



TWENTY-FOURTH WORLD HEALTH ASSEMBLY

COMMITTEE B

COMMITTEE B

INDEXED

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

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CHAIRMAN: Dr F. A. BAUHOFER (Austria)

CONTENTS

	<u>Page</u>
1. Fifth report of Committee B	2
2. General programme of work covering a specific period (fifth general programme of work for the period 1973 to 1977) (continued) . .	2

Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 2 July 1971.

1. FIFTH REPORT OF COMMITTEE B

Dr DOLGOR (Mongolia), Rapporteur, introduced the draft fifth report of Committee B (document A24/B/30).

Decision: The draft report was adopted.

2. GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD (FIFTH GENERAL PROGRAMME OF WORK FOR THE PERIOD 1973-1977): Item 2.4 of the Agenda (Resolutions WHA23.59 and EB45.R5; Official Records, No. 181, Annex 7, and No. 189, page 35; Documents A24/A/1 and Corr.1)

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that long-term planning of WHO's activities had been discussed over the last few years by the Executive Board and by the Health Assembly in great detail, because the necessity for it had become increasingly understood.

In his delegation's opinion, the fifth general programme of work, covering the period 1973-1977, had taken into account the four previous programmes and the provisions of resolution WHA23.59. It reflected current trends in the development of the world health situation and correctly indicated the lines along which the Organization should continue its important task.

Some of the problems might have been presented in a different manner. The Russian text, in particular, was couched in somewhat dry, official language; he hoped that the requisite editorial changes would be made in the final version.

The last paragraph of the fifth general programme of work contained the statement that it was considered desirable for the programme to be reviewed at appropriate intervals by the Executive Board. He understood that statement to mean, not that the programme itself would be changed, but that the Board would assess the progress made in its implementation, with a view to ensuring continuity of the work in the next general programme.

His delegation wholeheartedly approved of the fifth general programme and would support its adoption.

Dr ALDEA (Romania) said that the fifth general programme of work (A24/A/1) directed the Assembly's attention to some of the most important of WHO's activities, namely the appraisal of the health situation and the main trends in the evolution of health concepts and the selection of priority problems requiring the Organization's attention.

The current decade was one of social ferment, struggle for national dependence and development, when great efforts would be made to secure the best use of the national product for the increased well-being of the people. The level of economic and social development and the health situation varied in different parts of the world, but the theme of World Health Day in 1969 "Health, work, productivity" had become a principle of socio-economic development, to a greater or lesser extent, in all countries. The idea was gradually being accepted throughout the world that every country, by the support it accorded to the protection of health, determined the pattern of its sickness and death rates which were the tribute that it paid from national income to disease.

National health administrations had to take into account many new factors as a result of industrialization, urbanization and technological advances. For that reason, an accurate appraisal of the world health situation, a forecast of the dynamics and trends of morbidity rates and the identification of priority subjects were of the utmost importance in health planning, which must become an integral part of national planning.

Three main factors should be taken into consideration in national health planning: (a) the orientation of programmes, having regard to the current health situation and future trends and the social and economic importance of different diseases, with cost benefit and cost efficiency analyses to determine priorities; (b) the training of health personnel at all levels in accordance with the order of priority accorded to the programmes, having regard to the possibility of their increasing integration into national development programmes; (c) the gradual provision of material facilities which could be integrated without unnecessary expense into a unified system and which might be progressively improved, both quantitatively and qualitatively.

Member States in developing their health services were often faced with problems which experience in other countries and the assistance of the Organization could help them to solve efficiently. Such problems were the identification in a particular region of priority subjects where the requisite conditions obtained to achieve the best cost/efficiency results by carrying out joint programmes or taking synchronised action; the best forms of administration at different levels of development and material resources; national/international health legislation; modern educational technology for training health personnel at different levels; information systems which would ensure the comparability of efficiency indices between different countries; the structure of different categories of health units to give maximum efficiency at minimum cost; scientific documentation etc.

The fifth programme rightly stressed that the "determining factor in the development of national health services was effective national effort". For that reason, the main activity of WHO over the coming years should be to support Member States by making available to them the information and facilities for analysis and synthesis which it possessed.

The extensive prophylactic programmes being undertaken by all national health administrations predicted an early diagnosis of disease. Through its expert committees WHO could assist by establishing uniform criteria of clinical and laboratory diagnosis for important diseases. Sophisticated bio-medical research, such as enzymology, molecular biology, electronic microscopy, had considerably extended the boundaries of pathology which in its turn greatly increased medical costs. It was for WHO to define to what extent possible deviations from the norm discovered by sophisticated methods of research should be used in mass investigation.

Many Member States carried out a great deal of research in different health fields. It would be very useful if WHO became a clearing house for information and the analysis of results. Successful results could be achieved at a greatly reduced cost if WHO ceased to support a large number of parallel research programmes. The same observation was true of the provision of educational material for health personnel, such as visual aids and documentation. If WHO concentrated its attention on a few priority subjects selected on a cost-benefit and cost-efficiency basis and evaluated every two or three years, it could both extend its activities and at the same time reduce contributions from Member States. In particular, increased material assistance to Member States for programmes to develop health manpower would make a substantial contribution to improving the world health situation.

