ad interim under Rule 37 of the Rules of Procedure.

It was so agreed.

Professor Borgoño took the Chair.


The CHAIRMAN invited the Committee to consider the draft resolution on the second report on monitoring progress on implementing strategies for health for all, recommended by the Executive Board in resolution EB83.R11, taking account of the amendment proposed during the discussion.

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, read out the text of the amendment to operative paragraph 4(2), proposed by the United States delegation. The subparagraph, as amended, would read: "to assist Member States, in view of the problems posed for developing countries by the international burden of debt and economic pressures, to develop the capacity to undertake economic analyses that can support improved resource allocation for the health sector; where appropriate, organizations with competence in economic research should be encouraged to cooperate in this assistance to Member States".

The draft resolution recommended by the Executive Board in resolution EB83.R11, as amended, was approved.
5. PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1990-1991 (ARTICLES 18(f) AND 55): Item 18 of the Agenda (Documents PB/90-91 and EB83/1989/REC/1, Part II) (resumed)

PROGRAMME POLICY MATTERS: Item 18.2 of the Agenda (Documents PB/90-91 and EB83/1989/REC/1, Part I, resolutions EB83.R20 and EB83.R21 and Annex 9; Part II, Chapter II and document A42/INF.DOC./1) (resumed)

Health system infrastructure (Appropriation Section 2; Documents PB/90-91, pages 94-137; EB83/1989/REC/1, Part I, resolutions EB83.R20 and EB83.R21 and Annex 9 (resumed)

Health system development (programme 3) (document PB/90-91, pages 94-116) (continued)
Organization of health systems based on primary health care (programme 4) (document PB/90-91, pages 117-123) (continued)

The CHAIRMAN invited the Committee to consider the draft resolution on strengthening technical and economic support to countries facing serious economic constraints, recommended by the Executive Board in resolution EB83.R21.

The draft resolution recommended by the Executive Board in resolution EB83.R21 was approved.

The CHAIRMAN invited the Committee to consider the draft resolution on support to countries in rationalizing the financing of health care services, recommended by the Executive Board in resolution EB83.R20, taking account of the amendments proposed during the earlier discussion.

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, read out a proposed new text for operative paragraph 2(1), which would now read: "to undertake economic analyses in support of improved resource allocation for the health sector; and to assist countries, in view of the problems posed by the international burden of debt and other economic pressures, to develop the capacity to undertake economic analyses that can support improved resource allocation for the health sector; where appropriate, organizations with competence in economic research should be encouraged to cooperate in these activities;" 

The draft resolution recommended by the Executive Board in resolution EB83.R20, as amended, was approved.

Development of human resources for health (programme 5) (documents PB/90-91, pages 124-130, and A42/6 (resumed)

Ms WARNER (New Zealand) commended the Director-General on his report on the role of nursing and midwifery personnel in the Strategy for health for all (document A42/6), which documented key issues and concerns of nursing. New Zealand recognized the contributions nurses made to the implementation of primary health care strategies: health systems based on primary health care could certainly not function effectively without properly trained nursing/midwifery personnel, and the role of the nurse could well be expanded. Accordingly, New Zealand had allocated resources to nursing work force planning and development, which were essential if the country was to recruit and retain sufficient nurses with the necessary preparation to enable them to function at all levels of the health sector. The Government had also allocated funds to help promote new initiatives in primary health care. As part of that strategy, independent nurse practitioner systems had been set up, and the expanded role of nursing, together with various other initiatives, were being evaluated.

New Zealand would wish to be added to the list of cosponsors to the draft resolution on strengthening the role of nursing and midwifery personnel in the strategy for health for all, announced by the delegate of the United Kingdom and already supported by other delegations.
Dr IRANI (Jordan) understood from the proposed programme budget that extrabudgetary resources would suffice to offset reductions at the regional and country levels in the Eastern Mediterranean which had clearly been hit the hardest by budgetary cuts. The programme statement emphasized the importance of health manpower in guaranteeing the smooth functioning of health delivery systems, and indeed, some 60%-70% of the budget was allocated to the costs of health workers. Incentives of all kinds must be provided to attract health workers to primary health care activities. In his country, a start had already been made in respect of physicians, and it was now possible to graduate from medical school with specialized qualifications in primary health care.

Jordan would welcome the implementation - under WHO's auspices - of a joint programme, with a national as well as an international component, for training primary health care specialists. Countries certainly had their own tasks to accomplish, but an international element must be present alongside national efforts. That would be in keeping with the constitutional provisions of the Organization on the improvement of teaching and training in the health, medical and related professions, and with the stand taken by the Executive Board concerning the rationalization of the use of fellowships.

