



TWENTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

Palais des Nations, Geneva
Thursday, 13 May 1976, at 2.30 p.m.

CHAIRMAN: Professor F. RENGER (German Democratic Republic)

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TENTH MEETING

Thursday, 13 May 1976, at 2.30 p.m.

Chairman: Professor F. RENGER (German Democratic Republic)

1. REVIEW OF THE PROGRAMME BUDGET FOR THE FINANCIAL YEARS 1976 AND 1977 (FINANCIAL YEAR 1977): Item 2.2.1 of the Agenda (Official Records Nos. 220, 231 and 232) (continued)

The CHAIRMAN invited the Committee to continue its consideration of the draft resolution on programme budget policy submitted by the delegations of Afghanistan, Algeria, Bangladesh, Bolivia, Botswana, Brazil, Cuba, Egypt, Fiji, India, Indonesia, Kuwait, Mauritius, Nepal, Panama, Papua New Guinea, Peru, Romania, Sri Lanka, Surinam, Thailand, Yemen and Yugoslavia, to which amendments had been proposed by the delegations of Belgium, Panama, Turkey and the United Kingdom of Great Britain and Northern Ireland, as well as jointly by the delegations of Denmark, Finland, Norway and Sweden.

Dr VIOLAKI-PARASKEVAS (Greece) supported the philosophy and the principles underlying the draft resolution but wondered whether specifying a certain percentage therein was in fact helpful. The general aim should be to arrive at certain conclusions. Thereafter the Health Assembly should put its confidence in the Director-General and his staff to do their utmost to fulfil the objective of the promotion of health of all nations. She believed that all delegations welcomed the changing relationship between WHO and its Member countries which the Director-General had inaugurated.

Dr ALAN (Turkey) said that his delegation had submitted an amendment to the draft resolution with the purpose of finding a meeting ground for the divergent views expressed. However, in the light of the discussions, he would follow the example of the delegates of France and Belgium and withdraw his proposal.

Dr AL-AWADI (Kuwait) believed that, although a measure of disagreement had arisen, there was unanimity as to the principles of the draft resolution before the Committee. Speaking as one coming from a developing country, he emphasized the fact that no question of introducing any dominant viewpoint was involved. The Health Assembly constituted a free forum open to all views; delegations learnt from each other and a full discussion was valuable.

The concepts embodied in the draft resolution were entirely clear in that the Director-General was being provided with guidance aimed at introducing a fresh outlook in WHO. Under that proposal the Director-General and the Executive Board were being requested to see whether they considered that it would be feasible or not to introduce this outlook. Presumably, in the latter case they would present a new formula to the Health Assembly for its discussion. There was, therefore, no attempt at any coercion but merely an endeavour to reflect the new trend of thought prevailing in the Health Assembly. He would not enter into discussion regarding the amendment to delete the word "widening" qualifying the word "gap", but that preambular paragraph as it stood did indeed accurately reflect the situation since the developing countries were now, in addition to their traditional diseases, being attacked by diseases relating to pollution and modern technology. Until the developing countries obtained the full support of the developed countries, it would not be possible for the goals of WHO regarding worldwide health to be achieved. Possibly the tenor of the statements made by the developing countries had been somewhat emotional, but that was due to the sufferings endured by their populations. The draft resolution itself was not in the least emotional but presented simple facts and a straightforward procedure which would make it possible for WHO to evolve in keeping with the reality of the changing situation. He hoped that, in keeping with that spirit, the draft resolution would gain the full support of the Committee.

Dr LOEMBE (Congo) welcomed the progress made in the debate. He expressed the hope that delegations which had submitted amendments would, on the basis of humanitarian considerations, give their support to the draft resolution so as to obtain united approval

for the proposal. He expressed sincere appreciation to those delegations which had withdrawn their amendments. The discussions had resulted in the voicing of passionately held views; that did not necessarily mean that the climate of the Health Assembly had been endangered. The basic aim of the supporters of the draft resolution was to achieve a real improvement in the health conditions of needy populations.

He considered that the amendment submitted by the United Kingdom delegation was of interest in principle since it left the Director-General with a measure of flexibility. However, he felt that unless a percentage figure was fixed there could be no certainty that any concrete results would indeed be forthcoming. It was vital that the draft resolution should be presented as a formal demand for action rather than as the expression of a wish. He hoped that the United Kingdom delegation would be able to give its support to the draft resolution. The amendment submitted by the delegations of Denmark, Finland, Norway and Sweden was acceptable since it was of a general nature and did not affect the operative portion of the draft resolution. He urged the delegation of Panama, as representative of a developing country and as one of the co-sponsors of the draft resolution, to withdraw its amendment since the reference to the widening gap between the health of the developed and the developing countries was a mere statement of fact.