Professor BRZEZINSKI (Poland) expressed his thanks to the Executive Board and working group for the preparation of the fifth general programme of work (A24/A/1). It was based on proposals and recommendations from Member States and adapted to regional needs. His delegation considered that the major programme objectives had been correctly selected in relation to the complex of factors which determined the world health situation. The problems of expanding populations and deteriorating environment had been rightly emphasized. In present circumstances the principle that health was a fundamental human right called for the greatest measure of co-operation from public health services in all Member States.

Member States were responsible for the implementation of the fifth general programme. Although inter-regional, regional and inter-country activities should be undertaken, direct national efforts were of paramount importance.

His delegation agreed that WHO should focus attention on the co-ordination of international action in developing health services, in long-term planning and in determining the priority of world health problems. It also stressed the importance of the collection, analysis and dissemination of up-to-date information; information from WHO played an important part in fostering better co-operation since it facilitated exchange of experience and promoted a greater uniformity in health concepts. There was scope for closer international co-operation making use of computers and modern communication systems in connexion with the analysis and evaluation of the world health situation, the study of the methodology of health planning systems and the preparation of international legislation on important health problems. An important function of WHO in the period covered by the fifth general programme would be to assist in training personnel on the application of computers to the improvement of health services.

His delegation fully supported the proposed fifth general programme of work.

Dr KLIVAROVÁ (Czechoslovakia) congratulated the working group of the Executive Board on the fifth general programme of work. It was an accurate statement of the health tasks confronting the developed countries and of the needs of the developing countries and was in conformity with the decisions taken concerning the functions of the Organization.

Her delegation was glad to note the emphasis placed on the need for health services to cover the whole population, particularly the vulnerable groups; it welcomed also the attention given to the health needs of the rural population in developing countries, and to those of the working population, whose productivity was so important for the economy of all countries and which was exposed to a number of occupational hazards.

She stressed the importance of some of the subjects included in the general programme, including family health, the problems of old people - in which connexion her country hoped to receive guidance from the combined experience of experts in other countries - and the training of personnel, without which there could be no development of national health services.

Her delegation approved the special attention to be paid to malaria, smallpox, cholera and yellow fever, which, owing to the speed of modern means of communication, were a menace to all countries, and to cancer and cardiovascular diseases, research on which required the co-operation of all countries of the world. Co-operative research was also essential on the problems connected with mental disorders, alcoholism and drug dependence, which the changing structure of populations was bringing to the fore, and on environmental health problems - for no one country could work out parameters for all the new substances affecting man's environment.

In order that the general programme of work might be effectively implemented, her delegation considered it essential for general programmes to be worked out for each of the regions.

Her delegation would vote in favour of the adoption of the fifth general programme of work.

Dr de CAIRES (United States of America) congratulated the Executive Board and its working party on the production of the Fifth General Programme of Work (A24/A/1). His delegation supported the priority ranking of programmes and were glad to see that programme targets had been established. It hoped that in future targets would be set for all programmes indicating a quantitative rate of progress wherever possible. New projects should be planned in accordance with the criteria given in section VII of document A24/A/1, and they should also be used to evaluate current projects.

Much was said in the fifth general programme about the importance of planning. It was generally agreed that efficient planning procedures, the definition of objectives in quantitative terms and systematic evaluation of progress were vital to make optimum use of limited resources.

During the general discussion in plenary session on the Annual Report of the Director-General a member of the United States delegation had endeavoured to tabulate the major themes in each country's report. In cases where two items were given equal emphasis, he included both. Results showed that communicable diseases had been stressed 51 times, health services 24 times, manpower training 10 times and environmental health 9 times.

Comparison of those major themes with the principal objectives established in the fifth general programme showed that there was now general agreement on priorities between WGO and the Member States.

His delegation warmly supported the programme.

Dr OLGUIN (Argentina) said that his delegation was in agreement with the fifth general programme of work (A24/A/1); the system of adopting work programmes to cover specific periods enabled WHO to adapt to changing circumstances and in accordance with socio-economic development. The fifth general programme was based on criteria of feasibility and on the possibility of making a quantitative evaluation of programmes. It was also based on a realistic appraisal of the financial and administrative capacity of the Organization in the light of regional and national priority needs.

It was a well thought-out programme for specific targets in harmony with the long-term planning which was essential in health matters. He thought that a periodic evaluation of programmes was essential in order to make the necessary adjustments to obtain good results. It was also necessary to take into consideration national characteristics, resources and needs.

WHO activity in co-ordinating international assistance on health matters was an indispensable complement to national health programmes in countries which had not sufficient means to cope effectively with their health problems. It was however no substitute for national action, as was stressed in the fifth general programme.

An important feature of the fifth general programme was the decentralization of WHO's work through inter-regional and inter-country and country activities.