Finally, he specifically endorsed paragraph 13 of the programme statement.

Dr VONIATIS (Cyprus) commended the Director-General's report (document A42/6). In Cyprus, in response to resolution WHA36.11, nursing curricula had been reoriented towards the concept of primary health care; the acute shortage of nurses had been tackled by providing a postgraduate course in management for nurse leaders and a system of continuing education, with a view to increasing the efficiency and effectiveness of existing personnel; and intensified recruitment campaigns had been initiated and intersectoral collaboration fostered, particularly with the Ministries of Education and Labour, with the aim of recruiting suitable applicants into the nursing profession. Efforts had been made to improve the working and living conditions of midwives, with the enactment of appropriate laws and regulations. He would fully support the draft resolution on nursing and midwifery announced by the United Kingdom.

Mrs RAVN (Denmark) found the Director-General's report to be excellent, realistic, and in some respects disturbing. The situation analysis called attention to the seriousness of the problems relating to the recruitment, utilization and working conditions of nursing staff, to the need for remedial or preventive action. The tendencies mentioned were also seen in Denmark; she could therefore fully support WHO's objectives and targets for nursing and nursing personnel. She would warmly endorse the promised draft resolution on the subject.

It was axiomatic that an effective health system was dependent on appropriate numbers of properly qualified nursing staff. That was taken into account at all levels of decision-making in Denmark, where planning and quality control as regards the recruitment and utilization of personnel had recently been undergoing considerable change as a result of decentralization of health care management and of institutions for nursing education to the regional level. Educational reforms based on the new planning and management criteria and also on current demographic and economic realities were under way. As the Director-General's report pointed out, the development and maintenance of generalist competence was a prerequisite for the creation of an effective nursing workforce. Indeed, over the years, the Member States of the European Economic Community had agreed on generalist competence as the appropriate level of qualification required to provide skilled, flexible and motivated nursing staff.

The European Conference on Nursing convened by WHO in Vienna in 1988 had been a most welcome event, and had stimulated the participating authorities and nurses to a greater commitment to the mobilization of nurses and nursing personnel in the health care system and in the health-for-all movement.

Dr VAN ETTEN (Netherlands) joined in welcoming the Director-General's report, endorsing the view that the nursing profession constituted one of the cornerstones of primary health care. That being so, there was a need, inter alia, for a reorientation of nursing and midwifery training to health for all, and for improvement in the quality of nursing and midwifery practice. WHO collaborating centres could play an important role in that connection. He was prepared to cosponsor the draft resolution that was to be
tabled on the strengthening of nursing and midwifery in support of health-for-all strategies. Medical education should be reoriented to reflect the health needs of the population, with more emphasis on public health. It was encouraging to observe that in the past year ministerial conferences had been organized on the subject in all WHO regions. An extensive dialogue was called for with the appropriate representatives of the universities, governments and nongovernmental institutions, in order to devise a policy framework for health personnel development supportive of health for all. He therefore supported the Director-General’s initiatives in that direction.

Dr SOHAIL (Pakistan) commended the Director-General on his comprehensive report and endorsed the objectives and targets of the proposed programme budget in the area of human resource development.

The elitist nature of undergraduate medical training in many countries, including his own, made it difficult to deploy physicians in rural and inaccessible areas. In Pakistan, however, the medical education curricula were being reoriented in the direction of public health and primary health care. Departments of community medicine were being strengthened and upgraded, and new medical colleges and teaching departments were to be established in district hospitals located in rural areas.

Although some progress had been made in training traditional birth attendants, much remained to be done and their functions remained limited. Nevertheless, there had been some improvement in prenatal and postnatal care as a result of training and employing such workers.

Aware of the problems in human resource development, Pakistan was currently developing a democratic and community-supportive primary health care programme based on village health workers and village health committees. It was hoped that, over the next 11 years 75 000 women village health workers would be trained - at the subdistrict and district levels - in a variety of fields, including family planning, nutrition, immunization and other primary health care activities, as well as the dispensing of medicines and other supplies to resolve minor health problems.

Strong middle management, and information systems for proper monitoring and evaluation of the programme were called for. A health services academy had been established to train medical and non-medical administrators and managers. A national school of public health, with provincial branches would be developed during the coming decade. WHO and other international donors could be helpful in supporting those activities.