The debate had been most useful since it had led to a full exchange of opinion and since it sought to find ways and means for WHO to accomplish its role more effectively. He hoped that the draft resolution could be approved unanimously by acclamation.

Dr LEPPÖ (Finland) recalled that his Government had consistently held the view that the regular budget should be the backbone of the functioning of WHO and that it had therefore felt some concern regarding the increasing dependence on extrabudgetary resources in financing the essential services of the Organization. His delegation had in the past emphasized the need for sound long-term economic and operational plans which would guarantee that the priority expectations of Member countries could be met without reliance on more or less temporary funds. It should be remembered that the sums in question were, after all, relatively small when viewed in proportion with expenditure by many countries, the entire regular budget of WHO at the present time barely exceeding the annual expenditure for one large teaching hospital. It accordingly seemed to his delegation that the basic problem of increasing technical services to countries could only be solved by basing the financing of WHO activities on a regular budget of adequate magnitude.

The draft resolution under consideration seemed to be in keeping with that interpretation of general budgetary policy. It was wishful thinking to imagine that, as had been implied by some speakers the previous day, essential improvements in the health services of the developing countries could be achieved by reducing administrative costs in WHO and without facing the problem of the need to increase the regular budget level. It should, moreover, be borne in mind that WHO was the specialized agency in the United Nations-family which was the most decentralized and the most oriented towards direct services to Member countries and that it was very effectively managed by an extremely capable Secretariat. In the future, the Health Assembly should aim at increasing the regular budget primarily for the needs of developing countries and at reducing dependency on extrabudgetary resources. He felt that that aspect could have been given greater emphasis in the draft resolution.

His delegation would support the draft resolution, with the amendments proposed by Panama and by the delegations of Denmark, Norway, Sweden and his own. It was his understanding that the percentage figure in the first operative paragraph was at the present stage intended to be an indicative one.

Mr DESPOTOVIĆ (Yugoslavia) said that his delegation, as one of the sponsors of the draft resolution, would support it with the inclusion of the amendment proposed by the delegations of Denmark, Finland, Norway and Sweden.

Professor BEDAYA-NGARO (Central African Republic) believed that it was most important to stress the progress achieved in the course of the present discussions and to take into account the essentially positive attitude of many speakers rather than to draw attention to any split in the attitude of the Committee or to any deterioration in the climate of the debate. When speaking of the atmosphere of the present session of the Health Assembly, it was essential to take into account the fruitful decisions which had already been taken in a number of spheres of activity. Health, after all, was the driving force of any new

international economic order which it was sought to establish, and accordingly efforts should not be spared to ensure that it did not lag behind other fields of activity.

He regretted that some criticism had seemed apparent of the consultations which had taken place in the forum of the Group of 77. It would be regrettable if undue emphasis were to be placed on that particular point, since groups of varying sizes and informal consultations between delegations had always existed and did indeed result in the presentation of joint proposals, which were after all desirable in that they expedited the work of the session. The fact that the delegation of Panama, which was one of the group of sponsors, had submitted an amendment showed that it acted as an individual delegation.

The purport of the draft resolution and the amendments thereto was entirely clear. The basic issue, constituting the very core of the discussion, was whether one was in favour of the first operative paragraph in its original form or not, i.e. whether that decision should be taken immediately or only after studies by the Director-General. His delegation was naturally in favour of the former course, which it did not consider to be in any way incompatible with the request put to the Director-General.

Dr VILCHIS (Mexico) wished to propose the following amendments which would not, in his opinion, change the spirit of the draft resolution. In operative paragraph 1, the words "the level of at least 60%" in subparagraph (1) should be replaced by the words "the maximum possible level aiming at 60% or more if possible", and in subparagraph (2) the words "once the appropriate studies have been completed on the financial possibilities and" should be inserted following the words "Thirtieth World Health Assembly".

Professor SULIANTI SAROSO (Indonesia) moved the closure of the list of speakers to the debate. Although she had been opposed to the motion on the closure of the debate the previous day, she now felt that any further discussion of the subject might well result in some deterioration in the climate of the Health Assembly session.

The SECRETARY, at the invitation of the Chairman, read out Rule 58 of the Rules of Procedure of the World Health Assembly concerning closure of the list of speakers.

Decision: The list of speakers was closed.