Frequently countries were prevented by lack of technical facilities from benefiting from international collaboration. For that reason he stressed the fundamental importance of strengthening health services and developing the health manpower which constituted the real key to the solution of health problems. Another priority subject was the problem of environment, from the standpoint both of man's influence on his environment and of the protection of man from his environment, particularly in view of his immense powers of adaptation.

Dr RUTASITARA (United Republic of Tanzania) associated himself with other speakers in thanking the Executive Board and the working group for the fifth general programme of work which they had produced (A24/A/1).

Reference was made (page 14) to the position of rural communities in less developed countries which did not receive their fair share of the health services because of difficulties of access. It was stated that WHO would assist countries in finding suitable solutions. He wished to stress the important problem of transport in such areas. He was aware that in developing countries UNICEF, in collaboration with WHO, had been assisting in the provision of transport for rural health work. He wondered however what the cost/benefit ratio of such transport was.

In developing countries transport problems made health problems more difficult: there were places where it was impossible to land a helicopter and where roads were so bad that medical supplies, although available, could not get through in the event of an epidemic. In his country the smallpox eradication campaign had been greatly hampered by the problems of transporting the personnel concerned. They were sometimes forced to walk for up to six hours in order to reach isolated groups and it was doubtful whether vaccines remained potent after exposure to tropical conditions over such long periods.

Most developing countries had organized mobile health services in order to supplement hospitals and rural health centres. The mobile health team usually consisted of a medical officer, a nurse and a public health officer. The more developed among the developing countries had a flying doctor service while others had telecommunications services to enable specialists to communicate directly with medical personnel in rural areas. There was in the fifth general programme no suggestion that such services should be strengthened, although there were many references to the use of computers. Computers might be of value in developed countries but they were of little use to developing ones. He hoped that WHO would actively promote means of rendering rural health services in developing countries more efficient.

The fifth general programme also mentioned the training of local health personnel to become health teachers. He hoped that WHO would be able to use local health personnel for its programmes in developing countries as they became available, since the cost of maintaining ex-patriate experts was very high.

Dr STREET (Jamaica) said that his delegation approved of the proposed fifth general programme of work of WHO, but considered that certain points merited further attention.

He agreed with the comments made by the delegation of Tanzania on the difficulty of developing health services in rural communities. There was indeed a very real need for WHO to assist countries in finding suitable solutions to the problem, as indicated on page 14 of document A24/A/1, and the point made regarding the required attitude to communications, whether transport, radio or telecommunications, was well taken.

He hoped that, since the fifth general programme covered the middle of Development Decade, it would not entail a lag over the first three years. In previous general programmes, WHO had identified itself chiefly with co-ordination of health activities throughout the world, the development of basic health services and communicable disease control, and with assistance to governments in health work. The next step therefore, as the Soviet delegation had said, was proper joint health planning based on study of the different systems, leading to agreement on norms and standards for the delivery of health services to the peoples of the world. The focus on health planning throughout the fifth general programme - a most significant aspect for all countries, particularly the developing countries - entailed the training of health administrators to plan and manage the system of health services and ensure the best use of available resources. Too little attention had been paid to health planning in the past: by WHO's continuing assistance planning could become an intrinsic part of the work of health ministries throughout the world as a means of identifying areas in which progress was needed.

Health education was also of great importance for the developing countries, since comprehension of the meaning of health acquired at the earliest stages, from pre-school age onwards, was one of the best ways of raising health levels. Such a process meant, however, that more knowledge was needed of the levels of living that were desirable to achieve and of the levels of health that went with them.

The relationship between country programming and regional activities and the guidelines put out by headquarters was another current theme of document A24/A/1, as indicative of the capacity of the specialized agencies of the United Nations system to achieve progress by their joint efforts.

WHO was likewise expected to play a distinct role in programmes on the human environment. In that connexion it should give increased attention to the development of occupational health, in view of man's vulnerability in his working environment to attack from the hazards accompanying deleterious environmental changes. He therefore felt that the last paragraph of the section on the promotion of environmental health (on page 23 of document A24/A/1) dealing with WHO's potential role, did not deal in sufficient depth with the problem when considered against the resolution adopted in Committee A on the human environment. He took exception to the second sentence of that paragraph which stated that the forthcoming five-year period would "only" witness the initial stage of the complex studies on various aspects of pollution. With the word "only" that statement was inadequate: the Organization should make a very determined approach to the subject.

Lastly, he agreed with the views of the delegate of the United States on the question of targets and asked that the fifth general programme of work should be made available to new Members of the Organization so that the role of the Organization vis-à-vis the country programmes could be identified and so that they would evaluate, together with WHO, how health activities could best be co-ordinated for their own needs. Such was the best way to identify targets and re-evaluate goals previously set.

Dr ADESUYI (Nigeria) said that the programme principles outlined in section V of the fifth general programme (document A24/A/1) clearly showed that it had been formulated in accordance with the ascertained needs of the various countries and was intended to concentrate on those major fields of activity which experience had shown to be the most successful and productive. The flexibility inherent in the new programme, and its accommodation of the various regional characteristics as well as the individual country needs, was also evident.