It was clear from the Director-General’s report that Pakistan was not alone in having failed to make the best use of nursing in implementing health-for-all strategies. The report also supported Pakistan’s contention that without the assistance of well-trained and committed nursing personnel, it would not be possible to obtain the goal of health for all through primary health care. Realization of that need and a commitment to expand nursing and paramedical forces accordingly, were reflected in Pakistan’s national health policy, which gave priority to the development of professional nurses.

A community-oriented nurse, being an equal member of a health team consisting of a nurse, community health physician, health visitor, village or community health workers and auxiliary workers such as health technicians and traditional birth attendants, functioned very differently to one providing bedside care. In consultation with the communities they served, such teams promoted health, prevented disease and provided appropriate curative care, the role of the nurses being to implement, supervise, instruct, monitor and assist in the management of the services provided.

Pakistan’s national health policy provided for decentralization of health care management. There would be district and local health councils, and nurses would share management leadership at both levels. To that end, the curriculum of basic nursing education would need to be revised to include leadership and management skills as well as primary health care. In reorienting nursing in Pakistan towards primary health care, the following priorities had been recognized: (1) immediate initiation of in-service training to upgrade the skills of practising nurses; (2) institution of technical and specialty training in, inter alia, teaching skills, skills in communication and group processes; management and team administration; early diagnosis and treatment of common disorders; care of patients in their homes; and monitoring through management information systems; (3) advanced degree courses at masters and doctoral levels to
provide leadership in education, supportive supervision and management and administration; (4) creation of posts within the health system for community health nurses; and (5) support for nurses, with the help of WHO and ICN to analyse, restructure and reorient nursing for primary health care, to enable them to play a constructive part in the political process necessary for those changes.

His delegation would wish to be considered as a cosponsor of the announced draft resolution on the strengthening of nursing and midwifery in support of health-for-all strategies.

Dr MAGANU (Botswana) observed that the contents of the proposed programme budget highlighted the importance of developing human resources for health, as had the introductory statement by the representative of the Executive Board.

Welcoming the Director-General's report (document A42/6), he said that no one could dispute the pivotal role that nurses and midwives played in health care delivery systems, whether in developed or developing countries. Although the report was well written, the situation analysis was based on observations made in countries that could not, in his delegation's view, be regarded as representative, and contained generalizations which clearly showed that it should have been based on a larger number of countries. There were, moreover, statements in the report which, in his view, would promote confrontation rather than a constructive approach, especially as regards the relationship between physicians and nurses. Paragraphs 42, 45, 51, 52 and 81 contained remarks which did not apply to Botswana or other countries in the same part of Africa, and which did not augur well for a harmonious relationship between the different health professions. The Health Assembly was not the forum for improving the image of one profession at the expense of another, and such an improvement should not be achieved by casting aspersions on the intentions or behaviour of physicians.

As indicated in paragraph 71 of the Director-General's report, Botswana had recently abolished the post of Chief Nursing Officer. However, that had been done with the hope of opening up all policy-making and other senior posts to nurses; most of the senior professional posts in the Ministry were now occupied by officers with nursing as a professional background.

His delegation endorsed the proposals outlined in the Director-General's report, and would support any resolution designed to secure the recognition and strengthening of the role of nursing and midwifery personnel in the delivery of primary health care - an objective which accorded with the established policy of his Government, and was being pursued with determination.

Dr MIRCHEVA (Bulgaria) acknowledged the important role of nursing and midwifery personnel in the Global Strategy, and agreed with the main lines of the proposed programme in that area. Her delegation endorsed the views expressed by those of the Soviet Union and France regarding the need to seek supplementary resources for the programme.

Nursing and midwifery were priority issues in Bulgaria. Midwives and paediatric nurses received polyvalent training that enabled them to work either in an institutional setting or at the first level of health care. Feldshers underwent a 3-year training course qualifying them to work independently in a front-line position, primarily in rural areas, in the provision of first aid and emergency health care and in medical units at factories and schools.

Despite the excellent preparation given to middle-grade health care personnel and the optimum conditions for their work at all levels of the health care system, some of the problems analysed in document A42/6 were to be found in Bulgaria, as elsewhere. There was a tendency towards disparagement of the nursing profession. Nursing candidates often lacked clear motivation. An exodus of personnel from the profession had been observed in recent years, and their conversion into executive assistants to senior medical staff was a common phenomenon.

