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SEVENTH PLENARY MEETING Tuesday <u>15 July 1969</u> at 2.30 p.m. War Memorial Auditorium Boston, Massachusetts	SEPTIEME SEANCE PLENIERE Mardi <u>15 juillet 1969</u> à 14 h.30 War Memorial Auditorium Boston, Massachusetts	СЕДЬМОЕ ПЛЕНАРНОЕ ЗАСЕДАНИЕ Вторник <u>15 июля 1969 года</u> 14 часов 30 минут Мемориальный зал Памяти Участников Войны Востон, Массачусетс	SEPTIMA SESION PLENARIA Martes <u>15 de julio de 1969</u> a las 14,30 horas War Memorial Auditorium Boston, Massachusetts

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1. STATEMENT BY THE DELEGATION OF IRAQ

DECLARATION DE LA DELEGATION DE L'IRAK

ЗАЯВЛЕНИЕ ДЕЛЕГАЦИИ ИРАКА

DECLARACION DE LA DELEGACION DE IRAK

The PRESIDENT: The Assembly is called to order. I give the floor to the delegate of Iraq.

Mr ADNAN RAOUF (Iraq): Mr President, thank you very much for giving me the floor on a point of order.

It is with great regret that I have to bring to your attention a very serious incident, the victims of which were three members of the delegation of Iraq to the Twenty-second World Health Assembly. Last night, three members of the Iraqi delegation were subjected to a dastardly physical attack by six individuals in a broad street of Boston, full of pedestrians. Without any provocation or apparent motives, the hoodlums set upon their violent attack on the Iraqi delegates, and beat them mercilessly. Strangely enough, during the whole time of the attack, which took about several minutes, no policeman showed up, in spite of the noise the attack caused. The three members sustained some bruises and contusions, apart from the obvious and understandable shock they suffered.

Mr President, without prejudging the issue, the delegation of Iraq has a strong feeling, supported by various circumstantial and other evidence, that the incident was a premeditated attack, perpetrated by thugs, but instigated by others, for motives which definitely have political overtones. Not least of this evidence is the frightening letter received by the head of the delegation last week. For this reason, it is obvious that the objective was to cause bodily harm to any member of the Iraqi delegation who may happen to expose himself to such an attack. Consequently, no member of the Iraqi delegation would feel immune from such dastardly acts of violence.

Mr President, without impugning in any way the arrangements of the Organization to have the Assembly proceed in a peaceful manner, it is obvious to the Iraqi delegation that the security measures taken by the city's authorities and the host government are not at all adequate or satisfactory. It is the collective feeling of the Iraqi delegation that the attack was perpetrated not only to cause its members physical harm, but also to render their effective participation in the Assembly difficult, if not impossible. If bodily harm is not sufficient, the mental strain would accomplish this result. Accordingly, Mr President, the Iraqi delegation wishes to place on record through you its protest in the strongest possible terms to the city authorities and to the host government. Again, without prejudging the issue, it is the firm conviction of the Iraqi delegation that the authorities here are incapable of ensuring the safety of members of delegations. On behalf of the Iraqi delegation I feel, therefore, that it would be futile to continue our participation in the Assembly's activities. Accordingly, I deeply regret to inform you, Mr President and members of the Assembly, that the entire Iraqi delegation is withdrawing forthwith from the Assembly. If the responsible authorities, however, have any plausible explanation of this grave incident, or they are in a position to give the Organization any account of the results of their investigations, I should be very grateful to Your Excellency if you would be good enough to convey them to my government.

While the Iraqi delegation, Mr President, regrets that this incident has made it imperative for it to arrive at this decision, I trust you will appreciate its motives. We regret that it is no longer possible for us to continue our participation in the Assembly, but this does not prevent us from wishing the Assembly the success we all desire for it.

Finally, Mr President, I would like to assure you and our distinguished Director-General, and all the members of the staff of the Organization who have worked so hard and diligently to bring the meeting to a successful conclusion, of our deep appreciation and gratitude for all the assistance the Iraqi delegation has received.

The PRESIDENT: Thank you. I recognize the delegate of the United States of America.

Mr ALLEN (United States of America): Thank you, Mr President. My delegation wishes to advise this Assembly that this morning, upon learning of the unfortunate circumstance which occurred last evening, my delegation called upon the distinguished delegation of Iraq and expressed, as we again do here, on behalf of the authorities of our delegation and of the Government of the United States, our profound regret that this unfortunate incident occurred. We can understand the feelings of the Iraq delegation, but we offered, and would continue to offer, all additional possible protection so that they might feel secure and safe.

I should also inform the Assembly that, upon learning of this unfortunate incident last evening, the police authorities immediately took over. The delegates were taken to the hospital and taken care of. The police have begun their investigation and are pursuing it assiduously. So far, there has been no information of evidence produced that there were a political motivation behind this unfortunate attack. The initial information indicates that the motive was simply one of robbery and that it was, as the distinguished representative said, a small bunch of teen-aged hoodlums: unfortunately, this occurs in a number of large cities throughout the world. So we do not have evidence of any political motivation. The police are continuing their investigation and are doing everything possible to apprehend the criminals and to bring them to justice. They will continue to do so. I will, of course, assure the distinguished representative of Iraq that whatever information we obtain as a result of the investigation will be made available to them.

I repeat, Mr President, as we advised the Iraqi delegation this morning, we are deeply regret this unfortunate incident, and we also very deeply regret the decision of the delegation of Iraq to withdraw from the Assembly, since we feel they have made and continue to make a very important contribution to our deliberations.

The PRESIDENT: Thank you.

2. SECOND REPORT OF THE COMMITTEE ON CREDENTIALS

DEUXIEME RAPPORT DE LA COMMISSION DE VERIFICATION DES POUVOIRS

ВТОРОЙ ДОКЛАД КОМИТЕТА ПО ПРОВЕРКЕ ПОЛНОМОЧИЙ

SEGUNDO INFORME DE LA COMISION DE CREDENCIALES

The PRESIDENT: The item on the agenda before us is the second report of the Committee on Credentials, and I invite the Rapporteur of the Committee, Dr De Coninck, to come to the rostrum and read out the report as contained in document A22/10, which has just been distributed.

Dr DE CONINCK (Belgique), Rapporteur de la Commission de Vérification des Pouvoirs :
Monsieur le Président, j'ai l'honneur de vous présenter le deuxième rapport de la Commission de Vérification des Pouvoirs.

La Commission de Vérification des Pouvoirs s'est réunie le 15 juillet 1969 sous la présidence du Dr Karl Evang (Norvège).

La Commission a examiné les pouvoirs du Dahomey, de la Guyane, du Liban et du Yémen et les a trouvés en bonne et due forme. Elle propose donc à l'Assemblée d'en reconnaître la validité.

La Commission a examiné les notifications reçues du Lesotho et de la République Dominicaine qui, bien que donnant la composition de leur délégation, ne peuvent être considérés comme constituant des pouvoirs officiels conformément aux dispositions du Règlement intérieur. La Commission recommande à l'Assemblée de la Santé de reconnaître provisoirement à ces délégations le plein droit de participer à ses travaux en attendant l'arrivée des pouvoirs officiels.

The PRESIDENT: Thank you, Dr de Coninck. Are there any comments? In the absence of any comments, I take it that the Assembly is willing to adopt the second report of the Committee on Credentials. It is therefore so decided. I want to thank the Rapporteur for his report.

3. ADDITION OF SUPPLEMENTARY ITEMS TO THE AGENDA

INSCRIPTION DE POINTS SUPPLEMENTAIRES A L'ORDRE DU JOUR

ДОБАВЛЕНИЕ ДОПОЛНИТЕЛЬНЫХ ПУНКТОВ К ПОРЯДКУ ДНЯ

INSCRIPCION DE PUNTOS SUPLEMENTARIOS EN EL ORDEN DEL DIA

The PRESIDENT: I wish now to inform the Assembly that the Director-General received, on 9 and 11 July respectively that is, within the time-limit provided for in Rule 12 of the Rules of Procedure two requests for the addition of supplementary items to the agenda of the Assembly, as follows: a letter from the Minister of Public Health of Afghanistan concerning the inclusion of Afghanistan in the Eastern Mediterranean Region and, second, a communication from the delegation of Guinea proposing the addition of the item "Situation regarding the possibilities for the acceptance of amendments to the Constitution of WHO". The relevant document is A22/1 Add.2, which was distributed this afternoon. The General Committee, at its meeting on Monday, decided to recommend to the Assembly that these items be added to its agenda and allocated to the Committee on Administration, Finance and Legal Matters. Is the Assembly willing to accept the recommendations of the General Committee? Do I hear any objections? In the absence of objections, then, it is so ordered. We shall add there items to our agenda and refer them to the Committee on Administration, Finance and Legal Matters.

4. FIRST REPORT OF THE COMMITTEE ON ADMINISTRATION, FINANCE AND LEGAL MATTERS

PREMIER RAPPORT DE LA COMMISSION DES QUESTIONS ADMINISTRATIVES, FINANCIERES ET JURIDIQUES

ПЕРВЫЙ ДОКЛАД КОМИТЕТА ПО АДМИНИСТРАТИВНЫМ, ФИНАНСОВЫМ И ЮРИДИЧЕСКИМ ВОПРОСАМ

PRIMER INFORME DE LA COMISION DE ASUNTOS ADMINISTRATIVOS, FINANCIEROS Y JURIDICOS

The PRESIDENT: We now come to the consideration of the first report of the Committee on Administration, Finance and Legal Matters, as contained in document A22/11. This report was not distributed twenty-four hours in advance of this plenary meeting and, therefore, in accordance with Rule 52 of the Rules of Procedure, it will be read aloud. I invite the Chairman of the Committee on Administration, Finance and Legal Matters to come to the rostrum and read his report.

Dr STREET (Jamaica), Chairman of the Committee on Administration, Finance and Legal Matters: Mr President, in the absence of our Rapporteur, I have the honour to read the first report of the Committee on Administration, Finance and Legal Affairs.

The Committee on Administration, Finance and Legal Matters held its first, second and third meetings on 10 and 14 July 1969. On the proposal of the Committee on Nominations, Mr Y. Saito (Japan) was elected Vice-Chairman, and Dr M. Ibrahim (Iraq), Rapporteur.

It was decided to recommend to the Twenty-second World Health Assembly the adoption of the attached resolutions relating to the following agenda items: 3.15, Salaries and allowances: ungraded categories of posts. Dr Street read the resolution on "Salaries and allowances: ungraded categories of posts".

The PRESIDENT: Does the Assembly agree to adopt the first resolution entitled, "Salaries and allowances: ungraded categories of posts", just read by Dr Street? Do I see any objections? In absence of any objections, the resolution is adopted. Proceed, Dr Street.

Dr STREET: Thank you, Mr President. The next agenda item, 3.13.2: Status of collection of annual contributions and advances to the Working Capital Fund. Dr Street read the resolution on "Status of collection of annual contributions and of advances to the Working Capital Fund".

The PRESIDENT: Does the Assembly agree to adopt the second resolution, entitled "Status of collection of annual contributions and of advances to the Working Capital Fund", just read by Dr Street? In the absence of any objection, the resolution is adopted.

We now must adopt the report as a whole. Are there any objections to the adoption of the report as a whole? Without objection, then, the report is adopted. Thank you very much, Dr Street.

Dr Sallam, Vice-President, has kindly accepted to replace me for the rest of the afternoon, and I am very grateful to him. Before leaving, however, I should like to inform you that, on the suggestion of the Chairman of the Committee on Programme and Budget, the General Committee agreed that the Sub-Committee on International Quarantine meet this afternoon at the same time as the general discussion on items 1.9 and 1.10 is resumed in plenary. Therefore, the Sub-Committee on International Quarantine will meet in a few minutes in the Grand Ballroom, on the second floor of the Sheraton-Boston Hotel. Dr Sallam will now take the chair.

Dr Sallam (United Arab Republic), Vice-President, took the presidential chair.

Le Dr Sallam (République Arabe Unie), Vice-Président, assume la présidence.

Д-р Саллам (Объединенная Арабская Республика), вице-председатель, занимает председательское место

El Dr Sallam (República Arabe Unida), Vicepresidente, ocupa la Presidencia.

The ACTING PRESIDENT: Delegates, before taking the next item on our agenda, I should like to say how much I appreciate the honour you have done to my country in electing me as Vice-President of this Assembly. May I thank you very warmly in the name of my country and in the name of the delegation of the United Arab Republic to the Twenty-second World Health Assembly.

5. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD AND THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1968 (continued)

DISCUSSION GENERALE DES RAPPORTS DU CONSEIL EXECUTIF ET DU RAPPORT DU DIRECTEUR GENERAL SUR L'ACTIVITE DE L'OMS EN 1968 (suite)

ОБЩАЯ ДИСКУССИЯ ПО ДОКЛАДАМ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА И ОТЧЕТУ ГЕНЕРАЛЬНОГО ДИРЕКТОРА О РАБОТЕ ВОЗ В 1968 Г. (продолжение)

DEBATE GENERAL SOBRE LOS INFORMES DEL CONSEJO EJECUTIVO Y EL INFORME DEL DIRECTOR GENERAL SOBRE LAS ACTIVIDADES DE LA OMS EN 1968 (continuación)

The ACTING PRESIDENT: We now continue the general discussion on items 1.9 and 1.10, and I give the floor to the first speaker on my list: the delegate of Bulgaria.

Д-р ИГНАТОВ (Болгарская Народная Республика): Уважаемый господин председатель, дамы и господа. От имени болгарской делегации позвольте поздравить Вас, господин председатель, ваших заместителей и других должностных лиц Ассамблеи с избранием на ответственные посты и пожелать успехов в работе.

С большим интересом мы изучили доклад Генерального директора о работе ВОЗ в 1968 г., который детально освещает и оценивает различные виды деятельности Организации. Мы благодарим Генерального директора г-на Кандау и его сотрудников за выполненную работу. Можно лишь согласиться с пожеланием доклада Генерального директора о том, что успех любой медицинской программы зависит от наличия и состояния основных служб здравоохранения данной страны, от количества и подготовки медицинских кадров. Силы, средства и кадры Всемирной организации здравоохранения, какими бы крупными и компетентными они ни были, не могут решить сами ни одного вопроса в данной стране без хорошо организованных национальных служб здравоохранения. Мы всегда подчеркивали первостепенное значение этого вопроса и считали, что одной из основных задач нашей Организации должно быть содействие ряду стран в создании собственных медицинских кадров и организации национальных служб здравоохранения. Как пример в этом отношении можно указать на большие успехи в борьбе с малярией, и не только с малярией, в Республике Куба, которые обусловлены прежде всего стройной государственной организацией здравоохранения и наличием национальных кадров.