He commented on each of the principal programme objectives outlined in section VIII of the document. The strengthening of health services was the greatest single factor for ensuring health promotion and therefore the delivery of basic health services should be an integral part of the overall national plans for economic and social development in each country. Many developing countries tended to give priority to economic projects that were likely to yield substantial financial dividends, which were intended to be used for the social services. As such projects materialized, it was important that the proper priority should be given to the health sector.

He welcomed the emphasis placed in the fifth general programme on assistance to rural areas where the development of health services was complicated by such factors as difficulty of access and lack of telecommunications and other facilities. His delegation was glad that WHO was willing to assist in studying these problems and devising alternative means of access and communication to isolated rural areas which could be used until the standard methods could be introduced as part of the general national development.

The programme rightly stressed the importance of introducing national drug policies, in order to help the developing countries to control the proliferation of drugs whose quality, potency and toxicity were not readily assessable.

With regard to the development of health manpower, he approved WHO's appreciation of the urgent needs of the various countries to adjust educational schemes, curricula, teaching methods and media to local requirements, as well as the emphasis placed on the team approach to the training of health workers. In areas where there was an acute shortage of medical personnel, their education was linked with that of the training of the auxiliary personnel who would be working with them and under their direction. Facilities for the continued education of auxiliary workers and the necessary supervisory staff had to be provided to ensure that standards of work were satisfactorily maintained. He was also glad that the training of teachers for the medical and allied health sciences would be given high priority and that the emphasis would be put on adapting the latest educational methodology to the resources available. He repeated his delegation's belief that any reductions in programme necessitated by the Organization's increasing financial commitments on such items as salaries should not affect the essential areas of basic health services and training of health manpower.

On the plans for disease prevention and control he urged that the success achieved in smallpox eradication and measles control in West Africa in the programme assisted jointly by WHO and the United States Agency for International Development should not be jeopardized by over-hasty withdrawal of that assistance. Arrangements should be made for strengthening surveillance and containment activities in the areas covered by the programme so as to forestall any deterioration in the situation. He welcomed the emphasis (on page 19 of document A24/A/1) on further research into various communicable diseases, including cholera. His Government hoped that the research team on cerebrospinal meningitis currently in Northern Nigeria would lead to some prospect of controlling that disease, which was a major problem in West Africa.

On the subject of promotion of environmental health, including community water supply, he hoped that WHO would co-operate with governments in improving environmental conditions generally.

Referring to the fourth criterion, listed in section V, programme principles, he hoped that WHO would help Member governments in drawing up the quantified characteristics and targets and in assessing progress during and after the implementation of the fifth general programme.

Dr KHALLAF (United Arab Republic) expressed his congratulations on the fifth general programme. There were obvious difficulties in preparing such a programme for countries at very different levels of progress. After reading the report, his delegation felt satisfied that the activities of the Organization would not outgrow the real needs of most of the Member States. It had also felt encouraged to ask the Executive Board and Director-General to put forward more long-term forecasts on basic health problems, as had been particularly recommended at the Twenty-third World Health Assembly.

In connexion with section VI, functions of WHO, he reiterated the importance of training health administrators and raised the question of cost-effectiveness and cost-benefit analyses. There were three fundamental areas to be covered. Firstly, the ever-rising cost of medical care throughout the world should be studied and solutions suggested; secondly, a cost-benefit analysis should be made of preventive medicine, to help in convincing national financial authorities to invest more money in preventive health for the economic benefit of the state; and thirdly, a thorough study should be made of the cost-effectiveness of the whole WHO programme in order to assess the extent to which the Organization had fulfilled its objectives.

Furthermore, he noted that it was indicated on page 10 of document A24/A/1, on the subject of international agreements and conventions, that Articles 19 and 21 of the WHO Constitution had not been fully used in the past but that instead preference had been given to reaching understanding among Member States; after some 25 years of the Organization's meetings a state of better understanding had been achieved among Member States. His delegation would like to see those two articles put into effect.

Again, on the subject of the co-ordination of research, the fifth programme envisaged the conventional measures - meetings of expert committees and scientific groups and exchange of literature and so on. His delegation felt, however, that WHO was now in a position to take more initiative in planning some research on the more important health problems and to invite various institutions and Member countries to co-operate in carrying it out, under the Organization's general guidance.

One of the most effective ways of helping Member States, and particularly newly independent States, was to explain fully the ways in which they could obtain the aid they needed from WHO and the other specialized agencies.

Dr FELKAI (Hungary) said that the world health situation required that the concepts of hygiene and medicine should be applied practically and institutionally throughout the world, at two levels. Firstly, there was activity on a world scale which could only be carried out through international co-operation, such as organizing international health protection, working out uniform nomenclature and standards, higher education and training of health personnel, co-ordination of medical scientific research, environmental health and so on. Secondly, there was the need for developing the health situation of the various countries in respect of basic health services.