To ensure the fulfillment of the tasks outlined in the Bulgarian health care strategy, the country was planning to focus its energies on the following goals: improvement of the qualifications of middle-grade personnel and the consequent development of new specifications, study plans and programmes; updating of certain regulations in order to extend the rights and responsibilities of such personnel as
regards independent labour; facilitation of the acquisition of higher learning in the fields of epidemiology, geriatrics, social service, hygiene and health education; and encouragement of scientific research by middle-grade health workers.

In conclusion, she stated that the first national working group on nursing would be organized, with WHO's assistance, in late May 1989 in Sofia.

Professor LEOWSKI (Poland), stressing the importance of the issue under discussion, endorsed the proposed programme for the development of human resources for health, and commended the Director-General on his report. Despite the fact that the results of the planned activities would not be seen until after the year 2000, there was still much that could be done over the coming few years to improve the current situation. The activities proposed, designed to result in a reorientation of the conventional training of all health personnel, were therefore most welcome, particularly those planned for the Regional Office for Europe.

Highlighting only one of the many issues involved, he stressed the importance of continuing education for all types of health personnel. There was a danger that, despite recent advances in medical science and technology, health personnel trained 10-20 years earlier might continue to practise their professions with a conventional approach and might resist changes. There was, consequently, a need for a network of skilled managers who would be able to influence training policies and strategies. WHO's involvement in that field was most welcome.

Poland was in the process of formulating a detailed programme of activities along the lines presented in the Director-General's report, for its nurses, who numbered more than 220,000 with the aim, inter alia of keeping them in the profession and of attracting new candidates to overcome the current shortage.

He would support the draft resolution outlined by the delegate of the United Kingdom.

Mrs KADANDARA (Zimbabwe) commended the Director-General on his report, which highlighted the problems being faced by many Member States, including her own. Ministries of health were continually trying to find ways and means of retaining adequate nursing staff for their health services.

The vital role that nurses were playing and were expected to play in primary health care had been discussed at the Health Assembly for some years now. However, those fruitful discussions had not been followed by concrete activities on the part of Member States or WHO in terms of providing adequate financial backing to help in nurse training and in providing additional remuneration. Improving conditions of service had been an uphill struggle. In Zimbabwe, as in similar countries, nurses were the only health professionals represented at all levels of the health care delivery system. They had been a stable group for many years, and thus had gained the necessary clinical experience and the trust of the communities they served.

It was encouraging to note in the programme statement for programme 5 (Development of human resources for health) (document PB/90-91, page 125, paragraph 16) that mechanisms would be promoted to ensure coordination between health care services and health and medical training institutions, in order to derive the fullest benefit. However, coordination alone, without plans to adequately improve conditions of service for nurses, would not stop large numbers leaving the profession in many Member States. Management of the health sector was becoming more complex owing to diminishing resources. Planning, training and deployment strategies could appear very attractive on paper but, in reality, the numbers completing nurse training were lower than expected, and deployment was becoming more difficult.

The tasks to be performed by nurses had multiplied year by year, yet there appeared to be little attempt, in developing new programmes, to determine whether sufficient personnel would be available to implement, monitor and evaluate them. Nurses were expected to fill the gap, and no thought was given as to whether they were able or adequately prepared to manage programmes and to cope with the increasing demands. The time had come for Member States and WHO to examine budgets allocated to nursing departments, to determine whether they were adequate. In many instances, no allocations were made for ongoing educational programmes, especially in leadership training for the complex area of health management. At the provincial and district levels, nurses were
frequently the only professional group available and were expected to perform not only the extended duties of their own profession but also often those of other professions, such as physicians, pharmacists, radiographers, physiotherapists, laboratory technicians, nutritionists, etc., where they were lacking. It was hardly surprising that, as highlighted in the report, many nurses were currently leaving the profession.

WHO should support the advancement of nursing by providing adequate budgets for nurse education at the regional level and by strengthening its nursing units at regional and headquarters levels so that maximum support could be given by regional offices to Member States. Realistic manpower policies were needed. The goal of health for all would be more difficult to achieve if nurses continued to be misused and frustrated. What plans had been made to strengthen the units concerned with nursing at regional and headquarters levels, which had been given insufficient support in the past? WHO should ensure that sufficient nursing personnel were available at the regional level to review nurse training and practices, to support research and to provide support for Member States.

Her delegation wished to be included as a sponsor of the draft resolution that was to be submitted on the strengthening of nursing and midwifery in support of health-for-all strategies.