Более чем 20-летний опыт нашей Организации и результаты выполнения некоторых долгосрочных программ позволяют подвести итоги и наметить новые формы эффективной деятельности. Несмотря на определенные успехи работы ВОЗ в странах, результаты этой деятельности еще не такие, каких мы все ожидали. Как показывают дискуссии в Исполнительном комитете ВОЗ и также на предыдущих сессиях Ассамблеи и на ее настоящей сессии, наступило время всестороннего пересмотра стратегии и тактики ВОЗ. Для успеха таких важных программ, как ликвидация оспы, подготовка кадров, борьба с сердечно-сосудистыми заболеваниями и других, необходимо более всестороннее изучать итоги и методы деятельности Организации, изыскивать новые формы, использовать положительный опыт. Именно опыт ряда стран подчеркивает первостепенное значение успешного решения проблем охраны и улучшения здоровья, планирования на государственной основе, привлечения населения и общественных организаций, использования достижений науки, систематического и эффективного контроля за исполнением, четко налаженных отчетности и информации, а также осуществления в широком аспекте профилактических мер.

Указанные и другие принципы нашли полное выражение в моей стране, где создана государственная система здравоохранения, развивающаяся в соответствии с потребностями населения, по народнохозяйственным планам, составляемым на один год и на пять лет. В основном решена задача создания кадров здравоохранения. Теперь у нас главные усилия направлены на дальнейшее усовершенствования кадров и улучшение качества медицинской помощи, а также на приведение структуры и форм деятельности служб здравоохранения в соответствие с развивающейся экономикой

страны и меняющимся характером патологии населения. Перед нами встают новые задачи как последствия нужд технического прогресса: охрана воздуха, воды и почвы от промышленных загрязнений, рациональное научнообоснованное питание населения, борьба с сердечно-сосудистыми заболеваниями, злокачественными новообразованиями и травматизмом. По-прежнему большое внимание уделяется и государственной охране материнства и детства, усовершенствованию специализированных служб здравоохранения и др.

Мы считаем, что во Всемирной организации здравоохранения серьезно и хорошо поставлен вопрос о борьбе с сердечно-сосудистыми заболеваниями, что важно для многих стран мира. Деятельность ВОЗ в этом отношении активизируется, особенно за последние годы. Программа охватывает главным образом ишемические заболевания сердца, эпидемиологию, возможности предупреждения ранней смертности, реабилитацию, профилактику ишемических заболеваний, подготовку кадров специалистов и другие вопросы. Очень полезным оказалось тесное сотрудничество и согласование деятельности в этой области с программой и деятельностью других международных специализированных неправительственных организаций. Наша страна активно участвует в этой программе, предоставляя своих экспертов. Столица Болгарии София была предложена как центр, в котором можно было бы проводить курсы на русском языке по реабилитации больных с сердечно-сосудистыми заболеваниями.

Относительно бюджета: мы считаем, что его дальнейшее увеличение должно базироваться на всестороннем изучении потребностей при максимальном использовании сил и средств Организации, имея в виду рост национального дохода в каждой стране. В этом отношении мы вполне разделяем высказанные здесь мысли и соображения ряда руководителей делегаций.

Пользуясь случаем, высказываю благодарность сотрудникам Европейского регионального Бюро ВОЗ и его директору д-ру Каприо за полезное сотрудничество, которым мы пользовались в прошлом году при проведении в нашей стране 18-й сессии Европейского регионального комитета ВОЗ, а также при проведении ряда других общих мероприятий, и особенно при выполнении проекта по оказанию помощи в создании объединенного санитарно-гигиенического института в Софии.

Позвольте мне, как и раньше, выразить наше твердое желание увидеть на деле применение принципа универсальности ВОЗ, чтобы всем желающим этого странам была предоставлена возможность вступить в члены Организации и внести свой вклад в борьбу за лучшее здоровье народов. В этом отношении достижения такой передовой в экономическом отношении страны, как Германская Демократическая Республика, известной своей развитой системой здравоохранения, принесли бы большую пользу для Организации и стран-членов. Корейская Народно-Демократическая Республика и Демократическая Республика Вьетнам также должны войти в нашу семью.

Разрешите мне, господин председатель, присоединиться к выступлениям представителей некоторых стран, которые выразили свое большое беспокойство в связи с агрессией во Вьетнаме и на Ближнем Востоке. Это создает напряжение в мире, уносит большие человеческие жертвы и является полной дисгармонией с гуманными целями, которым служит ВОЗ, — здоровьем и счастьем человечества.

The ACTING PRESIDENT: Thank you, Dr Ignatov. Now I give the floor to the delegate of Niger.

M. ISSA IBRAHIM (Niger) : Monsieur le Président, Monsieur le Directeur général, honorables délégués, Mesdames, Mesdemoiselles, Messieurs, vous me permettrez de m'associer à l'hommage mérité rendu par les délégués qui m'ont précédé au Dr Stewart, que je félicite pour son élection à l'unanimité à la présidence de cette Vingt-Deuxième Assemblée mondiale de la Santé. Ainsi, il est certain que nos débats, dirigés avec compétence, clairvoyance et autorité, déboucheront sur des conclusions réalistes et efficaces. A l'éminent représentant du grand pays ami qui nous reçoit aujourd'hui, je profite de l'occasion qui m'est offerte pour dire notre gratitude et notre satisfaction pour la qualité et la chaleur de l'accueil à nous réservé par cette belle et remarquable cité de Boston. Je félicite les vice-présidents - et je note en passant, avec satisfaction, que notre assemblée est féministe à 20 % - certain qu'ils secondent notre président de tout le poids de leur riche expérience. Je voudrais rendre encore un hommage mérité au bureau sortant ainsi qu'à son président, le Professeur Aujaleu, dont nous ne sommes pas prêts d'oublier, même s'il appartient au passé, la maestria teintée d'humour souriant avec laquelle il a mené à bonne fin les débats de la Vingt et Unième Assemblée mondiale de la Santé.

Au Dr Candau et à tous ses collaborateurs de l'Organisation mondiale de la Santé, j'adresse les vives félicitations et les remerciements de mon pays pour leurs magnifiques et incessantes actions humanitaires dans la lutte contre la maladie. Je renouvelle au Dr Alfred Quenum nos chaleureuses félicitations ainsi que l'assurance de notre reconnaissance, car il a été dynamique, réaliste, efficace cette année encore face aux problèmes nombreux et aigus touchant la Région africaine. Son représentant au Niger ainsi que tout le personnel OMS qui s'y trouve oeuvrent à l'exemple d'un aussi remarquable Directeur régional.

Monsieur le Président, honorables délégués, le Directeur général nous a présenté pour 1968 un Rapport précis, clair et net. Ce rapport qui insiste sur le renforcement des services sanitaires à tous les échelons, principal objectif de tous les projets soutenus par l'OMS, nous y souscrivons sans réserve.

Nous nous inquiétons toutefois de relever pour 1970 les termes "accroissement dans une modeste mesure des activités relatives à la recherche médicale et des services assurés par le Siège et les bureaux régionaux". Nous souhaitons que la générosité des Etats Membres, suivant les recommandations du Conseil exécutif, donne à notre dévoué Directeur général, dans les années à venir, l'occasion, en supprimant ce terme de "modeste", de pouvoir écrire que la situation économique et sociale des pays en voie de développement a cessé d'être critique.

Evoquant les principaux points du Rapport du Directeur général, je dirai qu'au Niger, actuellement, après avoir fait notre bilan sanitaire, nous sommes en train d'élaborer pour les quatre années à venir un programme de politique générale de santé publique. Beaucoup a été fait, grâce en particulier à l'Organisation mondiale de la Santé :

- formation depuis 1965 de près de 25 % du personnel paramédical en service;
- plus de 3 millions de vaccinations antivarioliques effectuées avec l'aide de l'Agency for International Development des Etats-Unis d'Amérique et du FAC, ce qui a réduit le nombre de cas à moins de 10 cette année;
- plus de 500 000 vaccinations antirougeoleuses réalisées toujours avec la même assistance;
- plus de 400 000 vaccinations BCG, élaboration d'un programme de lutte antituberculeuse, intégré au sein des services de santé de base, et début de sa mise en application il y a trois mois;
- développement en cours des services d'hygiène et d'assainissement;
- enquêtes sur le paludisme, l'onchocercose et les tréponématoses;
- réorganisation en cours des services de protection maternelle et infantile et des services sociaux, etc.

Nous sommes conscients des résultats acquis. Mais le bilan que nous avons fait ne nous a évidemment pas caché, je dirai même qu'il nous a révélé la forêt épaisse et épineuse des problèmes médico-sociaux qui se posent encore à mon pays. Dans la programmation quadriennale que nous sommes en train de mettre au point, nous avons décidé de continuer à donner la priorité à la médecine de masse, mettant l'accent sur la protection et l'éducation sanitaires qui restent la priorité de nos services de santé. Nous continuerons de faire une place importante à la médecine mobile car notre pays est vaste - 1 267 000 km² -, la population disséminée en plus de 8000 villes et villages, l'infrastructure sanitaire de base très insuffisante encore jusqu'à la réalisation de l'important programme de construction obtenu du Fonds européen de Développement. Nous avons commencé à mettre en place des équipes de santé dans les villages, comportant des secouristes, des hygiénistes, de petites pharmacies.

Nous allons encore améliorer la qualité du personnel paramédical que nous formons et en augmenter le nombre, grâce au remaniement du programme et à l'extension des bâtiments actuels de l'école nationale d'infirmières. Enfin, il nous faudra renforcer l'équipement sanitaire déjà existant; 60 médecins, 500 infirmiers, 2000 lits, 5 équipes mobiles, une planification réaliste ne pourront suffire pour nous permettre de vaincre des maladies qui sévissent encore chez nous et qui n'existent plus ou presque plus dans d'autres pays plus développés, telles que paludisme, rougeole, onchocercose, trachome, tuberculose, bilharziose, avitaminose, etc.

Le concours précieux de l'OMS nous est acquis, nous le savons et nous l'en remercions vivement. Nous l'avons dit : beaucoup a été fait, et beaucoup plus encore sera fait si se poursuivent, encore plus généreusement, les assistances techniques et financières des pays amis, France en particulier, Etats-Unis d'Amérique et République fédérale d'Allemagne. Parmi les organisations internationales qui nous apportent leur vigoureux et appréciable soutien, je remercierai encore le Fonds international de Secours à l'Enfance, le Programme des Nations Unies pour le Développement, la FAO. La coordination et la complémentarité de toutes ces aides a été exemplaire, je me plais à le souligner ici.

L'application de découvertes nouvelles en technologie pour satisfaire les besoins de santé des populations a été le thème de nos fécondes discussions techniques. J'en espère une prise de conscience encore plus aiguë des responsabilités médico-sociales des pays techniquement plus avancés qui connaissent le poids souvent déterminant des hommes, du savoir et des capitaux lorsqu'il s'agit de vaincre la maladie et son triste contexte socio-économique.

J'adresse pour terminer mes vives félicitations à l'île Maurice, nouveau Membre de plein droit de notre Organisation.

The ACTING PRESIDENT: Thank you Mr Issa Ibrahim. I now give the floor to the delegate of Thailand.

Dr PHONG-AKSARA (Thailand): Mr President, honourable delegates, ladies and gentlemen, on behalf of the delegation of Thailand it gives me great pleasure to associate myself with previous speakers in expressing to you, Mr President, our warmest congratulations on your unanimous election to the presidency of the Twenty-Second World Health Assembly. My delegation is confident that under your able leadership and guidance the deliberations of this Assembly will be brought to a successful and fruitful conclusion. Our congratulations are also extended to the Vice-Presidents and to the Chairmen of the two main committees on their election to the high offices of this conference. I should also like to congratulate the Director-General, Dr Candau, and his staff on the praiseworthy activities of the World Health Organization. I also wish to thank the Government of the United States of America for its generosity in acting as host to the Assembly. Our delegation is very grateful to the Commonwealth of Massachusetts and the city of Boston for the hospitality accorded to us.

I would like to take this opportunity to present some information on the progress made in my country during the past year. I hope that my presentation may benefit fellow delegates facing similar problems in their respective countries.

Although smallpox and plague were considered as serious health menaces in the history of Thailand, they are becoming now a thing of the past. I am happy to place on record again that, since 1952, Thailand has been free from plague and we have not seen a single case of smallpox since 1962. Yaws is also no longer a health problem and has been virtually wiped out from previously highly infected areas. But despite all these successes we cannot be complacent; we have to keep watch for any resurgence of these diseases. We have to be alert and on the lookout against events in the region. The plague control units stationed in three provinces have been busy throughout the year with their assignments. For smallpox,

a vaccination programme is maintained, and with the help of the WHO Regional Office, we will conduct a scar survey in the near future to determine the level of immunity in the population. As regards yaws, the control activities have been turned over to the rural health services, and our surveillance teams have been keeping vigilant guard over potential foci of infection. A strong epidemiological unit will be set up in the Ministry in the near future to deal promptly and efficiently with outbreaks of contagious diseases.

I am also pleased to report to this distinguished gathering that, early this year, an inter-country border meeting was held in the southern part of Thailand between the Thai and Malaysian health authorities. The first meeting was held in 1959 and was confined to discussions on malaria problems, but later the meetings embraced all other health concerns. The inter-country border meeting is an important venue for the exchange of information on common health problems along the border. It promotes better understanding and co-ordination in the prevention and control of various communicable diseases. I would therefore welcome similar meetings with other neighbouring countries.

On the gloomy side of the story, Mr President, I wish to report that cholera is now sporadic in several provinces. It has reached epidemic proportions in Ubon, a province in the north-east. There have already been 123 confirmed cases since the middle of May up to the end of June 1969. Of these confirmed cases, one death has been reported. The infectious agent is El Tor vibrio, Inaba serotype.