Since the health situation in a country depended on the activity of State and society as well as the institutional application of the latest medical discoveries, the characteristics of the organization and methods used were determined by the political, economic, social and cultural situation obtaining in the country. Likewise, the world health situation depended on the three interrelated factors of national conditions, bilateral and multilateral relations between the various countries, and the activity of intergovernmental or non-governmental health

organizations. Since WHO had a dominant role to play in international health activities, and in co-ordination, it needed a precise knowledge of the state of health services throughout the world, such as that provided in the Fourth Report on the World Health Situation, which was based on information received from 114 countries, which had helped the Organization to elaborate its fifth general programme of work.

The difference between the problems of the developed and developing countries were evident from such reports. For instance, the over-65 age group had greatly increased in the developed countries, emphasizing the attendant problems of geriatrics and chronic and degenerative diseases, while in the developing countries, where half of the population were children, the consequences of difficult political, economic, social and cultural conditions were reflected in the health situation. Malnutrition, morbidity caused by environmental pollution, malaria, smallpox, syphilis, tuberculosis and leprosy were paramount. By the same token, the health services in the developing countries were the worst because of the shortage of specialized technical and auxiliary health staff, an inadequate network of health institutions, and lack of funds.

The review, undertaken as a result of resolution WHA22.23, of the observations and recommendations of Member States on questions of long-term health planning and on new programmes of work, had revealed that the developing countries faced three categories of major problems; rapid population increase, lack of financial and material resources, and lack of guidance on the methods and principles of health planning adapted to their specific needs.

The previous general programmes of work were concerned chiefly with consolidation of national health services, specialized and post-graduate training, control of communicable and some non-communicable diseases, consultations on international health affairs generally, co-ordination of medical scientific research, and the co-ordination of health work with other economic and social action. Those activities were still perfectly valid, although not in the same degree for developing and developed countries. In examining the potential causes of a serious world health crisis, it was essential, on the one hand, to bear in mind that health was the result of a synthesis of political, economic, social and cultural factors and, on the other, that the developed capitalist countries had not fulfilled their financial obligations to their former colonies, which would have enabled them to raise their health standards. Secondly, in assessing the assistance that could be offered by WHO, it was clear that the annually increasing budget of the Organization was getting out of hand when compared with the increase in various national revenues, and that the aid given to the developing countries was not in proportion with those annual increases. That situation had been caused by insufficient concentration of the material and intellectual forces on primary tasks and by the burdensome cost of a top-heavy administration.

In conclusion, he hoped that in future more detailed information would be provided on the progress of the most important projects; and that more projects would be completed within a specified time limit; and that fewer new projects would be started, and that the infrastructure of WHO would be reorganized on a rational and economic basis.

Dr KRUISINGA (Netherlands) said his delegation approved the proposals for the fifth general programme of work set out in document A24/A/1, which was a good new starting point for long-term planning in WHO. However, when considered in connexion with resolution WHA23.59 on the same subject and with resolution WHA22.53 on long-term planning and evaluation, it left some points unanswered.

He asked whether the next Health Assembly could not have a further document on long-term planning, since planning was by its nature a continuous activity. Secondly, he asked whether it would be possible for the new document, or an addition to the present one, to go into more detail with regard to the specific long-term programmes on specific subjects, along the lines of those adopted in the European Region for cardiovascular diseases, environmental health and mental health. Thirdly, he asked what subjects the Secretariat considered to be most suitable for such long-term programmes (apart from the eradication programmes already adopted) and mentioned the field of human environment in that connexion. He called for a document providing details on the financial implications of the long-term programmes on specific subjects and asked for which specific items it would be possible to assess most accurately the financial implications for the future work of WHO.

Lastly, he recalled that in discussion of resolution WHA23.59 at the previous Health Assembly the Netherlands delegation had asked for cost-benefit and cost-effectiveness studies that would provide information on future trends in social development and highlight the best role that WHO could play in its function as catalyst in the growth of national welfare and national income. Such studies would also be useful to the national authorities responsible for policy-making and financial decisions and, in particular, for their decisions on continued support of WHO. The conclusions of the WHO seminar on health economics, held in Moscow in 1969, could also be used for similar purposes at WHO headquarters. He asked whether future documents could not give more information on the matter since he believed that cost-effectiveness studies were important for Member States and more activity from WHO in that field would be greatly appreciated.

Dr CAYLA (France) said his delegation was impressed by the fifth general programme of work as set out in document A24/A/1, not only as regards the form of presentation but as regards the basic underlying tenets which were geared to the current needs of Member countries.