Dr FURUICHI (Japan) said that the Government of Japan placed great emphasis on WHO's programme for development of human resources and was therefore concerned that the allocations outlined in the proposed programme budget (document PB/90-91, page 130) showed only marginal growth, and in fact represented a decrease in real terms. While supporting the proposed programme budget, he urged WHO to look for further ways to make the best use of the limited resources.

The emphasis placed by many delegates on policy development that took account of economic realities was most encouraging. Paragraph 47 of the Director-General's report on the work of WHO in 1988 (document A42/3) mentioned his Government's assistance in launching a programme to promote the analysis of policies, which should be regarded not as an additional activity but as an integral part of the development of balanced human resources at the country level. The Secretariat should therefore strive to integrate existing programmes, such as health manpower planning, health manpower management, and educational development, as far as possible at the implementation stage. There might also be opportunities for an integrated approach on an even larger scale, since the activities of programme 4, Organization of health systems based on primary health care, were closely related to human resources development. He was sure that every effort would be made to ensure good coordination within WHO.

Mrs MATANDA (Zambia) commending the report's analysis of the situation in nursing, said that nurses in her country had played a leading part in stimulating intersectoral action to promote health for all - a point she wished to make in connection with programme 4. That trend had been gaining momentum; Zambia hoped the lessons that had been learned from it would be applied in other areas, and that the Director-General would mobilize additional extrabudgetary resources for programme 4, because the organization of health systems based on primary health care was an important stepping-stone to health for all.

In regard to programme 5, it was true that in some countries, legislation which prevented nursing and midwifery personnel from making their full contribution to primary health care was being reviewed, and nursing training was being updated to improve its quality and relevance. However, there were still many obstacles to a proper diversification of learning experience in the developing countries, some of which had been described in the report. Some countries had clearly identified in their development plans the quality and quantity of health manpower that they would need within the plan period, and had given due emphasis to the development of high-level nursing and midwifery personnel, but in the end the translation of policy into practice depended on financing. While there was now greater recognition of the role nurses and midwives could play in spearheading primary health care strategies, and while nurses were doing everything possible to fill the gaps in their training, the status of nurses was still not commensurate with their skills or with their responsibilities. Even in countries in which nurses and midwives had attained a high level of leadership, they still lacked incentives, favourable conditions of service, and an attractive working environment.
The imbalance in the distribution of nursing staff between urban and rural areas was due to a number of factors; in some countries, for example, nursing personnel were given low priority in the allocation of housing. Her delegation had noted with satisfaction that WHO would be continuing to develop strategies to enhance the development of human resources for health, and was sure that it would not fail to focus on the needs of nursing and midwifery personnel. Unless that vital resource was given practical recognition, the "brain drain" in some countries would continue, at the expense of health-for-all strategies.

The time was long overdue for enhancing the contribution made by nursing and midwifery personnel to primary health care at country, regional and global levels. She hoped that WHO would play a leading role in that endeavour, and urged the Director-General to consider what global and regional strategies would be required to augment initiatives being taken at country level to strengthen educational programmes, research capabilities, and leadership skills. She welcomed the guidance and leadership given to countries by the International Council of Nurses, as well as the support given by the Council to the development of local initiatives.

Her delegation would be pleased to co-sponsor the proposed draft resolution.

Mrs SASSI (Italy) said that the unfortunate situation described in part II of the report also obtained in her country. Nurses and midwives were pressing for entrance requirements to nursing and midwifery training schools to be made equivalent to university entrance requirements. She was pleased to state that Italy's Minister of Health had recently undertaken to give his support to the recommendations made at the European Conference on Nursing held in Vienna in June 1988.

Her delegation would welcome a strengthening of nursing units at headquarters and particularly, at regional level. Member States might consider establishing national nursing and midwifery offices at central, regional and district level, and WHO, in cooperation with national nurses' institutions, should set up a special committee for research into nursing and midwifery.

She was grateful to the Director-General and to the Regional Office for Europe for the extensive support given to the Italian nurses' and midwives' professional association in organizing forums for the discussion of the issues raised at the Vienna Conference. Finally she suggested that WHO should institute a World Nurses and Midwives Day which would help to promote a better media image of those two professions, and thus encourage more young people to enter them. Without increased numbers of nurses and midwives, it would be impossible to achieve the objectives of health for all.

Mrs BROPLEH (Liberia) suggested that WHO should support research to determine the relationship between nursing and affordable and accessible health. Supporting the suggestions made by the delegate of Zimbabwe, she requested that the regional and subregional structures be strengthened in order to meet the needs of the Region. She further suggested that a conference be convened to analyse the contribution made by nursing and midwifery personnel to primary health care, in order to determine where the focus should be directed in the future. Such a conference would help to sensitize nurses in regard to their role in strategies for the attainment of health for all by the year 2000.