The malaria eradication programme in Thailand, in spite of its achievements in alleviating suffering and bringing down deaths from the dreadful disease which has so much hampered the economic development of the country, has suffered administrative, technical and financial setbacks. But the most serious problem we are facing is the withdrawal of the external assistance on which the success of the programme so much depends. The bilateral aid will be discontinued in 1970, about a year from now, although it was originally scheduled to end in 1972.

I have given you an account of the situation of some of the communicable diseases which are the major causes of disabilities and deaths in Thailand. Permit me, Mr President, to correlate this unhappy situation with the global attempt to reduce the human birth-rate. Although excessive birth-rate is detrimental to the economic growth of a country, one should not forget our sacred duty to bring down the mortality rate and should not directly or indirectly utilize mortality in coping with the problem of population explosion. Our effort to curb the population growth should not in any way dilute our long and continued devotion to lower the death-rate of our population.

In conclusion, Mr President, I bring to the World Health Organization the grateful thanks of my Government and its hope that the Twenty-Second World Health Assembly will be most productive and successful.

The ACTING PRESIDENT: Thank you, Dr. Phong-Aksara. I now give the floor to the delegate of the United Kingdom.

Sir GEORGE GODBER (United Kingdom of Great Britain and Northern Ireland): Mr President, fellow delegates, we are doubly indebted to the United States of America and the Commonwealth of Massachusetts for our welcome here and the opportunity of having Dr. Stewart as our President. My delegation sees even greater reason to congratulate the Assembly rather than Dr Stewart on his election, and we extend our congratulations also to you and your colleagues on their election.

The Director-General's report is once more a credit to Dr Candau and his colleagues. Its range is remarkable, and I regret that so few people will see it. We, here, know the

value of WHO to all our countries, but far too few of our professional colleagues at home do so. I do hope that this report is brought to the notice of medical journals of all countries. WHO publications receive far too little attention in the medical press of the world, to which they have a very great deal to give, and I hope the Director-General will find ways of remedying this. It is really rather ironical that iatrogenic disease, in closed, artificial communities of experimental animals, should appear so often to be of greater interest to members of our profession than the less accurately reported morbidity of their fellow men.

From so much information I will mention only a very few points. There is to be an epidemiological study in Europe, but otherwise I looked in vain for comment on the most common single avoidable cause of death in Britain. Deaths from coronary thrombosis in younger men, chronic bronchitis in middle and later ages, cancer of the lung, especially in men, are all substantially the result of cigarette smoking - and number more than fifty thousand a year in Britain. Yet the report omits mention under any of these heads - just as we sit together here with no rule against smoking in our committee meetings, and ashtrays in front of us, although this year we are in the country which is currently most active in health education on this subject. Is it not high time for WHO, by precept and example, to try to reduce the cigarette menace? Could we take a new line and say "pipe or cigar only"? Perhaps the airlines of the world would reverse their present nonsensical policy on this. I know all too well that the odour is offensive, but I will put up with that for the sake of the smoker's health.

There is a reference in Chapter 3 of the Report to cytology for early diagnosis of cancer of the cervix, which goes too far the other way. The implication of the description of this method as a "very reliable tool" goes too far if it means that at any age a positive smear is evidence of early malignancy. The excellent WHO monograph mentioned in this section makes the point very clearly: the method is valuable, but fallible at early ages.

This same chapter shows very clearly the value of the Organization's contribution to the study of the diseases of developed countries, but communicable diseases remain the great menace to health for most of the world's population, and Dr Candau referred to malaria as still the greatest cause of incapacity. We have done much to control some communicable diseases, but the very odd behaviour of influenza during 1968/69, and the way in which the prevalence of certain antibiotic resistant strains of staphylococcus has varied, both emphasize our present inability to make that control complete by medical activity alone.

Chapter 7 reminds us again of the bad effects of the drift of population into towns unless those towns are fit to receive them. The benefits that we reap now in developed countries - somebody reminded us that we should always refer to developing countries because none of us is fully developed - from the investment our forbears, made in a sanitary environment, have incalculable benefits; there will be no safety for the cities of other countries until they have been enabled to do the same.

Finally I will recall the remark of Sir Max Rosenheim in his address to the Regional Committee for Europe last September, that we could make great advances in the next twenty years merely by applying what we already know. I support what is said in Chapter 8 about the need to develop better statistical services, but we also need to use much more thoroughly what we already collect. Statistics are not an end in themselves: they should be used. I would like to refer to one such use which will come before us later when we consider the Director-General's very useful report on the fluoridation of water for the prevention of dental caries. On Wednesday last we published a report of a British study. One town treated its water for five years, and confirmed the general experience that this procedure reduces the incidence of dental caries in five-year-olds by more than half. The town council then

reversed its decision, and in the next five years it has successfully shown that the amount of dental caries can be doubled by lowering the fluoride content of water. Such a bizarre experiment in human biology could not have been undertaken by any informed professional man - but we must see that others are informed, and I hope the Assembly will do that.

Mr President, I do not denigrate the Director-General's report but congratulate him on it. He provokes us to fresh thought and that is what the best reports are for.

The ACTING PRESIDENT: Thank you, Sir George Godber. I now give the floor to the delegate of Kenya.

Mr OTIENDE (Kenya): Mr President, on behalf of the delegation of the Republic of Kenya, I wish to congratulate you on your election. I would also like to congratulate the Director-General on his excellent Annual Report. I would like to take this opportunity also, Mr. President, to thank our very able Regional Director for the African Region, Dr Alfred Quenum, for the efficient manner in which he has executed his duties. My delegation is very grateful for his guidance and advice.

Mr President, I wish to say a few words in regard to WHO activities in my country, Kenya. The Kenya Government is grateful for the continued assistance it has received from both WHO and UNICEF in the form of equipment for the rural water supply. This assistance has provided a protected water supply from wells and from springs. Since last year, a few more piped water projects have been carried out, with the provision of excreta disposal systems in a number of schools and markets. This form of assistance has proved a great success, and it is felt that it should continue with the participation of my Government.

I am pleased to report that the country-wide BCG vaccination campaign has progressed satisfactorily and that the study in the Muranga pilot area is continuing; and there is evidence to show that integration of tuberculosis control into the health services of the country is practicable. The nutrition survey and control of deficiency diseases has established the place of malnutrition in relation to health, and my Government has undertaken the training of auxiliary personnel to work in the field under the supervision of nutritionists and teach mothers about food preparation and the feeding of children and adults. The development of basic health services has been maintained in rural areas, both by upgrading existing dispensaries and by erecting new health centres. These services have been strengthened by more trained personnel to cope with the increased demand for health services. Considerable integration of health centre services with maternal and child health care has recently been started, and family planning has been introduced into the programme.

The training of paramedical personnel to man these services has been stepped up in order to provide more staff for improving and expanding basic health services. The post-basic nursing education, which started in September 1968 with eleven students, is progressing well. This training is designed to prepare nurse tutors, nurse administrators, public health nurses and psychiatric nurse teachers. The course takes two years and on completion, the candidates are awarded diplomas by the University College of Nairobi. My Government is grateful for the assistance WHO has given to this training by providing two WHO nurse educators. We are hoping that a third nurse educator will be forthcoming soon.

The new medical school in Nairobi started officially on 1 July 1967 with an intake of twenty-eight students. Last year there was an intake of forty-four students, and the present intake is seventy-five students. My Government wishes to thank WHO for offering the services of two consultants, thus enabling us to establish a medical school in so short a time. With the assistance of teaching staff from Glasgow, McGill and Padua Universities we were able to

go ahead with the teaching of undergraduates. The present shortage of doctors in Kenya has compelled my Government to establish a medical school, and it is reckoned that an output of one hundred doctors will be the minimum necessary to man our existing health services.

The national health planning study has been undertaken and my Government is awaiting the final report on the planning of the further development of health services.

My Government is grateful for the advice of two WHO consultants and for the measures considered necessary to prevent the recurrence of bilharzia, trypanosomiasis and malaria in the project for reclamation of agricultural land in the Yala swamp. Local personnel are carrying out spraying and other preventive measures.

The planning of a smallpox eradication programme in Kenya is nearing completion, and the vaccination campaign will be starting soon. Following the appointment of an epidemiologist attached to the Ministry of Health, a system of surveillance will be developed.

Concerning the research on human and animal trypanosomiasis eradication in western Kenya, the FAO team has already visited the area in order to acquaint itself with the problems on the ground. It is hoped that this plan will be widened so that the whole area can be assessed for economic, social, human and animal potentiality under a harmonized plan for coping with problems now facing the area.

A WHO team has also surveyed water supply and sewage systems for both Nairobi and Kisumu. Nairobi has already increased its water capacity in order to cope with future demands. Through the assistance of WHO, an engineer from our capital city has proceeded overseas for post-graduate training in sanitary engineering.

A study on community water supply has been undertaken for both urban and rural areas, and it is estimated that the scheme will cost 36 million Kenya pounds over the next planning period from 1969 to 1974.

Mr President, I would like to draw the attention of this Assembly to the shortage of trained medical personnel, who are needed in my country if we are to combat the public health problems now facing us. I would request further assistance from WHO in this very difficult area, since it will be many years before we have enough doctors to man even our present health services, which are in great demand.

The ACTING PRESIDENT: Thank you, Mr Otiende. Now I give the floor to the delegate of Western Samoa.

Mr LUAMANUVAE (Western Samoa): Mr President, allow me to extend to all the honourable and distinguished delegates and guests my warm greetings, and hearty congratulations to you, Sir, and to all the office-bearers of this noble Assembly and its various committees on their well-justified election.

I am highly appreciative and thankful for the honour bestowed upon me and my country by my election as Vice-President. It is my humble prayer to be worthy of serving this family of nations and mankind.

My gratitude is due to the people of the United States of America for their friendly gesture of being our host -- particularly in enabling us to share the beauty of this historical city of Boston and the Commonwealth of Massachusetts, which is one of the pioneers of scientific and public health institutions of the world.

Last week, our able Director-General, Dr Candau, presented a concise but complete review of World Health Organization activities for 1968. I join previous speakers in thanking him as well as the Chairman and members of the Executive Board.

I note with interest the progress made in the fight against communicable diseases, particularly tuberculosis, malaria and smallpox. Western Samoa, like other countries in the South Pacific, has always feared the introduction into our region of new viruses and vectors. I am pleased to note that the Committee on International Quarantine has taken into consideration these potential hazards, which modern means of travel may facilitate.

I wish to pay tribute to the great work of the WHO in our Western Pacific region under the efficient auspices of our Regional Director, Dr Francisco J. Dy.

In Western Samoa, favourable progress has been made in the numerous WHO and UNICEF-assisted projects. Yaws, once our biggest problem, is now a disease of the past, and its eradication is ensured. The tuberculosis incidence has shown a marked decrease, as only 38 new cases were registered this year; the BCG vaccination coverage has now reached the 86 per cent. mark. The filariasis pilot project, assisted by WHO and UNICEF and the Medical Research Council of New Zealand, is now in its assessment and follow-up phase. Blood surveys taken last year revealed a drop from 1.2 per cent. in 1967 to 0.7 per cent. Plans are being formulated for a second mass drug treatment pending the availability of drugs. Western Samoa was a host of a WHO and South Pacific seminar on filariasis, which was attended by many countries of the Region in August 1968.

The typhoid fever incidence dropped from 111 cases in 1968 to only eighteen this year. Our epidemiological service has been improved with the upgrading of our public health laboratory service and records system, which is being expanded to the rural districts.

Marked improvement has been made in our environmental sanitation, for which I wish to thank the United States Peace Corps volunteers and the New Zealand Voluntary Service Abroad, which also assisted actively in our maternal and child health service. The need for the immediate launching of family planning is realized, and assistance is now being sought from the United Nations Development Programme and the World Health Organization.

I wish to acknowledge and record with gratitude the considerable assistance given to my country by the World Health Organization and UNICEF, and by the Government and people of New Zealand, Australia and the United States of America, not only in terms of material assistance but also in opportunities accorded to us in our vigorous training programme for medical and paramedical personnel.

May the divine blessings of our Almighty God rest upon you, Sir, and every member of this humble but great organization.

The ACTING PRESIDENT: Thank you, Mr Luamanuvae and my congratulations on eradicating yaws. Now I give the floor to the delegate of the Republic of Korea.

Dr CHA (Republic of Korea): Mr President and distinguished fellow delegates, my delegation joins those who have already spoken in congratulating our new President and five Vice-Presidents on their election.

I should also like to congratulate Dr Candau and his staff on their work done during last year. We are deeply impressed by their excellent work.

I should like to avail myself of this opportunity to express my appreciation of the technical and material assistance offered by WHO and UNICEF to important public health programmes in the Republic, such as those for training of health personnel, maternal and child health, environmental sanitation, tuberculosis control, and leprosy control.

In this connexion, I should like to mention that the Government concluded an agreement with WHO in April 1969 to implement a five-year joint project, with an investment of 400 000 US dollars, and that the Japanese Encephalitis Research Institute has been established at the National Institute of Health. For this project, a specialist from the Japanese encephalitis research unit of WHO has been sent out, and two advisers are to be assigned shortly. In several countries of the Western Pacific Region (including my own) there have been seasonal epidemics, leaving in their wake many victims. I am hopeful that this project will help to solve the disquieting problem that has afflicted us in the past.

Of the major public health and social welfare policies of current importance in the Republic, the ones we are pursuing in the field of public health include protection of the productive labour force through disease control, expansion of measures of preventive medicine, and quality control of food and drugs. On the social welfare side, the promotion of social development, the satisfactory realization of child welfare, and the strengthening of labour functions are major fields emphasized by the Government.

The rapid economic development and the advancement of welfare administration inevitably call for the improvement and expansion of medical facilities, and the demand on the supply of medical personnel to man the facilities is consequently increasing.

As part of expanding the health network, the Government is currently carrying out the improvement and expansion of municipal and provincial hospitals and of private hospitals. It is planned to bring into existence modernized hospitals with a total bed capacity of 60 000 by 1986, at a cost of \$ 8000 to \$ 10 000 per bed, by raising the present ratio of fifty beds per 100 000 population to 200 beds. At the same time the public health centres and sub-centres are being improved and expanded. A plan is under way to build a health sub-centre in every town and county, to the number of 1341, to be completed in 1971 - the last year of the second five-year economic development plan.