Mr CAMARA (Guinea) said he fully endorsed the statement made by the representative of the Central African Republic, but he thought the amendments proposed by the delegate of Mexico could give rise to further difficulties and that the proposition made by the delegate of Indonesia was very pertinent. The divisions that had been apparent in the Health Assembly reflected political, sociological, and economic differences in the world, but he would have thought that the Health Assembly would have shown a common attitude towards the problem of combating disease. When certain countries tried to put new ideas before the Health Assembly, it was not with the intention of creating a gulf between the nations but rather in an attempt to give the Organization greater effectiveness, taking into account the slender means at its disposal. Countries that until recently had been dominated by a small minority were now able to present themselves on an equal footing with those who had previously dominated them, but it had to be recognized that a few of the countries that had recently been dominant demonstrated a mentality that hampered the progress of the international community. The Group of 77 was not trying to impose its will; its members were opposed to the suggestion that had been made elsewhere that they were about to constitute a new majority. Their only aim was to introduce new dimensions into the concert of nations. Had they wished to impose their will they would have supported the proposal for closure of the debate made during the previous meeting by the delegate of Uganda. However 90% of developing countries voted against this proposal because they wanted everyone to have an opportunity to express his views. He believed, however, that all delegates should vote for the draft resolution and that only the amendment proposed by the Nordic countries should be accepted. The other amendments added nothing positive or concrete to the resolution. He pointed out that the word "widening" in the second paragraph of the preamble had been introduced with the express intention of qualifying the word "gap". Had the gap been diminishing the preamble would have had to say that this fact was welcomed. He thought it was time to put an end to the confusion and for the Health Assembly to recover the calm that should characterize it.

Dr ROASHAN (Afghanistan) said he wished to take up the suggestion made earlier that an idea was being imposed on the Health Assembly from outside. He stressed that the resolution before the Committee had been drafted and agreed upon by a group, all the members of which were members of WHO. All the resolution called for was change - for dynamism and realism. It was dynamic because it sought to make the Health Assembly alert to the pressing needs of the time, and it was realistic because it aimed at a measurable target. It said what many delegates had wanted to say for years but did not, perhaps because of the fear of change. And it was change for the better, change towards an ideal, that the draft resolution sought to bring about.

He made a plea that all delegates should support the resolution and moved that the Committee should proceed immediately to vote on it after the last speaker had had the floor. It was confirmed that the sponsors of the resolution had agreed to the insertion of the amendment of the Nordic delegates and to the amendment of Panama.

Dr GANGBO (Benin) said that the declaration made by the delegate of Mexico had introduced a new element and had almost brought the discussion back to the point from which it started. No one had questioned the need to reorient expenditures, but the discussion had centred mainly on the threshold of 60%. Some speakers had been anxious that the proportion should be a maximum, perhaps superior to 60%, and thought the draft resolution might restrict the figure to 60%. The co-sponsors of the resolution believed, however, that the figure was merely an indication. He asked whether a Director-General of WHO had ever been penalized for not having executed a programme in its entirety. The essential thing was to have an indication. It had been recognized that it was possible to commence planning in Africa even though not all the basic statistical data were available. In the same way the figure of 60% could be accepted as a starting point rather than awaiting the outcome of a scientific study. The amendment proposed by the delegate of Mexico would have made the figure of 60% a maximum, whereas the draft resolution indicated that it was a minimum. Unless this interpretation was incorrect, the delegate of Mexico should withdraw his amendment. He hoped that it would be possible for the draft resolution to be adopted by acclamation.

The SECRETARY, at the invitation of the Chairman, read out Rule 65 of the Rules of Procedure of the Health Assembly describing the procedure to be followed when several amendments to a resolution had to be put to the vote. He said that the amendments proposed by the representative of Belgium, affecting operative paragraph 1 (2), would be withdrawn if the amendment proposed by the delegate of the United Kingdom were adopted. The delegate of Turkey had already withdrawn his amendment to the second line of operative paragraph 1 (1). The amendment proposed by the delegations of Denmark, Finland, Norway and Sweden to add a second preambular paragraph; and the amendment proposed by the delegate of Panama to the second preambular paragraph, had already been accepted by the cosponsors of the resolution. Finally, he read out the two amendments that had been proposed by the delegate of Mexico to paragraph 1 (1) and to operative paragraph 2.

The CHAIRMAN called for a vote on the amendment proposed by the delegate of the United Kingdom of Great Britain and Northern Ireland.

Dr EHRLICH (United States of America), speaking on a point of order, said he had understood that the amendment furthest removed from the draft resolution would be voted on first. The Belgian amendment was further removed than the United Kingdom one.