He wished to lay particular emphasis on disease control and referred to the statement on page 10 of the document that studies would be made of "the feasibilities of reaching an internationally agreed standard of nomenclatures for disease signs and symptoms as a precursor to the development of computer-aided diagnosis and therapy in clinic medicine". He stressed that information could only be usefully processed if it was comprehensive, accurate and well defined and the same was true of its use in clinical medicine and monitoring of disease. It would certainly be very difficult to establish nomenclatures at the international level for disease signs and symptoms but the results would be well worth the effort involved. It would be even more difficult with the non-communicable diseases, so that a start should be made with the groups of non-communicable diseases that were currently very widespread, such as cardiovascular disease, chronic respiratory diseases, renal diseases, diabetes and mental disorders. Nomenclatures of that nature, even though limited at first, would furthermore be of great value at the international level and would complement the International Classification of Diseases and Causes of Death which had already proved its usefulness.

Overall, the French delegation approved of the draft programme of work and would vote for its acceptance.

Dr SILBERSTEIN (Israel) said that his delegation also wished to express its admiration of the excellent programme contained in document A24/A/1, which ranged over such a wide spectrum of health problems. His delegation would, however, have liked to see greater emphasis put on the many basic organizational problems facing countries with a rapidly aging population. Such problems might sound far-fetched to countries with very different and more immediate health problems but, he pointed out, many of them might well have to face the problems posed by the aging sooner than they thought. In that context, he was not referring to the problems arising from diseases such as cancer, cardiovascular diseases and chronic respiratory diseases, which beset the aged to a greater extent than the young, but rather to the whole spectrum of research and development of services which would make the life of an aged person truly livable in an era of technological change and enable him to function as an individual in the community to the best of his capacity. Many countries had, of course, developed their own programmes and services that could serve as models to others but it seemed to his delegation that WHO should in the same way as it had recognized the specific health needs of infants and children against a background of growth and development, now devote greater attention to the health problems of senescence, that critical period in the life of a human being when health and functions begin to fail. If that was not done in time, many countries would have to come to grips with the problems posed by the health features of aging populations without guidance from WHO and would therefore be in grave danger of settling for the wrong objectives, the wrong priorities and the wrong solutions.

Professor HALTER (Belgium) commended the Executive Board and the Director-General on the document now before the Committee. His delegation supported the proposed programme - in which a real effort had been made to cover the problems of both the developed and the developing countries - and looked forward to its implementation.

A certain apprehension was felt in Belgium, where the rapidly rising costs of health protection would soon risk absorbing the entire national revenue. During the general discussion on the reports of the Executive Board and of the Director-General, in plenary session, the Minister of Public Health of Belgium had already referred to the problem, and the difficulty of deciding on the main objectives when drawing up a national health policy. It would be useful if, as a concomitant of the programme now proposed, a review were made of the concept of "well-being" in the definition of health included in the Organization's Constitution. Since a state of crisis might well be reached during the five-year period covered by the proposed general programme of work, it would seem advisable for studies to be carried out as soon as possible, so that the developed countries (which were particularly affected at the moment) would not have to appeal to WHO for help.

The problem arose from the development of preventive medicine during the past few decades; curative medicine would remain indispensable, and its scope could not be reduced. He suggested that the Director-General might convene a group of sociologists, biologists and physicians who could make a general review of the situation and propose new formulas for action in the field of health protection.

Dr GUEYE (Senegal) also congratulated the Director-General and the Executive Board on the excellent document now before the Committee. His delegation supported the proposed programme.

He referred to the penultimate sentence of the paragraph on malaria, in section VIII (c) of the document (page 20 of the French text). The meaning was not clear, and he suggested that the following wording might be an improvement: "Dans beaucoup de pays, les objectifs et les mesures antipaludiques devront être précisés dans les programmes sanitaires inclus dans un plan à long terme de développement économique et social si l'on veut que l'interruption de la transmission du paludisme, une fois obtenue, puisse être maintenue."

Dr DOLGOR (Mongolia) congratulated the Executive Board and the Director-General on the document before the Committee, which showed that the Organization's activities were correctly oriented. It remained to carry out the programme - and that depended on Member countries as much as on WHO itself.

The five main areas defined under the heading "Development of health manpower" were all important, but he would welcome an explanation of what was meant by the expression "the team approach to the education of health workers".

He stressed the need for strengthening the supervision of country projects, which were a part of the general programme, in order to ensure that WHO's assistance was used to the best advantage. The developing countries addressed many requests for assistance to WHO - perhaps not always in the fields in which it could be most useful - and it was essential that none of the help that the Organization could give should be thrown away. To avoid waste, supervision was required. There were three types of supervision. The first was supervision by the Ministry of Health of the country concerned; he urged Member States to pay great attention to that aspect of their responsibilities, to review more frequently the progress of WHO-assisted projects in their countries and, if they had any anxiety on that score, to inform WHO immediately. The second was supervision by the regional offices, which he felt were performing their task satisfactorily. It was the third form of supervision - that exercised by headquarters - that his delegation would like made more direct. That would involve additional duty travel, but he thought that the results would be worth the extra expense. It was extremely important for WHO's work that headquarters officials should have first-hand knowledge of the work being carried out in the field. He was aware that the United Nations had set up a Joint Inspection Unit; however, it did not often concern itself with WHO's work. For that reason, he asked

the Director-General to study the possibility of establishing a small ad hoc WHO inspection unit, to review the work being carried out in the various countries. Such a group might consist of one responsible official from headquarters, one member of the Executive Board and one regional office staff member. If the Committee and the Director-General took a favourable view of that suggestion, his delegation would submit a formal proposal to the next Health Assembly.