The securing of personnel to staff such facilities is a crucial problem. The present ratio of physicians to population is 1:2300, and the plan is to improve the ratio to 1500 per physician by 1986. Likewise, the ratio for nurses is to be improved from the present 1:2500 to a ratio of 1:900 by the target year. Mass training of other paramedical personnel is required.

In my country, some twenty-six per cent. of the population benefit from water supply, all limited to urban areas, and people in the rural areas for the most part depend on wells for drinking-water. As this situation is closely related to the outbreaks of water-borne infectious diseases such as typhoid fever, the Government gives a high priority to extending water supply systems gradually, while developing wells that will provide safe water. The simple rural water supply systems are developed with Government budgets, or as part of the work relief programme. For this scheme, considerable demonstration supplies have been provided by UNICEF.

The Government is seeking foreign loans to finance the building of hospitals and the construction of simple rural water supplies, and I believe the projects fall within the range of sound investment, capable of earning repayments. I should like to take this opportunity of asking WHO to exert its good offices in helping to arrange long-term low-interest loans from the World Bank, or from other sources, for the many developing countries that can mobilize adequate domestic resources for medical and public health facilities. The Government of Denmark has recently agreed to offer a long-term no-interest loan amounting to 2.5 million dollars for the purchase of heavy equipment and medical equipment needed for modern hospitals. This sum will meet thirty per cent. of the total hospital construction costs.

The development of the food industry in my country has a relatively short history. In 1950 there was hardly any food-processing industry, but the nineteen-sixties have seen rapid progress, which is expected to quicken its pace in the 'seventies, when processed food will

be widely accepted by consumers. In anticipation of such a development, the Government is taking measures to ensure quality control and the sanitary management of food - in terms of nutritional value, manufacturing, storage, transport, and sales - by effecting, as a short-term measure, the rationalization of manufacturing processes with a view to promoting quality control, and as a long-term measure the control of storage, transport and sales to prevent deterioration in quality and nutritional value, or disease, as a result of mass consumption. Thus, as the food industry has been progressing, the administrative support which is encouraging it to become scientifically satisfactory has been developing and becoming more systematic.

The pharmaceutical industry in Korea has made great strides in recent years, reaching the international level both in quantity and quality. Before 1964, activities in the field of drug manufacturing were more or less limited to the preparation of bulk drugs imported from overseas, but since then the domestic production of raw materials has been developed and includes the large-scale production of antibiotics by culture, involving an integrated production process ranging from crude drug to finished drug. One important direction now being taken by Government authorities is towards the study of possible toxicity in drugs, and the protection of the public from the misuse and abuse of drugs, rather than confining itself merely to matters of the output and quality of drugs.

Rapid industrialization, accompanied by an increase of various industrial facilities, the migration to cities, and the organization of rural areas, have rapidly made the problem of public nuisances a socially important one. Adequate measures to cope with the problem are absolutely necessary for the health and hygiene of the people. Such public nuisances give rise to outbreaks of respiratory diseases, eye diseases, water-borne diseases and mental diseases, thereby posing a great menace to the over-all health of the nation. The danger of public nuisances is looming even larger year by year.

According to a survey conducted by the Ministry in the metropolitan area last year, dust and noise have reached an undesirable level. The Ministry plans to intensify its survey of the potential public health hazards and contamination in industrial and other problem areas, and in major rivers and streams, subsequently working out appropriate preventive measures.

I should now like to address myself to the problem of the high rate of population growth, which is among the major problems confronting us today. Every government has the obligation to work towards providing its people with adequate food, good health, suitable housing, literacy, full education, gainful employment, and adequate rest and recreation in order to improve living standards. The rapid increase of population constitutes an important obstacle to attaining such objectives.

In man's past history, the growth of population might have meant national power, a period of prosperity, and individual well-being. Today, however, there are many areas in which the rapid increase in numbers threatens a reduction in levels of living, and eventually reduces the health of the people.

Our Government from 1962 to 1968 invested \$ 9.6 million in the family planning programme, within the general context of maternal and child health, and the amount represented a significant portion of the total health expenditure. The rates of population growth have been decreasing year after year, standing at 2.7 per cent. in 1966, 2.4 per cent. in 1967 and 2.27 per cent. in 1968. Thus, on the basis of this trend, it is foreseen that the achievement of the target of 2.0 per cent. for 1971 will be easily achieved. It is planned to lower the rate to 1.2 per cent. by 1986, thereby keeping the level at forty-one million, as against the fifty million which it would otherwise reach.

I should like to recall that at the Eighteenth World Health Assembly, Member States expressed for the first time their interest in the problems of population and human reproduction, and that resolution WHA18.49 for the implementation of family planning was unanimously adopted by more than 110 Member States.

Since then, the health aspects of population dynamics have been taken up as a subject for discussion at every subsequent World Health Assembly, but the resolution is not so clear on certain important points as not to give rise to divergent interpretations. I for one am gratified that, in spite of such unfavourable conditions, WHO has carried out its task in this field admirably since then.

Family planning - or the health aspects of population dynamics - is a universal problem meriting serious study and action, but it is also a most pressing problem, particularly in the South-East Asia and Western Pacific Regions, which contain two-thirds of the world's population. I venture to urge that the Assembly should now explore again this important issue in order to take another step forward.

In conclusion, I should like to express our gratitude to WHO and UNICEF for the assistance extended to my country, and my deep appreciation to the Government and the people of the United States for acting as host to the Twenty-second World Health Assembly here in Boston. All of us gathered here in this large building, in a great country, should take this opportunity of recalling the spirit of WHO, and of promoting mutual understanding and international co-operation in the cause of enhancing world health. This will be at the same time a good way to return the kindness of the people of the United States in inviting the Health Assembly to Boston.¹

The ACTING PRESIDENT: Thank you, Dr Cha. I now give the floor to the delegate of Pakistan.

Dr HASAN (Pakistan): Ladies and gentlemen, on behalf of the Pakistan delegation, allow me, Mr. President, to congratulate you most sincerely on your well-deserved election to the presidency of the Twenty-second World Health Assembly. I am sure that your guidance and advice in the affairs of the Organization, with your rich experience and vast knowledge in international health, will be of great value in the furtherance of the objectives of the Organization. I also take the opportunity of congratulating the Vice-Presidents and the chairmen of the main committees on their election and wish them every success. I would be failing in my duty if I did not place on record our appreciation to the outgoing President for discharging his onerous duties in such a capable manner.

The Annual Report which the Director-General has placed before us is no doubt a highly thought-provoking and stimulating document. The concept of long-term planning and the need for strengthening the basic health facilities for the achievement of our health goals, as presented in the report, clearly indicate the maturity of the experience of the Organization in working out international health programmes and to this, I must say, our Director-General Dr Candau has made a great contribution.

Shortage of health manpower is a problem which all the countries of the world, especially the developing ones, are confronted with; and this problem, viewed in the context of the continued existence of the communicable diseases, despite eradication programmes, seems intractable. Adding to these difficulties is the fact of the emigration of technically trained personnel and professionals from their home countries to areas which are more lucrative to them. This era of international co-operation in the field of health where training programmes are concerned, which has on one hand provided highly trained personnel to needy countries, has also on the other hand resulted in a gradual movement of trained personnel to developed countries. It is gratifying to note that this organization is aware of the problem and has accordingly, very rightly, laid stress on the training programmes of health personnel - and that too, as far as possible in their home country, within the specific socio-economic environment of the country concerned.

¹ The above is the full text of the statement that Dr Cha delivered in a shortened form.

Reference has been made in the report to medical education in the Eastern Mediterranean Region to which my country belongs. We in Pakistan realized the importance of trained personnel quite a while ago and therefore started opening medical colleges. We now have thirteen medical colleges in both East and West Pakistan which are meeting our needs; and we are now entering upon a programme of internship which is expected to orientate our graduating doctors to our community life. The availability of teachers and trained administrators posed a problem for us for some time in meeting the needs of these colleges, but WHO and other aid-giving agencies came to our assistance by providing the required training to meet our initial needs. Realizing that our country should have her own training centres of post-graduate teaching, we managed to open two post-graduate medical centres, one in Karachi and the other in Dacca. We are grateful to the University of Indiana, which provided guidance in establishing our first post-graduate medical centre in Karachi. In the public health field we had one institution of post-graduate teaching at Lahore at the time of Independence, and we have now established another in Dacca which has started functioning. It will be appreciated therefore that we are proceeding on the lines emphasized by the Director-General in his report in so far as training of health personnel is concerned. We are also in a small manner helping some friends in the Eastern Mediterranean Region, by providing training facilities to their nationals in our medical institutions.

Before concluding, I wish to express my thanks to WHO and to the Regional Director, Dr Taba, whose able direction of the affairs of the Regional Office made a significant contribution in resolving our problems in the field of medical and public health planning. Mr President, before I finish I must place on record our appreciation of the wonderful hospitality provided by our host country and the meticulous care they are taking in making our stay enjoyable and our deliberations successful.

The ACTING PRESIDENT: Thank you, Dr Hasan. Now I give the floor to the delegate of Austria.

Dr BAUHOFER (Austria): Mr President, Director-General, distinguished delegates, ladies and gentlemen, on behalf of the Austrian delegation I should like first of all to congratulate you, Mr President, and also the Vice-Presidents and chairmen of the two main committees, on your election to these high offices of the World Health Assembly.

I would now like to refer to the Director-General's Report on the Work of the World Health Organization in 1968, which we have studied with great interest. On behalf of my country I wish to congratulate the Director-General, Dr Candau, on this excellent report and to thank him for directing this important work, which has such a major influence on all the national health services. Having returned to Vienna after five years of service in the World Health Organization as one of the regional health officers in the European Region, it is somewhat difficult for me to discuss special items of this report as I have been personally involved in this work till the end of last year.

However, I should like to underline a few projects in which Austria has a particular interest. But before doing so, let me say a few words in general. My Government greatly appreciates the work of the World Health Organization and we shall make all efforts to increase the dissemination of information concerning the work, the publications, and particularly the technical reports of the World Health Organization. A real understanding of how the World Health Organization works, what its goals are, where its possibilities and limits lie, contributes greatly to close bilateral co-operation where both the Organization and government are donors and receivers at the same time. I am fully aware that, from time to time, WHO officials return to their home countries to responsible positions, the opposite direction being however more common. Perhaps this two-way flow could be more systematically organized for the benefit of the Member States. As a result of my personal experience, I should like to put forward a practical proposal. There should be provision in all regional offices of the World Health Organization for the training of national senior or principal health officers holding high positions in the ministries of health of Member States. I visualize a kind of rotating traineeship for which the World Health Organization should provide one or two places exclusively restricted to this purpose.

Now let me turn to a few points of the programme of the World Health Organization in which Austria has a particular interest. One of our main problems of health services in Austria is still the lack of integration of preventive and curative services although, particularly in recent times, the organized medical profession has made great efforts to bridge this gap. The main obstacles, of course, are the lack of personnel in public health services and inadequate training in a modern concept of public health, due to the absence of schools of public health, and the lack of undergraduate training in social and preventive medicine, due to the absence of chairs of social and preventive medicine. Both problems are under discussion at present and I do hope that they will be overcome in the near future. I am happy to say that the Regional Office for Europe is giving every support possible in this respect. May I take this opportunity to thank the Regional Director, Dr Kaprio, and his staff for this assistance. Another burning issue is the situation of the general practitioner, particularly in rural areas; this is a common worldwide problem and not restricted to Austria. Therefore we are very much looking forward to the results of the forthcoming conference on the role of the primary physician, to be organized by the European Office of the World Health Organization next year.

As a result of the responsible regional health officers' recent visit to Austria, the University of Innsbruck joined in the WHO-sponsored collaborative study of the cardiovascular diseases. Cancer control is another point of great interest to Austria and we recently launched a great nationwide programme of early detection, concentrating on education of the public, promotion of screening programmes and exfoliative cytology services. Mention should be made of a modern law on cancer registration, which has been approved to strengthen our existing cancer control programmes.

This leads me to give a short account of the legal reforms we have made in Austria on certain health matters. Since the last World Health Assembly we have passed a special law on tuberculosis control and a law on radiation protection, as well as a law providing insurance for doctors in case of disability, disease or retirement. The great significance of tourism for Austria, the enormous movement of people passing through Austria, has made it necessary to safeguard the handling of food in the best way possible. Great efforts have been made to modernize existing legislation on food hygiene and food additives. The joint WHO/FAO work in this field has been of great help in speeding up this process by providing guidelines, norms and standards. We attach great attention to the important problems of food additives and food hygiene, and therefore should like to ask the World Health Organization to continue its efforts in co-ordinating and helping to modernize existing legislation in this field.

Mr President, inspired by the Director-General's report, by my personal experience while working in the World Health Organization and the situation I found after my return to Austria, I have tried to make some comments to demonstrate some of those problems of my country where international assistance and collaboration are needed, to show up the areas where co-operation with the World Health Organization seems to be particularly promising, fruitful and effective. Before closing, I should like to thank the authorities and the people of Boston for their kind hospitality.

The ACTING PRESIDENT: Thank you, Dr Bauhofer. Now I give the floor to the delegate of the Central African Republic.

Le Dr BEDAYA-NGARO (République Conrafricaine): Monsieur le Président, honorables délégués, Mesdames, Messieurs, qu'il me soit permis de féliciter le Président de cette Vingt-Deuxième Assemblée à l'occasion de sa brillante élection. Il m'est également agréable d'adresser mes félicitations à MM. les Vice-Présidents, aux Présidents des commissions et aux autres membres du bureau de l'Assemblée. Je serais incomplet si je ne renouvelais mes vives félicitations au Président sortant, le Professeur Aujaleu.

Mes chaleureux souhaits vont également à l'île Maurice.

Cette réunion distinguée n'aurait pas eu lieu à Boston si deux conditions n'étaient pas réunies. D'abord, la généreuse invitation du Gouvernement américain. C'est pourquoi nous saluons chaleureusement cette belle et historique ville de Boston et l'Etat du Massachusetts. D'ailleurs, avant que nous ne quittions nos pays respectifs, une excellente brochure nous souhaitait déjà "Welcome to Boston". La deuxième condition de notre rencontre ici, Mesdames et Messieurs, c'est votre présence même à Boston. C'est pourquoi la délégation centrafricaine a la joie de vous manifester sa satisfaction et de vous souhaiter bonne réussite.