Dr CHIMIMBA (Malawi) fully endorsed the comments made by earlier speakers, particularly the delegates of Pakistan and Zimbabwe, on the important role played by nurses and midwives in the achievement of health-for-all objectives. He also supported the view expressed by the Director-General, and endorsed by the Executive Board, that the development of human resources for health was the corner-stone of health for all.

His country had had to draw on an already small pool of nursing personnel in order to find staff who could be retrained to play an expanded role in primary health care. He therefore urged WHO to lay greater emphasis on basic training, in order to increase the numbers of practising nurses, and also to continue its efforts to raise the status of the profession so that more candidates would be attracted to it. It was important that the Assembly should give formal recognition to the Edinburgh Declaration on Medical Education, and his delegation would be submitting a draft resolution to that effect which he hoped would obtain wide support.
He was pleased to co-sponsor the draft resolution which was to be submitted by the delegation of the United Kingdom.

Dr ESPINOSA-FERRANDO (Nicaragua) said that, in his country, nurses had played a fundamental role in implementing primary health care strategies. Midwives, too, had been given training that would enable them to be integrated into the national health system, so that there was now a proper link between the first and second levels of health care. Centres for training nurses and nursing auxiliaries had been set up in all regions of the country, and they provided training in public health. Almost all the health programmes being carried out in Nicaragua involved the participation of nurses in the decision-making process. His delegation supported all initiatives aimed at strengthening the role of nursing personnel, and believed that in the future that role would continue to increase.

Dr OJEDA VILLALBA (Paraguay) noted that paragraphs 57 to 60 of the report, in particular, referred to a number of shortcomings in the training of nurses with a view to the achievement of health for all. Mention should also have been made of the deficiencies in the training of both nurses and doctors, especially those working in remote rural areas, on the strategy and methodology for obtaining community participation in primary health care. There was a need to increase both the training and the awareness of nursing personnel and of the community itself, especially if the community was to participate in identifying needs, fixing priorities and planning, implementing and monitoring health programmes.

WHO and other bodies should support human resources development programmes that included strategies and methodologies for obtaining the full participation of the community, especially, and as a matter of priority, in rural areas.

Dr MONEKOSO (Regional Director for Africa) said as part of the follow-up to the Edinburgh Declaration on Medical Education, a meeting of ministers of health and of education in the African Region was to be convened in Nigeria in early July 1989 at the invitation of the Government. It was planned at that meeting to develop cooperation between the education ministries, which were responsible for medical education, and the health ministries, which were the major consumers of medical manpower. It was hoped that solutions would be found for some of the current problems in the area of medical education. Viewed as a parallel to the Declaration of Alma-Ata, the Edinburgh Declaration was expected to do for medical education what the latter had done for health care. In earlier years there had been an attempt to revolutionize medical education in Africa and adapt it to local conditions. Those efforts had not succeeded, largely because the health profession in Africa had still been looking towards European models, which at that time were still operating on traditional lines. The present worldwide trends towards change would now provide a more propitious atmosphere for changes in medical education in Africa.

The question of nursing and midwifery personnel was a most important one. Many speakers had commented pertinently on the subject, on which action was now required. The African Region had established a number of midwifery and nursing task forces in countries, as well as a regional task force, with the objective of remobilizing and revitalizing the nursing and midwifery profession in the countries of the Region, where many nurses and midwives had been leaving the profession for other, more lucrative work calling for lower qualifications and less effort. Support from bilateral and other agencies would be welcomed for the national task forces. WHO subregional nursing officers had been appointed in addition to Regional Office staff. Furthermore, WHO had also looked upon nursing as providing one of the opportunities open to women in the Region for reaching leadership positions in WHO. Post-basic nursing institutions were being strengthened in Luanda, Yaoundé and Dakar, but financing such work was difficult given the limited regional budget. WHO collaborating centres for nursing development were also being established. There were many opportunities for achieving leadership positions within the nursing area; WHO believed that with the identification, promotion and financing of such positions, nurses would be encouraged to continue to play the essential role they were called upon to fulfil in work towards health for all.
6. FIRST REPORT OF COMMITTEE A (Document A42/33)

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, read out the draft first report of the Committee.

The report was adopted.

The meeting rose at 12h50.