Professor SAI (Ghana) said that previous speakers had already made most of the comments he had had in mind.

He felt that insufficient stress was laid on nutrition; satisfactory nutritional status was essential for health and working efficiency.

The delegate of the United Republic of Tanzania had referred to computers. It was true that the developing countries should not be rushed into using computers too soon. High-pressure advertising had already sought to persuade them of the need for all forms of sophisticated equipment and various drugs. The question had been discussed at a conference of the East African Medical Research Council in 1970. It was clear that what should be avoided was the introduction of two or three different computer systems in a country which did not even have trained personnel to operate one system. Computers really were necessary for the development of the statistical services, and for cost-effectiveness studies. The question was how they could be used to the best advantage.

Dr NCHINDA (Cameroon) congratulated the Director-General and the Executive Board and its working group on the excellent document now before the Committee. It dealt admirably with the problems posed by the widely differing priorities in the various countries - ranging from the population explosion and computer technology to under-population and infertility, from drug dependence to infant mortality.

In Cameroon the problems confronting the health services were enormous. First priority was given to the development of the basic health services, with emphasis on community care rather than individual care. Second priority was given to education and training, in view of the dearth of trained personnel. Thirdly, particular importance was attached to the development of the maternal and child health services, in view of the extremely high infant mortality rate. Communicable disease control and the provision of good drinking-water were inextricably linked with the improvement of child health. The recent cholera outbreak had stressed the need for improvement of environmental sanitation and the development of adequate water supplies. Health education was incorporated in all aspects of the health activities, being the only way of ensuring community participation. Finally, particular attention was being given to the development of statistical services and the evaluation of the effectiveness of the health services.

The document before the Committee adequately stressed all those, as well as many other, problems. His delegation supported the proposed programme, and hoped that the joint efforts of all countries, as well as the assistance of WHO, would make it possible to implement the programme to the benefit of the health of all mankind.

Mr PATHMARAJAH (Ceylon) joined previous speakers in congratulating the Executive Board and its working group on the document before the Committee.

Although he realized that population control could not be a basic objective of WHO, the population explosion was causing a serious problem in many developing countries, which could ill afford the economic consequences. Family health, which was only briefly mentioned on page 14 of the document, should be a major preoccupation of WHO, in co-operation with other interested agencies, in the ensuing five years.

With regard to communicable disease control, it was stated on page 19 that "particular attention will be devoted in the coming period to malaria, smallpox, cholera, and yellow fever". Although he did not dispute that priority, there was one problem that was causing increasing concern in many countries in his part of the world. With the growth of the permissive society and the increased availability of cheap methods of transportation, a new phenomenon had appeared in Asia, namely "hippies". Some of them had given rise to two new problems: drug peddling, and an increased incidence of venereal diseases. The problem might well become even greater in the future, and WHO should study the question, together with other interested agencies. He considered, therefore, that reference to venereal diseases might have been included in the sentence he had quoted.

There seemed to be no reference at all in the document to the problems of adjustment and rehabilitation of mentally retarded children. Mention was made on page 20 to sensory handicaps such as blindness and deafness, but there were an increasing number of mongoloids, spastics and other mentally retarded children. Institutions taking care of them were few and expensive, and the difficulties of their parents called for sympathy. WHO should devote more attention to the promotion of research and other forms of assistance in that field.

Dr ROASHAN (Afghanistan) congratulated the Executive Board, its working group and the Director-General on the document. His delegation realized the complex problems involved in drawing up a programme of work to cover the varying needs and requirements of different countries, and fully supported the proposed programme.

He stressed the importance of systematic health planning, especially in the developing countries, many of which still lacked an efficient health infrastructure to cover the rural population. WHO's efforts should be concentrated on the training of public health personnel to man such an infrastructure.

Particular attention should be paid to programme implementation, an important phase of the planning process.

Finally, he attached great importance to both scientific and operational research, especially the latter.

Dr ROUHANI (Iran) associated himself with previous speakers in congratulating the Executive Board and its working group, and the Secretariat, on the excellent document before the Committee. His delegation fully supported the proposed programme.

The delegate of the United Republic of Tanzania had referred to the health of rural communities. His own delegation felt that that was one of the most vital problems facing the developing countries, and was pleased to note the statement contained in the report to the effect that WHO would "assist countries in finding suitable solutions". He would take the opportunity to draw attention to the excellent results that had been achieved in Iran through the institution of the Health Corps.