Comme vous l'avez tous remarqué, et sa brillante réélection de l'an dernier à Genève l'a confirmé et réaffirmé, M. le Directeur général nous a présenté un bilan riche dans ses détails, clairs et précis, capables d'ouvrir de larges discussions constructives. La délégation centrafricaine a le plaisir de lui exprimer sa pleine satisfaction.

Monsieur le Directeur général, vous avez dans la Région africaine en la personne du Dr Alfred Quenum un représentant dynamique et efficace. Il nous plaît ici comme il nous plaira demain de lui souligner notre satisfaction car l'aide matérielle n'est rien si un esprit guide n'en oriente pas la bonne utilisation. Votre représentant centrafricain, le Dr Georges Nicolas, ne ménage pas non plus le moindre effort pour suivre vos directives.

"La possession du meilleur état de santé qu'il est capable d'atteindre constitue l'un des droits fondamentaux de tout être humain, quelles que soient sa race, sa religion, ses opinions politiques, sa condition économique ou sociale." Le Gouvernement de la République Centrafricaine a accepté ces principes de la Constitution de l'OMS et, dans le développement socio-économique du pays, la santé est intégrée au même titre que l'éducation nationale et l'industrialisation. Il existe des liens évidents entre la santé et le développement économique et social. Ces deux secteurs sont indissociables, car : la santé est un moyen de développement; le développement économique est un moyen de la santé; la santé est un objectif du développement économique.

Dans son message à l'occasion de la Vingt et Unième Journée mondiale de la Santé, le Dr Candau rappelle que l'homme est à la base de tout progrès et de tout développement et que, sans son intervention, matières premières, machines et argent ne seraient que des instruments stériles. Dans ce cadre et pour mieux réussir, l'accent est actuellement mis sur l'importance d'une médecine intégrée, unique, dynamique, active, capable d'assurer la santé de la totalité de la population du pays. C'est pourquoi le Gouvernement Centrafricain a orienté son action vers trois directions : intensification de la médecine préventive et de la médecine rurale; amélioration des formations sanitaires existantes; formation du personnel médical et paramédical. Dans ce dernier cadre, nous sommes heureux d'annoncer qu'avec l'aide de l'OMS, de la France, du FISE et de l'Agency for International Development des Etats-Unis d'Amérique, notre institut, fondé en 1967, fêtera l'année prochaine sa première promotion de diplômés d'Etat en trois ans. Nous attendons toujours la monitrice en santé publique. L'occasion nous est donnée ici de remercier notre organisation pour son aide à la formation de nos médecins et du personnel paramédical.

Dans le domaine de l'hygiène du milieu, le technicien de l'OMS, M. Baudoin, vient d'être rappelé par son pays. Nous serions heureux de voir son remplaçant arriver pour nous aider à ouvrir, dès octobre prochain, notre section des assistants en assainissement diplômés d'Etat.

En matière d'éducation sanitaire, le départ du dynamique Dr Chical, médecin de santé publique, a affecté la marche de ce secteur. Nous serions heureux de recevoir de l'OMS un remplaçant qui nous permettrait non seulement d'ouvrir notre bureau d'études et de planification mais aussi de bien suivre notre future zone de démonstration.

En ce qui concerne les maladies transmissibles, avec le concours du FISE, de l'Agency for International Development des Etats-Unis d'Amérique, de l'assistance bilatérale française et de l'OCEAC, le service de lutte contre les grandes endémies n'a enregistré que 79 trypanosomés en fin d'année et 19 nouveaux cas, dont un seul en première période, contre 106 trypanosomés et 21 nouveaux cas en 1967.

Le nombre de nouveaux lépreux dépistés en fin d'année est de 1178. Il est en augmentation sensible par rapport aux années 1966 et 1967. En attendant d'avoir la possibilité matérielle d'hospitaliser les malades contagieux, un effort est entrepris pour les regrouper près du secteur et pour pouvoir les suivre plus régulièrement.

En matière de tuberculose, la campagne de masse par le BCG sans discrimination tuberculique a été poursuivie selon le plan triennal. En fin d'année, nous avons effectué 68 552 vaccinations.

La campagne de vaccination contre la rougeole, régulièrement exécutée chez les enfants de 6 mois à 6 ans, a enregistré 84 231 vaccinations pour le bilan de l'an dernier.

Depuis plus de douze ans, la campagne de vaccination anti-marielle était interrompue en République Centrafricaine. Les enquêtes de l'Institut Pasteur de Bangui avaient montré que, si la population adulte était toujours bien protégée, nous avons par contre une forte proportion de la population entre 0 et 2 ans qui était réceptive. L'attention était particulièrement attirée sur les grandes villes de Bangui, Berberati et Bambari où les conditions épidémiologiques d'éclosion se trouvent réunies. Avec l'aide de l'OMS nous avons pratiqué 149 395 vaccinations sur une partie de la population des grandes villes et des réfugiés.

En matière de variole, depuis la dernière épidémie de 1962 au nord du pays, aucun cas n'a été signalé en République Centrafricaine. La vigilance reste intense et en fin d'année nous avons pratiqué 405 404 vaccinations antivarioliques. A l'est du pays, nous venons d'intensifier nos efforts car l'OMS nous a signalé un cas de variole à Tambura au Soudan en juin dernier.

Enfin, le paludisme demeure la plus importante cause de mortalité et, malheureusement, nous ne pratiquons ni enquête ni action systématique. Une action préventive est menée au niveau des centres de protection maternelle et infantile.

Dans le domaine de la médecine curative et hospitalière, grâce à l'aide de la France, nous sommes en train de mettre en place, dans nos chefs-lieux des grandes régions économiques, des formations sanitaires intégrées, entièrement équipées en personnel et en matériel qui nous éviteront les évacuations sanitaires sur Bangui. A cet égard, il nous est agréable de remercier également le Gouvernement de l'Union soviétique qui vient de mettre à notre disposition des médecins généralistes et spécialistes.

Monsieur le Président, Mesdames, Messieurs, cette brève revue des réalisations est bien la preuve de la contribution de l'OMS à la promotion de la santé dans cette partie de la Région africaine. C'est pourquoi la délégation centrafricaine forme, au nom de son gouvernement, les vœux les plus sincères pour que, sous la haute direction de l'Organisation, la santé du monde atteigne les plus hauts sommets qui détermineront de nouvelles possibilités de travail et de développement économique et social nécessaire pour le plus grand bien-être de l'homme.

The ACTING PRESIDENT: Merci bien, Dr Bedaya N'Garou. Now I give the floor to the delegate of Finland.

Dr OJALA (Finland): Mr President, it is a great pleasure for me, on behalf of the Finnish delegation, to congratulate you on your election to the high office of the Vice-President of this Assembly. Your experience and skill assure us that our meeting will successfully carry out its tasks. My congratulations go also to the President of the Assembly, as well as to the Vice-Presidents and to the chairmen of the main committees. I wish to express our gratitude to the United States Government and to the City of Boston for inviting us and making it possible to convene here in Massachusetts, which celebrates the centennial anniversary of its Public Health Department.

Once again, we have with great interest studied the Annual Report of the Director-General and listened to his introduction. Dr Candau, we have learned to wait for your introductory speech. A clear presentation of the highlights in the field of global health policy will give once again a good start to our deliberations. The Finnish Government has followed with interest the progress of the work of the World Health Organization. My Government feels that international co-operation in the field of human health is an important way to achieve peace and security for mankind. From the Annual Report of the Director-General, and from the reports of the Executive Board's forty-second and forty-third sessions, we have noticed with satisfaction that, during the last year, the target of the WHO assisted projects has consisted more and more in the strengthening of basic health services. The progress made in the field of malaria eradication and smallpox eradication will be the more successful, the more we can promote by these programmes the development of the basic health service system. I shall not try to cover the whole content of the Annual Report; I think that it might be necessary to comment only upon certain points of special interest to my delegation.

First, I wish to point out our interest in all developments furthering the effectiveness of the work of the Organization. We hope that we could achieve this goal by developing the procedure for the compilation and handling of the annual proposed programme and budget estimates. More important than the procedure is of course the programme itself. The needs in the field of health are so huge that one cannot cover all the aspects at the same time. A concentration on the most essential problems is a necessity for reaching results. This plays a significant role, not only on the national, but also on the international level. We feel that, in general, the overall programme of our organization has been well balanced and has fulfilled expectations. In this context, I wish especially to refer to the European regional programme. The concentration of the programme on the problems of cardiovascular diseases will, I hope, benefit all peoples. I wish to use this opportunity to express our gratitude to the European Regional Office for its co-operation during the past year. In Finland, the stage has been reached when we can benefit especially from the experience achieved in other countries. We have, during the years, developed our health programme step by step. Now the time has come when a critical evaluation is needed. Accordingly, revisions of the programme and reorganization of the services are to be made. We have experienced the need to strengthen the programmes aimed at promoting especially adult health and to improve the "open" health care services. During this stage of development, we feel it especially useful to consult the expertise represented in the World Health Organization.

Mr President, I am not going into details, but I want especially to refer to the work done by the Organization in the field of dental health by the means of fluoridation. In our health service, we have recently recommended the use of fluorine for the prevention of dental caries. We are also especially interested in the measures taken to improve drug control, and I am referring to the conference on the quality control of pharmaceutical preparations which was held in Helsinki last November.

Mr. President, I wish through you to express our satisfaction with the work done by the Organization during the period covered by the Annual Report of the Director-General.

The ACTING PRESIDENT: Thank you, Dr Ojala. I give the floor to the delegate of Libya.

Dr DAHAN (Libya): Mr President, Dr Candau, fellow delegates, ladies and gentlemen, may I take this opportunity to congratulate the President, yourself and the other Vice-Presidents, as well as the other officers of this Twenty-second World Health Assembly, on taking your important office. We in the Kingdom of Libya, both the Government and the people, realize and appreciate the magnitude of the work carried out by the World Health Organization universally for the benefit of mankind, and wish therefore on this occasion to express our gratitude to the Director-General, Dr Candau, and to the Regional Director for the Eastern Mediterranean, Dr Taba, for his unfailing efforts in giving us all possible advice and assistance in our health programmes.

Our personal experience in our country has proved that the availability of the required funds is not by itself an answer to the many problems facing the developing countries. Far from it. What we need is the availability of trained and skilled individuals in all levels of health services - a task which only time, coupled with advice by such technical organizations as WHO, can solve. My Government has launched a large-scale plan of housing, 100 000 units for a population of a million and a half; public health services, about 12 000 beds; sixty-one health centres and 183 sub-centres; fifteen centres for tuberculosis. All these projects are incorporated in the second five-year plan. There are also education and social welfare and care projects. Yet the lack of personnel for the implementation of such plans is very obvious indeed. We shall therefore continue for a long time to come to depend on expatriate and international staff to cope with the great task ahead of us.

We have also embarked on a malaria eradication project since 1954 which was originally started through a joint service with the United States Public Health Service. This was later continued with WHO technical assistance, and is presently going ahead in the right direction. But the problem that remains is caused by constant border crossing from areas where malaria remains, where malaria eradication plans or programmes have not yet been launched, and accordingly cases reappear in areas which had already passed into the consolidation phase. We hope that WHO will be able to find a way to curb this uncontrolled danger to our successful programme.

The Director-General has, in introducing his Annual Report, commented on the educational systems of the various countries and advised that the countries concerned should adopt individual systems that suit their requirements. While I fully agree with the Director-General's statement, I would like to point out that there are a lot of difficulties which usually confront us when evaluating the various standard systems and applying them to our needs.

In ending this statement, I would like to reiterate our utmost thanks to the WHO Regional Office for the Eastern Mediterranean for their valuable and constant collaboration in the implementation of our programmes, particularly in the field of training of manpower, and hope that they will continue to extend this irreplaceable assistance for our vastly expanding requirements.

The ACTING PRESIDENT: Thank you, Dr Dahan. I now give the floor to the delegate of Morocco.

Le Dr ZAARI (Maroc) : Monsieur le Président, Monsieur le Directeur-général, honorables délégués, il m'est agréable de présenter à mon tour, au nom de la délégation du Royaume du Maroc, mes plus vives félicitations à M. le Dr Stewart, Président de la Vingt-Deuxième Assemblée mondiale de la Santé. Cette haute distinction honore aussi bien la personne du Dr Stewart que son pays, dont les réalisations de santé publique sont un exemple pour tous. Mes félicitations s'adressent également aux Vice-Présidents et au Président sortant, le Dr Aujaleu, qui a tant contribué au succès de la précédente session.

Il me plaît également de dire le plaisir que nous éprouvons à nous trouver à Boston, aux Etats-Unis d'Amérique dont le Gouvernement a eu l'extrême amabilité d'inviter cette honorable assemblée à tenir ici ses assises. En plus de cette joie de nous sentir si bien accueillis par ce grand pays, nous tenons à souligner combien les contacts que nous y établirons seront fructueux, car il est bien vrai que les progrès techniques réalisés aux Etats-Unis sont des exemples que chacun de nous s'efforce de suivre.

Lors de la dernière Assemblée de l'Organisation mondiale de la Santé à Genève, le Maroc, par la voix de M. le Ministre de la Santé, le Dr Chraïbi, donnait une analyse de l'orientation des services de santé publique et de la priorité que le Gouvernement de S.M. le Roi leur avait assignée dans le cadre du plan quinquennal 1968-1972. Les objectifs fondamentaux étaient les suivants : la formation du personnel médical et paramédical, la mise en place d'une infrastructure s'étendant à tout le pays et capable de supporter un programme de santé publique diversifié répondant aux besoins des populations, et l'intégration de toutes les activités de santé publique dans cette infrastructure, qu'il s'agisse de prévention ou de cure.

Ces objectifs ont été poursuivis au cours de l'année écoulée. C'est ainsi que 1170 étudiants étaient inscrits à la Faculté de Médecine de Rabat. Le nombre des candidats de première année va sans cesse croissant, au point que l'ouverture d'une nouvelle faculté de médecine est déjà envisagée pour le prochain plan. Il est vrai que la priorité absolue est donnée, au Maroc, à la formation des médecins, car nous sommes convaincus que sans personnel, en particulier médical, la planification en matière de santé publique se réduit à un vain jeu d'esprit. Il est intéressant de mentionner que les jeunes médecins marocains arrivant en fin d'études cette année, et qui ne s'orientent pas vers une carrière universitaire, ont été volontaires pour accomplir leur service national dans les zones rurales.

En ce qui concerne l'infrastructure, qui est réalisée à 70 %, elle continue à se développer selon les prévisions du plan quinquennal en cours et en fonction de nos possibilités de formation et de recrutement du personnel paramédical.

Quant à l'intégration des activités, qui constitue l'orientation permanente de notre politique sanitaire, tout y concourt, depuis la formation polyvalente du personnel jusqu'à une programmation de mieux en mieux codifiée du travail des médecins et des infirmiers. Les fruits de cette politique deviennent chaque jour plus évidents. Ainsi, en matière d'éradication du paludisme, la mise en place de l'infrastructure et l'intégration des activités ainsi que la définition des zones homogènes d'application des techniques d'éradication ont permis de décupler les moyens de dépistage en même temps que baissait de six à huit fois l'incidence de la maladie.

Face à la tuberculose et sans augmenter sensiblement notre capacité en lits de phthisiologie, nous avons pu doubler le nombre d'hospitalisations, ce qui nous a permis de faire deux fois plus de dépistages et de mettre au point en milieu hospitalier le traitement de la quasi totalité des nouveaux cas. Ceci est dû à la réduction de la durée de séjour qu'ont permis la sélection de médicaments économiques, efficaces et d'application commode, et la codification du traitement ambulatoire au niveau des secteurs sanitaires urbains et ruraux.

Les programmes de vaccination, eux aussi intégrés, mettent sous protection contre la variole, chaque année, près de trois millions d'habitants, notre plan étant de couvrir par tranches annuelles la totalité de la population tous les quatre ans. La protection spéciale par vaccins BCG, antidiptérique, anticoquelucheux et antipoliomyélitique de la tranche d'âge de 0 à 4 ans soit près de 15 % de la population devient chaque jour plus complète grâce à l'organisation du travail des secteurs sanitaires.

L'intégration des activités a également permis d'étendre à tout le pays le programme de planification familiale, qui marque de façon plus perceptible à beaucoup la contribution de la santé publique au développement économique du pays.

Enfin, à titre de dernier exemple, cette politique nous a permis de toucher dans le cadre de la lutte contre les ophtalmies transmissibles et le trachome près de trois fois plus d'habitants que lorsqu'étaient organisées de simples campagnes de masse.

Ainsi, tous ces objectifs que nous nous sommes assignés depuis longtemps, en nous efforçant de leur garder un caractère de continuité, rejoignent les propres recommandations de M. le Directeur général, maintes fois exprimées dans ses rapports qui sont soumis à notre attention. Il nous a été agréable de constater dans son dernier Rapport que M. le Directeur général insistait sur l'importance fondamentale de la formation professionnelle, véritable préalable à toute planification sanitaire, ainsi que sur l'intégration des activités dans les programmes de santé publique.

Qu'il me soit permis encore une fois d'exprimer tous mes remerciements à la grande nation qui nous accueille. Nous renouvelons nos félicitations à M. le Président de cette honorable assemblée pour son élection. Nous sommes certains que grâce à lui cette session fera date dans l'histoire de l'Organisation.

Il faut dire enfin combien nous apprécions le travail accompli par le Directeur général et, sous son impulsion, par le personnel de l'Organisation dont la valeur et le dévouement font notre admiration, et remercier le Dr Kaprio, Directeur régional, pour l'aide efficace qu'il ne cesse de nous apporter.

The ACTING PRESIDENT: Thank you, Dr Zaari. I now give the floor to the delegate of the Netherlands.

Dr KRUISINGA (Netherlands): Mr President, various colleagues have referred to the important work that the Organization has performed in the past. In particular I wish to associate myself with those who thank you, Dr Candau, as the results achieved are in no small part due to you personally and to the members of your excellent staff. It is our hope that you will be prepared to direct the work of our organization for a long time to come. Also, Mr President, I would like to express my gratitude to you and to all those who have been willing to serve in various offices in this Assembly, and to all those who have contributed to the organization of the meeting here in Boston.

In the past two decades, the Organization has made major contributions to the battle against disease, not only through the direct effect of programmes to combat specific diseases such as smallpox or malaria, but also, and even more so, in its function as a co-ordinating and stimulating international health organization. Increasingly, Mr President, do the countries, particularly the smaller ones - developing and, I would like to stress, also developed countries - very much rely upon the activities of the World Health Organization for carrying out their health policy. However, even bigger developed countries seem to be faced with manpower and financial limitations in their effort to deal with the increasing demand for better health services and more effective control in the field of environmental health and food hygiene. Does this not ask for a definite strengthening of an international approach to all those problems with worldwide health impact? My delegation, Mr Chairman, is willing to give a strong affirmative answer to this question. The varying picture of health and disease throughout the world is the primary interest and concern of the World Health Organization. Mr President, I would suggest that more emphasis should be given to worldwide comparative studies on the distribution of disease and changes that take place in the disease pattern. Studies in this field give very important answers to questions about the etiology of disease. Geographic pathology has already brought promising results in the field of the etiology of cancer. I am specifically referring to the work of the International Agency for Research on Cancer with regard to environmental carcinogenesis.

In the second place, Mr President, I would like to refer to the increasing need to study the health impact of water and air pollution, as well as the problems of food additives and the use of pesticides. In this field we are confronted with an increasing threat not only to the health of mankind but also to his environment. Which risks are we prepared to take in our urban and industrialized future? What are we willing to pay for the prevention of possible threats for future generations? We should realize further, Mr President the fact that a public health administration is constantly confronted with damage created by other sections of activity of our community. There will in the future be an increasing tension between what is economically desirable and what is essentially necessary from the viewpoint of public health. I want to recall in this connexion recent publications of Zahn, Galbraith and Mishan. Is our obsessive concern with economic growth not unworthy of our society and of our culture? Should we not start to think about substituting for a policy of purely quantitative economic growth a more selective policy directed explicitly toward advancing public welfare? The solution and study of these problems will be of great importance for our future health policy. We should seriously question whether the quality of welfare and justifiable consumption does not deserve the same close consideration as purely quantitative economic growth.

One of the prices we pay for economic growth is, as I stated, increasing air and water pollution. It is highly important that international legislation be enacted as soon as possible. A co-operative effort to halt environmental pollution is greatly needed. The World Health Organization should play herein a prominent role and it should intensify its activities in this direction.

Mr President, as I stated industrialization may on one side provide for more prosperity. We should never forget that we have always to pay a price for this prosperity, and it is unfortunate that often the health price paid for prosperity is not directly paid for by those who gain from the prosperity increase. In general, these costs are competing with growing needs for medical care and health promotion. Through a better and more appropriate budget presentation we may be able to separate these costs of economic growth from those of maintaining health services at an appropriate level. What I have said reflects the economic and budgetary situation not only nationally, but equally in the World Health Organization. Figures concerning the growth of the budget are misleading since they do not present a realistic picture of the available funds for real improvement. Therefore, Mr President, I would like to plead for the acceptance of the budget proposals of the Director-General for 1970.

I should like to emphasize that I believe that priority should be given to the solution of the problems of the developing countries. New initiatives should be taken here. I may remind you of activities in the framework of the Second Development Decade. An important key area for international co-operation that should be stressed for development is certainly the field of health. This ought to relate to a co-ordinated long-term policy clearly stating priorities. It may certainly be expected that this will enable us to lay more emphasis on long-term aid, multilateral and bilateral, and less on incidental assistance.

The ACTING PRESIDENT: Thank you, Dr Kruisinga. Now I give the floor to the representative of Bahrain.

Dr FAKHRO (Bahrain): Mr President, Mr Director-General, fellow delegates, distinguished guests, I would like to congratulate our President, as well as all elected Vice-Presidents and Chairmen of main committees. I would also like to thank the Government of the United States for inviting this Assembly to convene in this great city of medicine. Many of us have been trained by the fine health institutions of Boston, and today are carrying with us memories of admiration and joyous times.

Mr President, it is an honour for my country to celebrate its second anniversary of admission to WHO as an Associate Member. We are pleased with the progress that has been achieved during the past year of our association with this great organization. Permit me to cite some of these achievements.

The first was the reorientation of our health services. This was initiated with the help of WHO expert advice, by formulating a broad long-range health plan covering the period 1969 - 1986. The end result will, hopefully, be total self sufficiency in medical, nursing and paramedical fields, a balanced distribution of basic health facilities all over the country and complete integration of preventive and curative medicine through promotion of the concepts of health centres.

This long-range health plan for Bahrain became more meaningful when it was fitted within a broader health concept for all nine member States of the Gulf Federation of Arabian Emirates. Included in this Federation are the Emirates of Bahrain, Qatar and the seven Trucial States that are scattered along the south-eastern shores of the Arabian peninsula. Again WHO extended its help by appointing one of its distinguished members in the Region to join a sub-committee that toured every member Emirate and submitted a comprehensive report about their individual health problems.

The second achievement was the initiation of comprehensive training programmes. We obtained several important scholarships from WHO. In that connexion we are extremely thankful for the interest and help extended to us by the Regional Director. Our thanks also go to the Governments of the United Arab Republic, Iraq and Kuwait, which generously accepted to enrol many of our young men and women in their training institutes.

The third achievement was the initiation of health co-ordination among the Gulf States. Bahrain was spared a lot of unnecessary expenses when the Government of Kuwait enabled us to use some of their excellent facilities, such as radiotherapy, computer data processing and tuberculosis survey units. We look forward to total health co-ordination among all the States of the Gulf.

The fourth and the last achievement was the interest shown by UNICEF in the educational and health problems of our community. Through their highly appreciated help we will be able to consolidate and later expand our maternal and child health programmes. We already have eighteen maternal and child health divisions in our small country of 200 000 population, and have succeeded in convincing 85 per cent. of our women to deliver in our maternity hospitals. But we still need to have better equipment, to improve the nutrition of our children, especially in villages, and to replace all expatriates by Bahraini nationals in this very important field. For these achievements we extend our thanks to the Director-General, his assistants, and his staff.

Before I end my statement, may I, Mr President, express the deep concern of the Bahrain Government regarding the health problems that the displaced Palestinian Arabs are facing. Despite the brave efforts of the people of Jordan and other Arab States, the health situation among that portion of our people remains grave. International help and intensification of WHO and UNRWA efforts should be recommended, for it must be clear to all concerned that it will be impossible to solve major health problems of the Region without solving this human, complicated, and tragic problem.

The ACTING PRESIDENT: Thank you, Dr Fakhro. Now I give the floor to the delegate of Mauritania.

M. SAMBA (Mauritanie) : Monsieur le Président, étant donné que ma délégation intervient pour la première fois au cours du débat général dans cette assemblée, permettez-moi de vous féliciter au nom de mon gouvernement et au nom de ma délégation pour votre brillante élection à la Vingt-Deuxième Assemblée de la Santé. Cette élection revêt une signification particulière et constitue un hommage non seulement à votre éminente personne, mais aussi à votre grand pays dont l'hospitalité traditionnelle et l'accueil chaleureux méritent d'être soulignés. Grâce à votre expérience et sous votre haute direction, les travaux de la Vingt-Deuxième Assemblée aboutiront sans nul doute à d'heureuses conclusions. Ma délégation adresse également ses vives félicitations aux Vice-Présidents de l'Assemblée et aux Présidents de nos commissions principales.

Au Directeur général et à tous ses collaborateurs, mon gouvernement désire exprimer ici sa satisfaction et sa vive gratitude pour l'excellent travail accompli au cours de l'année 1968. L'excellent Rapport annuel du Directeur général qui nous est soumis présente un tableau complet et détaillé de la situation sanitaire dans le monde et marque une nouvelle étape de nouveaux progrès vers le but que s'est assigné l'Organisation mondiale de la Santé.

Après avoir étudié ce document très complet, nous nous limiterons à quelques observations à propos des chapitres qui ont particulièrement retenu notre attention, à savoir la formation professionnelle, le développement des services de santé de base, la lutte contre les maladies transmissibles, les aspects généraux de leur épidémiologie, la protection maternelle et infantile, l'assainissement du milieu.

La formation du personnel médical et paramédical reste un problème crucial qui a toujours préoccupé l'Organisation mondiale de la Santé et nous nous en félicitons vivement. Le manque de cadres qualifiés à tous les échelons est particulièrement sensible pour les pays en voie de développement et constitue un frein pour un développement valable des services de santé. Nous devons ici rendre hommage à l'assistance de l'OMS et du FISE qui ont permis à notre école nationale d'infirmières et sages-femmes de fonctionner à notre entière satisfaction. Notre gouvernement peut former actuellement, et compte tenu de ses moyens, le personnel paramédical dont il a grand besoin.

Le développement de nos services de santé est au premier chef de nos préoccupations et le préalable indispensable au succès de tout plan sanitaire. Le développement insuffisant de l'infrastructure sanitaire a amené l'Organisation mondiale de la Santé à reconsidérer les plans d'éradication du paludisme dans la quasi-totalité des pays africains et à définir une nouvelle stratégie qui répond mieux à la situation que nous connaissons. En effet, les services de santé de base sont aussi indispensables pour le succès des campagnes antipaludiques que pour l'éradication des autres maladies transmissibles. Actuellement, notre pays bénéficie de l'assistance de l'OMS pour un projet de développement des services de santé de base. Il s'agit d'un programme dont la mise au point a été délicate. La réalisation, notamment, d'une zone de démonstration pour l'entraînement pratique sur le terrain du personnel en formation ou en recyclage nécessite des sources de financement importantes.

Nous voyons ici, Monsieur le Président, deux questions, pour ne pas dire trois, qui sont essentielles : pénurie de personnel médical et paramédical, développement des services de santé de base. Ces deux éléments sont fonction des moyens des pays considérés et des sources de financement possibles, ce qui, malheureusement, limite dangereusement nos possibilités.