Mrs ABRAHAM (Ethiopia) said that it was gratifying to note that the Assembly had focused attention on the training of national health personnel as a means of meeting the manpower requirements for the development of health services. She would draw the attention of representatives of the international agencies and the delegates of the developed nations to the fact that international and bilateral assistance for the quantitative and qualitative improvement of the training of health personnel remained an essential and decisive factor. In that connexion, she expressed her Government's sincere appreciation of the continuous assistance provided by WHO and UNICEF.

Her delegation associated itself with previous speakers in congratulating the Director-General and his staff on the proposed programme before the Committee.

Mr FINDLAY (Sierra Leone) congratulated the Executive Board and the Director-General on the comprehensive report. His delegation supported the proposed programme of work, which took into account the overall priority needs of Member States. So far as the developing countries were concerned, the achievement of the goals envisaged within the period specified would depend on the assistance received from WHO and other international agencies.

Dr MIKEM (Togo) congratulated the Executive Board and its working group on the document, the value of which to the health authorities of the developing countries in the planning of health services could not be overestimated.

For optimal results in the developing countries with their limited resources, the following priorities were essential: evaluation of the health status of the population in those countries; definition of public health problems; a model planning and evaluation team at central level, and the organization of statistical services for the collection, analysis and interpretation of health and demographic data.

Dr EHRLICH, representative of the Executive Board, expressed appreciation of the many kind words that had been said of the document under review. It was particularly satisfying in that the document represented a significant departure from previous general programmes of work.

Several delegates had spoken of the importance of both short-term and long-term planning, of effective implementation of the planned programmes, and of evaluation. In preparing the proposed general programme of work, the Board had felt that both planning and evaluation were of over-riding importance in each individual programme. It was the Board's opinion that cost-benefit analysis was included in the overall evaluation programme that formed an integral part of the document. Likewise, it considered the development of standards as an important area to which WHO should direct its attention.

The delegates of Jamaica and Senegal had made specific suggestions for editorial changes, and they would be taken into account in the preparation of the final document.

The delegate of the United Republic of Tanzania, among others, had referred to the section dealing with rural health services. It had not been the Board's intention to suggest specific solutions because the conditions varied so greatly in different countries. It had intended, rather, to indicate those fields to which WHO should give particular attention.

The delegate of the Netherlands had stressed the need for developing mechanisms for long-term planning. The report seemed to take that into account in its concluding paragraph, and it had certainly been the Board's feeling that the five-year programme of work should be part of a long-term plan for the Organization.

References had been made to the lack of emphasis on different aspects. The Board's task had, of course, been difficult, since it recognized that, in many respects, there were unlimited needs while there were only limited resources. It had tried to provide a framework for making rational decisions on the allocation of those resources. Emphasis on one aspect or another would have to be adjusted as the situation changed.

The DIRECTOR-GENERAL said that the preparation of the general programme of work was the responsibility of the Executive Board according to Article 28 (g) of the Constitution.

Concerning the amendment suggested by the delegate of Senegal with regard to the French text on page 20, while the English text was quite clear, the French text would have to be amended. There should be no difficulty in reconciling the two texts.

The efforts of the Executive Board had been rewarding in that they had reduced the programme to four main options, and avoided presenting a catalogue, with all activities mentioned

with different degrees of priority. Some delegates had referred to particular fields on which emphasis should be placed, but careful scrutiny of the document would show that some of those were covered.

He had taken note of the proposal of the delegate of the Netherlands that, in line with resolutions WHA22.53 and WHA23.59, an attempt be made to project some of the headquarters activities, as had been done in the European Region, priorities being drawn up and a long-range study being made of those activities, including cost-effectiveness and cost-benefit studies.

Dr DOLGOR (Mongolia), Rapporteur, introduced the following draft resolution:

The Twenty-fourth World Health Assembly,

Considering article 28(g) of the Constitution;

Having reviewed the general programme of work for the specific period 1973-1977 inclusive, as prepared by the Executive Board at its forty-seventh session;

Believing that the programme provides an adequate broad policy framework for the formulation of annual programmes within that period,

APPROVES the general programme of work for the specific period 1973-1977 inclusive, as prepared by the Executive Board at its forty-seventh session.

Decision: The draft resolution was approved.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that he would like personally to thank the Director-General and his assistants for all that they had done to assist the Executive Board in preparing the fifth general programme of work. The programme was not perfect, but his delegation thought that the discussion in the Committee had brought further clarification and helped to trace the lines along which the Organization's work should develop.

The programme had been equally acceptable to the socialist countries, to the developing countries and to the highly developed capitalist countries; it might perhaps be thought that each country interpreted the programme to suit itself, but he was convinced that that was not the case, for in public health matters the interests of all countries coincided. By working together they could solve problems more quickly.

It was often said that the World Health Organization was one of the best organizations in the United Nations system. In his opinion, that was a true statement, because in the public health field, more than in any other, countries with different forms of government were prepared to come together, to overcome the differences which kept them apart. It seemed to him very fitting that unanimous agreement should have been reached on such a fine programme. There was still much to be done, but he was sure that all would co-operate fully in ensuring that the programme would be implemented.

The meeting rose at 12.30 p.m.