La lutte contre les maladies transmissibles continue à figurer en tête des préoccupations de notre organisation. Le combat difficile et séculaire que nous menons contre ces fléaux sociaux connaît parfois des échecs et appelle de nouveaux efforts, de nouvelles recherches.

A la suite d'une mortalité annuelle élevée observée d'une part dans une région du pays chez les rongeurs sauvages (psammomys, gerbilles) et d'autre part chez les herbivores (gazelles, moutons), l'existence d'un foyer de pasteurellose chez les rongeurs sauvages a été démontrée. En vue de mener les enquêtes épidémiologiques et grâce au concours de l'OCCGE et du Fonds d'Aide et de Coopération, une mission de recherche s'est installée pour deux ans dans notre pays. On n'a que peu d'inquiétude quant à l'extension de cette épizootie des rongeurs sauvages aux populations nomades de cette région. En effet, les obstacles à la progression de cette maladie ne manquent pas : zones arides, sans végétation, sable, dunes, etc.

D'autres maladies transmissibles, malgré le danger potentiel qu'elles représentent, ne constituent pas un problème majeur de santé publique : notre pays n'a enregistré aucun cas de variole depuis trois ans. Notre gouvernement a toutefois lancé, avec l'aide de l'OMS pour un délai de trois ans, une campagne de vaccination variole-rougeole-BCG. Ce plan d'éradication est mené par toutes nos équipes mobiles, chacune dans sa région respective, après un stage de perfectionnement et une campagne pilote menée sous la conduite de l'expert de l'OMS sur place. Grâce à ce plan, la lutte contre la rougeole, qui reste un fléau meurtrier dans nos campagnes, a repris après le fléchissement des années 1967-1968.

Le problème de l'assainissement et de l'hygiène du milieu préoccupe au premier point les responsables de l'administration sanitaire de notre pays depuis l'apparition soudaine de maladies nouvelles par leur caractère épidémiologique.

Notre service de protection maternelle et infantile se développe chaque jour davantage et étend ses activités à l'intérieur du pays.

Voilà, Monsieur le Président, brièvement évoqués les efforts déployés par mon gouvernement pour apporter à chaque citoyen cet "état de complet bien-être physique, mental et social" qui est le but de notre organisation.

Le développement de notre infrastructure sanitaire a connu des réalisations importantes. Un hôpital national a été édifié à Nouakchott et son extension est étudiée actuellement; cinq hôpitaux secondaires, soit deux de plus qu'en 1968, et six nouveaux dispensaires ruraux ont été ouverts au cours de l'année 1969. L'amélioration de l'action intégrée de nos équipes mobiles, de nos centres de santé, bien que nettement sensible, reste encore - nous le regrettons - insuffisante.

Le Gouvernement étudie, dans le cadre du plan de développement économique et social, un plan de services de santé de base qui s'adaptent à nos besoins et aux caractéristiques de notre pays. Il convient ici de faire une mention spéciale de l'aide efficace et désintéressée que nous apporte la France, notamment à travers le Fonds d'Aide et de Coopération. Grâce également à l'assistance généreuse de la République populaire de Chine, nous avons pu améliorer notre couverture sanitaire et doubler en un an le nombre de praticiens servant dans nos formations médicales.

Avant de terminer, je voudrais, Monsieur le Président, remercier au nom de mon Gouvernement les responsables de l'OMS et notamment ceux du Bureau régional de Brazzaville, les responsables du FISE et ceux de tous les pays qui ont contribué à la réalisation et au succès de certains de nos projets nationaux de santé publique.

The ACTING PRESIDENT: Thank you, Mr Samba. Now I give the floor to the delegate of Ceylon.

Dr GUNASEKERA (Ceylon): Mr President, Director-General, distinguished fellow delegates, ladies and gentlemen, it gives me great pleasure to associate myself with earlier speakers in congratulating Dr Stewart on his appointment to the high office of President of this Assembly. The Ceylon delegation also extends its congratulations to the Vice-Presidents and Chairmen of the main committees on their appointments. We have no doubt that the deliberations of the Assembly, under the guidance of this distinguished team, will be brought to a successful conclusion.

The Annual Report of the Director-General for the year 1968 is once again a comprehensive document giving a detailed account of the many activities of WHO in various parts of the world. We appreciate the efforts of the Director-General and his staff in bringing out such a very useful Report.

The intention of the Director-General to re-examine the global strategy of malaria eradication is particularly welcomed by my country. The resurgence of malaria in Ceylon in the latter half of 1967 necessitated the reinstatement of attack measures, which were progressively developed in 1968 to give spray coverage to a large part of the country. WHO has greatly assisted us by sending teams of consultants, who, in collaboration with the national staff, prepared a short-term emergency programme, to be followed by a long-term eradication programme, phased over a period of ten years. Satisfactory progress has been made in the implementation of the emergency programme, with insecticide protection being provided for over five million population. The long-term plan, which is to commence in October this year, will give protection to nearly nine million population, with adequate surveillance over the entire country. While a more detailed account of the malaria situation will be given when the subject is discussed as an item of the agenda, my delegation wishes to thank WHO very sincerely for the timely and extensive assistance given to my country by way of special advisory teams and supplies.

I would like to mention a few other problems that are of importance to my country. Tuberculosis continues to be one such problem. Although the incidence has been reduced in past years, it has remained at 5.4 per 10 000 population during the last three years. The incidence in 1959 was 8.6 per 10 000 population. The mortality has shown a decrease from 19.1 per 100 000 population in 1959 to 8.7 in 1968. There are 13 central chest clinics and 33 branch chest clinics providing diagnostic and treatment facilities to outdoor patients, 3346 beds have been provided in six chest hospitals and 19 tuberculosis wards established in general hospitals. The average duration of stay of a patient in hospital is about three months. The minimum period of hospitalization, followed by ambulatory treatment for an adequate period, is being encouraged.

A BCG vaccination programme was introduced in 1948. The programme for the newborn was commenced in 1963 and extended to 34 government hospitals in 1968, when 61 per cent. of the newborn were vaccinated. Emphasis is laid on this programme, as 65 per cent. of the births in the country occur in government medical institutions and 34 per cent. are delivered by public health midwives as part of the domiciliary midwifery service. We are aiming at doing two vaccinations in all children - the first at birth and the second at ten years of age. By 1973, it is hoped that 80 per cent. of those eligible will have been vaccinated. Direct BCG vaccination without preliminary tuberculin testing has been adopted in schools since 1967.

Since 1966 a pilot project for a comprehensive community-oriented tuberculosis control scheme has been carried out in the North-western Province with WHO and UNICEF assistance. Subsequently, with the experience gained in this project a long-term national control was drawn up to cover the entire country by 1972.

The results of a study by a WHO short-term consultant in leprosy in November 1967 gave indications that the problem of leprosy was more acute than it was estimated to be. The same consultant has been working in Ceylon since 1968 on a long-term programme for training personnel in case-detection work and determining the prevalence rate throughout the country.

Although the present number of known cases is in the region of five thousand, it is estimated on fresh findings that this number would be more than double. Action had been taken by the Government to increase the number of personnel, both medical and paramedical, engaged in the antileprosy campaign.

Filariasis of the urban Bancroftian type has persisted, although the parasite incidence from night blood filming has fallen from 2.8 per cent. in 1964 to 1.2 per cent. in 1968. Control measures consist in the application of larvicide and the treatment of parasite-positive cases. With rapid movement of population the incidence of the disease is spreading to new areas. The staff of the antifilariasis campaign was increased in 1968 to undertake additional work and WHO consultants in epidemiology and entomology have continued to assist the programme during the year.

Further progress has been achieved with the proposal to establish a quality control laboratory. Following the visit of a WHO short-term consultant in the latter part of 1966, plans have been drawn up and estimates made for the construction of laboratory as recommended by him. Release of funds is awaited for the commencement of the construction of the buildings. The Government of Japan has generously agreed to supply the laboratory with most of the equipment and to train some of the staff. WHO has also assisted in training staff required for the laboratory.

Haemorrhagic fever was first observed in this country in 1966 when 12 cases occurred in the months of July to September, of which five were fatal. There were 20 cases in 1967 occurring about the same time of year and seven in 1968. On the advice of the WHO consultants that some type of monitoring of dengue virus infection be carried out, the Epidemiological Unit has commenced a serological study at two hospitals from which acute and convalescent sera from cases of undifferentiated fever are being studied. This study has been in progress since October 1968. Approximately 50 per cent. of the cases have shown rising titres to Group B virus infection.

Apart from the projects mentioned above, my country has received assistance in the programmes for venereal disease control, nursing education, strengthening of health services, health statistics, health education, and radiation protection.

Finally, on behalf of my Government, I wish to thank WHO, and particularly the Regional Office, for their valuable assistance in helping to meet the growing demands of my country for technical assistance and in obtaining supplies from other United Nations agencies.

The ACTING PRESIDENT: Thank you, Dr Gunasekera. I now give the floor to the delegate of Burundi.

Le Dr BITARIHO (Burundi) : Monsieur le Président, Monsieur le Directeur général, honorables délégués, Mesdames et Messieurs, permettez-moi, Monsieur le Président, de vous adresser au nom de la délégation de la République du Burundi nos vives et sincères félicitations, à vous et aux Vice-Présidents de la présente assemblée. Puissent vos lumières nous éclairer dans les travaux de cette session et faire que nous puissions atteindre les résultats que nous attendons de cette session. Nous n'en doutons pas, nous les atteindrons, comme au précédentes assemblées, car cette fois encore, notre assemblée peut se féliciter d'être présidée par une personnalité remarquable en votre personne, Monsieur le Président.

Je ne puis manquer de rendre hommage au distingué Directeur général de notre organisation, le Dr Candau, pour la compétence et la clairvoyance avec lesquelles il la dirige depuis de nombreuses années. Je formule le voeu de le voir présider longtemps encore à ses destinées. Je tiens également à le féliciter pour le Rapport remarquable de précision et d'une haute tenue administrative et scientifique qu'il nous a présenté et dans lequel tous les domaines de

l'activité de notre organisation sont passés en revue. Vous me permettrez également de rendre hommage à notre jeune et dynamique Directeur régional pour l'avancement sanitaire qu'il a su imprimer à notre Région pendant l'exercice 1968/69.

Nous croyons pouvoir affirmer que nous éprouvons tous un sentiment de réconfort et de sécurité à pouvoir nous rencontrer chaque année au sein de cet aréopage pour mesurer l'intensité des problèmes qui se posent à l'échelle de la planète en matière de santé publique, et aussi pour nous faire part mutuellement des problèmes particuliers qui se posent à nos pays respectifs. Ce sentiment de réconfort résulte principalement du fait que nous pouvons régulièrement constater l'importance des progrès dans la santé du monde, progrès dus soit à l'action directe de l'OMS, soit à l'irremplaçable rôle de coordination que cet organisme assume avec un dynamisme extraordinaire. On peut, à titre d'exemple, citer le recul des grands fléaux endémo-épidémiques, particulièrement dans les pays en voie de développement, ainsi que la prise de conscience du grave problème de la distribution de l'eau potable.

Il reste toutefois une tâche énorme à accomplir, dont l'étendue et la complexité nous font comprendre la nécessité absolue d'unir tous les efforts. Je citerai quelques domaines dans lesquels une action urgente s'impose, principalement les maladies de la nutrition (qu'elle soit insuffisante ou surabondante) ainsi que les maladies engendrées par la civilisation et les modifications rapides du genre de vie des peuples; maladies cardio-vasculaires, du système nerveux, accidents de la route, pollution de l'atmosphère et des eaux.

Pour leur part, le Burundi, son chef et son peuple apprécient hautement l'aide de plus en plus importante et de plus en plus efficace que l'OMS leur apporte en de nombreux domaines. Les services médico-sanitaires sont allés de l'avant depuis la Vingt et Unième Assemblée, deux nouveaux hôpitaux ruraux, trois nouveaux dispensaires, cinq centres de santé ont été inaugurés au cours de l'année 1968/69. Dans ce bref exposé, nous nous limiterons à passer en revue les projets les plus importants actuellement en cours de réalisation, et grâce à l'aide d'un représentant de l'Organisation résidant à Bujumbura depuis trois mois, nous croyons fermement que nos projets connaîtront dans la suite un élan inévitable. Mon pays réitère sa gratitude à l'OMS.

La mutation profonde de nos services de santé dans l'optique de la priorité à accorder aux services de médecine préventive se poursuit à un rythme accéléré grâce au dynamisme de l'équipe d'experts de l'OMS au travail dans notre pays, et à une prise de conscience de cette nécessité par l'administration nationale.

Des travaux de grande envergure en vue d'assurer à notre capitale un ravitaillement suffisant en eau potable sont en cours d'exécution. Cette réalisation d'une extrême importance, due à l'initiative de la première équipe de l'OMS en poste au Burundi, est financée par la Banque internationale pour la Reconstruction et le Développement et sera terminée dans les prochains mois.

Une campagne d'éradication de la variole est en cours dans tout le pays depuis bientôt un an. Plusieurs milliers de personnes sont déjà vaccinées et bientôt le cauchemar d'épidémie qui nous hantait sera dissipé.

L'OMS nous assiste dans la campagne que nous menons depuis plusieurs années contre le typhus en nous fournissant des insecticides et du vaccin; elle vient de mettre à notre disposition une équipe de consultants à court terme qui procède actuellement à un essai pilote de vaccination avec un vaccin vivant.

Dans le domaine de la formation du personnel national, l'action de l'OMS mérite également d'être soulignée; elle collabore efficacement à l'encadrement de nos écoles et met à notre disposition des bourses d'études dans le domaine universitaire pour la formation de nos futurs médecins.

Je saisis cette occasion pour exprimer le voeu de voir se généraliser progressivement la mise en oeuvre de projets inter-pays et de programmes de recherche interrégionaux. Il nous paraît en effet que c'est dans cette formule que réside la mise en oeuvre d'une lutte efficace contre les grands fléaux que nous ne parvenons pas encore à juguler : je cite en exemple le paludisme, la schistosomiase, la trypanosomiase et la lèpre.

C'est pour nous, en qualité de premier responsable des services de santé de notre pays, un devoir et un réel plaisir de remercier chaleureusement l'OMS pour l'importance et la qualité de l'assistance qu'elle nous apporte. Nous tenons également à associer à nos remerciements les autres organismes internationaux ou privés qui collaborent, dans leurs domaines respectifs, à l'accomplissement de la même tâche. Le FISE, en plus de l'assistance spécifique qu'il nous fournit régulièrement, accomplit actuellement un effort particulier dans le cadre du rééquipement de nos dispensaires ruraux, dont le matériel technique est devenu vétuste, ainsi que de l'équipement des nouveaux pavillons de pédiatrie et de maternité de nos hôpitaux.

Dans le cadre de ce bref aperçu du bilan positif des efforts que notre pays déploie dans le domaine de la santé publique, nous signalerons également les campagnes intensives de vaccination contre la tuberculose, la lutte contre la trypanosomiase et les campagnes d'assainissement de la plaine de la Ruzizi (contre le paludisme et la schistosomiase). C'est pour nous l'occasion de remercier tous les pays amis et organismes privés qui, soit dans le cadre d'accords bilatéraux de coopération technique, soit par une aide efficace dans des moments critiques, nous accordent également une précieuse assistance. Qu'ils trouvent ici l'expression de notre reconnaissance. Je tiens également à préciser que l'assistance de l'OMS dans les projets pour lesquels nous bénéficions déjà d'une assistance bilatérale serait hautement appréciée et ce sous la forme de la consultation à court terme d'un expert dans les projets précités.

Monsieur le Président, en terminant ce message, nous tenons à renouveler les chaleureuses félicitations que nous vous adressions en commençant. Nous formulons le souhait que tous les peuples du monde bénéficient des bienfaits de cette organisation à laquelle nous avons l'honneur d'appartenir, et nous souhaitons le plus grand succès, sous votre direction, aux travaux de la Vingt-Deuxième Assemblée mondiale de la Santé.

Puisse la résolution de solidarité dans l'effort qui se dégage de cette assemblée d'hommes de bonne volonté préparer pour demain, par-delà les idéologies et les particularismes, un monde qui soit non seulement habitable mais où le droit à la santé, à l'intégrité physique et morale, au respect de la dignité humaine, en un mot à la liberté au sens le plus complet et le plus élevé du terme, soit le lot de tous les hommes.

The ACTING PRESIDENT: Thank you, Dr Bitariho. I give the floor now to the delegate of Bolivia.

In the absence of the delegate of Bolivia, I give the floor to the delegate of Kuwait. I understand that the delegate of Kuwait will talk in Arabic, and, as you recall, the original speech will be heard on channel 1, the translation in English provided by the speaker will be heard on channel 6, and the translations provided by the WHO interpretation services in the other working language, as well as in Russian and Spanish, on the normal channels. Are we ready? The delegate of Kuwait.

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Mr AL-HIJJI (Kuwait) (interpretation from the Arabic) : Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, it is indeed a great pleasure to extend to you, Mr President, my delegation's hearty congratulations on your election to this high office. Our thanks and appreciation go also to our previous President, who has shown a great deal of wisdom and dexterity in the running of our meetings. I am sure that with your ability we will benefit from our deliberations.

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In accordance with Rule 87 of the Rules of Procedure.

Mr President, I would like to congratulate you and your colleagues the Vice-Presidents on their election to high office.

I would like to start my comments by expressing our appreciation to the Director-General and his able staff for the excellent Annual Report. There is no doubt that he has been able to guide the work of the Organization in achieving exactly the right issues that are confronting man with regard to his health. The Report is indeed comprehensive and stresses the actual problems in the field of health all over the world.

We would also like to thank the Regional Director for his efforts in this region.

The great emphasis the Director-General puts on the issues of better planning, better development of basic health services, the expanding role of medical education and the great health issues that require basic research reflects the ever-increasing role our organization is playing in alleviating human suffering. I sincerely hope that we can pursue these basic goals.

Mr President, we in Kuwait have been pursuing the same general line that our Director-General has outlined in his Report. We have already started our plans for establishing our medical school. WHO has been helping us greatly in this task. Our plans for this medical school are based on the needs of our country and the neighboring areas. We hope that we shall be able to establish the school on a sound basis, because we are planning a medical school that can not only meet the shortage of medical personnel, but at the same time provide training at the best and highest level available to people pursuing such a career anywhere in the world.

We all know that in our rapidly changing world the hazards to man are increasing not only as a result of his being subjected to expanding technology and its products, but also as a result of increasing risk of rapid transportation of disease. We therefore support wholeheartedly the work for the improvement of the quarantine system, in order to enable it to meet this increasing threat to human health.

No doubt every country has its special problems. We in Kuwait are trying to improve our health system in order to be able to meet the repercussions a modern health service can have on a developing country. Despite our expenditure on our health services, we had some increase in the incidence of polio this year. This seems to be caused by the development of a virulent strain due to inadequate vaccination. Although we cover all the population, the problem of nomadic people is causing this discrepancy, and most of the polio cases are from this section of the population, who have no immunity and are subjected to these viruses with incomplete vaccination.

Mr President, I beg your pardon if I have taken too much of the precious time of this Assembly, but I would like to draw its attention to the sufferings some of our brethren are subjected to. These are the Arabs in the occupied areas. The few reports made by the representative of the International Committee of the Red Cross reflect the very poor health condition they are living under. This inhuman action should not be left without a just solution. So I ask this Assembly to resolve on urgent action in order to attain a healthy environment for these afflicted people.

Mr President, I shall be failing in my duty if I forget to thank the Government of the United States of America and the City of Boston for their generous invitation to hold this Assembly in this beautiful city. Such an invitation creates a good and healthy ground for better understanding among the people of the world. We all know that, in this changing world and increasing technology, man needs basically human relations to be able to utilize these great achievements to the prosperity of the human race. We all agree that our gathering here is for achieving such a goal. I hope we shall be able to achieve this and wish great success for our Assembly.

The ACTING PRESIDENT: Thank you, Mr Al-Hijji. Now I give the platform to our last speaker for today, the delegate of Japan.

Dr URATA (Japan): Mr President, distinguished delegates, ladies and gentlemen, on behalf of the Japanese delegation, I wish to congratulate Dr W. H. Stewart on his election as the President of the Twenty-second World Health Assembly. We look to his guidance and we consider

it a privilege to co-operate in his execution of his duties to lead this august Assembly. The Japanese delegation wishes also to congratulate the five Vice-Presidents and the Chairmen of the main committees.

As we are assembled here, we are struck by the growth of the Organization, which has gained in the scope of its services and also in the importance of its functions during the past twenty-one years. The present Assembly is an occasion of specific significance in that we have been invited by the Government of the United States to meet in Boston, a place which is fragrant in history, and at a time coinciding with the centenary of the creation of public health programmes of the State of Massachusetts. Our delegation wishes to express deep appreciation for the hospitality of the United States Government, the State of Massachusetts and the city and citizens of Boston.

Turning to the items of the agenda before us, I wish to make a few comments.

I would like to thank the members of the Executive Board for their hard work through its forty-second and forty-third sessions, and to express our appreciation of the zeal with which Dr Venediktov led the sessions as Chairman. I should also like to thank Dr Candau for the excellent Report which he has prepared. We associate ourselves with many of the previous speakers in concurring with the assertion that success in public health depends on the strengthening of basic health services at all levels. We also share in the view expressed that the education and training of health manpower is of paramount importance. And we are glad that the Organization is actively conducting programmes of seminars, fellowships, etc. We have participated in these programmes and we are very grateful.

The Director-General's Report covers a most wide and varied array of fields, and we appreciate his clear presentation of the activities of the Organization. Time does not permit me to discuss many of the subjects which are of interest to us. I shall merely point out that the Japanese health administration is greatly interested in the programmes for suppression of communicable diseases which may be transmitted by ever-developing international traffic.

I wish to take this opportunity to share with you some of our experiences in Japan which may be relevant to the item of the agenda. I intend to review briefly the development of our public health programme in the course of the eighteen years we have been privileged to be a Member of the World Health Organization. I shall present the problems we face and future course of action envisaged. I am sure there are countries which are facing the same problems as we, and countries which have already successfully found solutions to these problems, and still some other countries which will be facing similar problems in future. I believe this is the arena in which problems are shared, sized up, related and viewed from the world health point of view. I shall be more than satisfied if concrete instances in my account could be taken as illustrative of world concern and world action under the aegis of WHO.

Speaking of the Japanese background, I might mention that Japan is an island country composed of four main islands at the eastern edge of the Asiatic continent facing the Pacific Ocean. The territory is about 370 000 square kilometres wide, and is inhabited by a little over 100 million people. In order that this gigantic population may live, industrialization and urbanization are developing at a very rapid pace. Cities like Tokyo, Nagoya, Osaka and Kobe, which lie along the Pacific coast at a distance of 500 kilometres from one end to another, may soon form what we may call the Megalopolis of the Pacific Highway. As of 1965, forty-five per cent. of our total population was concentrated in these cities. In contrast, the population in two of the four main islands has been decreasing between 1960 and 1965.

We have had to deal with our public health programmes with these demographic changes as a background. Also the structure of our population is undergoing change. As an index for the level of public health maintained in our society, I may mention the average life expectancy. According to the calculation made for 1967, the life expectancy at birth stood at 68.91 years for males and 74.15 years for females. The life expectancy at birth has been prolonged remarkably, and although the rate at which it has been improved has slowed down, it is still progressing. The average longevity by each age has improved at a lesser pace than that at birth, but still there is a steady improvement.

Now a remark about the rate of increase in population. The increase in population in Japan has been based mostly on natural increase, that is, by births. Since 1950 the death rate has decreased remarkably, but the decrease in the birth rate has been still more remarkable. For over ten years since 1955, the rate of increase in population has remained stable at about one per cent. per annum. For reference, the rate of increase in the population of the world from 1960 to 1967 was 1.9 per cent.

The birth rate has remained fairly stable since 1955 at 19 per thousand to 17 per thousand. The death rate has continued to drop since 1945 and has remained at about 7 per thousand during the past few years. This rate is the crude death rate, and inasmuch as the proportion of the aged is comparatively small in our population structure as yet, such a figure underestimates the death rate. This calls for further efforts to push the death rate further down.

Speaking of the death rate by causes of death, it is remarkable that apoplexy tops the list, and the death rate from this cause is clearly high in comparison with the situation in other countries. This suggests the importance in Japan of the services for medical rehabilitation. Malignant neoplasms and heart disease occupy the second and third places. We need to watch this trend carefully. Tuberculosis, which occupied a high place in the list, went down to the eighth place in 1967 because of a very successful control programme. And yet we have not completely attained the control targets as yet. We need further and concentrated efforts to combat this disease.

Another point I should like to mention is the regrettable fact that the maternal death rate, or the rate of deaths due to complications of conception, delivery, toxæmia, etc. remains high in spite of gradual improvement. A comparison may be illustrative. As of 1965, the maternal death rate in Japan stood at 86.4 per 100 000 births, while the rates were 13.8 in Sweden, 25.5 in England and Wales, and 32.6 in the United States of America. It is one of the urgent and most important tasks for us to clarify the causes for this high rate and to develop programmes to improve the situation.

There has been a marked general improvement in the death rate by ages in Japan. However, we are still behind the advanced western countries in the death rates of infants and the aged. It is characteristic that out of perinatal deaths, still-births at the latter part of conception are comparatively high. These circumstances call for our added efforts to improve the death rates from apoplexy and to place priority emphasis on improvement of the maternal and child death rates.

So far, I have described some of the representative indices and their trend in the field of public health in Japan. There is one other subject on which I wish to dwell, namely, the question of environmental pollution and health hazards due to rapid industrialization and urbanization. We appreciate the way the Organization has been interested and working to establish standards in the field of control programmes. You will understand how big the problem is for Japan, which has a large population in comparison with the size of its territory. The means and activities geared for industrial production, which are there for the well-being of mankind, are now causing harm to the health of people and are destroying the essential elements of their life. We are doing our utmost to retrieve the mastership of humanity over these means of production. In this respect, we would wish to learn from the experiences of those nations which have encountered a similar situation and successfully solved the question. In this connexion, we would wish to assert that we, who are responsible for the public health in all countries, should be in a position to forestall ill-effects on the health of people accompanying, or caused by, industrialization and urbanization, and to deal effectively with these ills. In dealing with the problems of environmental pollution, such as air pollution, pollution of water sources, river and sea water, pollution of food by agricultural chemicals, effects of radioactive irradiation, etc., I wish to propose that these constitute not only a local or a national problem but that programmes are needed on an international basis and from the world health point of view.

The increasing deaths and injuries from traffic accidents due to concentration of population may also be properly grasped as arising from disruption of harmony between human life and its environment.

In sum, I am making an assertion that we should review the significance of economic development as it relates to the duties and functions of public health workers. The clarification of this would urge us to a firmer determination at tackling our tasks.

Finally, I wish to share with you the joy that the Organization has, for the past quarter of a century, attained many specific objectives, and has grown in stature and in importance. It is clear that the role played by the Organization will further gain in weight on this globe, which has been shrinking in distance physically and in time: We would hope sincerely that the Organization will remain in a position to fulfil its function for the elevation of the level of health and well-being of all peoples. To this end, Japan wishes to be a willing partner with other nations as Members of the Organization in its pursuit of lofty objectives.

Before concluding, I wish to express our appreciation for the services of the Director-General and his staff at headquarters and for the efficiency with which the work of the Organization is executed. I wish also to express the gratitude of our Government as that of a Member country in the Western Pacific Region for the services of the Regional Director, Dr Dy, and his staff.¹

The ACTING PRESIDENT: Thank you, Dr Urata.

6. ANNOUNCEMENT

COMMUNICATION

ОБЪЯВЛЕНИЕ

COMUNICACION

The ACTING PRESIDENT: Honourable delegates, we know that you are generously invited to spend the evening with American families at home, so we do not want to delay you any longer, but I should like to remind you that the next plenary meeting will be held tomorrow morning at 9.30, and will be devoted mainly to the election of Members entitled to designate a person to serve on the Executive Board -- item 1.13 of the agenda.

During the counting of the vote, we will continue, and hopefully complete, the general discussion on items 1.9 and 1.10.

The meeting is adjourned.

The meeting rose at 5.45 p.m.

La séance est levée à 17 h.45.

Заседание закончилось в 17 часов 45 минут

Se levanta la sesión a las 17,45 horas.