The SECRETARY replied that since the Belgian delegate had made withdrawal of his amendment contingent on acceptance of the United Kingdom amendment, it would simplify the procedure if the United Kingdom amendment was voted on first.

Decision: The amendment proposed by the United Kingdom delegate was rejected by 69 votes to 27, with 10 abstentions.

The CHAIRMAN said that as the United Kingdom amendment had been rejected, the Belgian amendment would be put to the vote.

Decision: The amendment proposed by the Belgian delegate was rejected by 77 votes to 19, with 13 abstentions.

The CHAIRMAN put to the vote the first of the amendments proposed by the delegate of Mexico.

Decision: The amendment was rejected by 68 votes to 6, with 30 abstentions.

The CHAIRMAN put to the vote the second of the amendments proposed by the Mexican delegate.

Decision: The amendment was defeated by 79 votes to 5, with 25 abstentions.

The CHAIRMAN called for a vote on the draft resolution, including the modifications embodied in the original proposal.

Decision: The resolution was adopted by 82 votes to 0, with 26 abstentions.

Professor KOSTRZEWSKI (representative of the Executive Board), said that although he could not yet express an opinion on behalf of the Board on the issue, which was of the greatest importance to the future of WHO, he could assure all delegates that not only the content of the discussion and the resolution itself, but also the spirit pervading the meetings at which the subject had been discussed, would be transmitted to the fifty-eighth session of the Board. In his personal capacity as outgoing Chairman of the Board he could assure the delegates that it would handle all recommendations of the World Health Assembly concerning the programme budget policy with great competence, in the closest cooperation with the Director-General.

Dr EHRLICH (United States of America), speaking in explanation of vote, said that his delegation had abstained on the draft resolution although it contained much that it could support. However, it could not agree to the adoption by the current session of the World Health Assembly of a method of achieving its objectives which would have a profound impact on the policies and programmes of the Organization without first requesting a careful examination by the Director-General and the Executive Board of what that impact might be. Moreover, his delegation was not convinced that it was either possible or advisable to divide the work of the Organization into technical cooperation and services on the one hand, and all other activities on the other. To do so was to invite endless argument over definitions and to risk damage to programmes. He also wondered if the adoption of the resolution would lead to discarding the carefully prepared Sixth General Programme of Work which the Committee had just adopted. As the Belgian delegate had pointed out, the resources of the Organization were only a minute fraction of what countries were spending on public health. He therefore hoped that the implementation of the resolution would not result in any diminution of WHO's principal and most successful role in that respect, namely that of catalyst.

Dr TARIMO (United Republic of Tanzania) welcomed the new spirit apparent at the World Health Assembly, where all the productive work had usually been done in informal discussions and the formal meetings had been little more than routine exchanges of expressions of mutual confidence between the Secretariat and delegations. At the current session, however, the important subjects, such as the problems of Member States and the role of WHO and what more it could do to help countries solve them had, for the first time been discussed at the actual meetings. He sincerely hoped that trend would continue. He was not opposed to studies and research if they produced practical results but they must not be used as delaying tactics. The developing countries in particular were fighting a constant battle against disease and in a battle quick action was essential.

Dr GOMAA (Egypt) said that the main issue which had emerged from the adoption of the important resolution was that a clear definition must be established between the activities which were considered to fall under the heading of technical cooperation and all other types of activities. That would call for the objectivity and spirit of scientific cooperation, which was characteristic of the Organization.

Dr ROASHAN (Afghanistan) welcomed the adoption of the draft resolution. The fact that no one had voted against that resolution showed the integrity which bound the whole of human society together, despite the different opinions on the means of achieving common objectives.

The sponsors of the draft resolution were confident that the Secretariat would do its best to comply with the wishes of the World Health Assembly.

The DIRECTOR-GENERAL said that in approving the draft resolution, the Committee and thereby probably the World Health Assembly had taken one of the most important political decisions in the history of the Organization. Its capacity to respond to that decision depended on its past reputation. He had been slightly pained at the tendency to classify the activities of WHO as being on a par with those of other agencies in the United Nations system, whereas Member States had made WHO a unique organization in the whole international field. It had above all a very creditable record in the developing countries themselves. Smallpox eradication was merely one illustration of its achievements. From his personal experience, the results of WHO collaborative research in countries such as India had saved them vast sums. Above all, its fellowships programme had been instrumental in helping the developing world to become self-reliant. That reputation was due to his predecessors and to the staff throughout the world who conscientiously tried to apply the instructions of successive World Health Assemblies. However, although some of its activities were no longer relevant to the present world and many others could be more productive, most of those activities had been implemented at the request of the World Health Assembly. He was convinced that the only reason that the Organization might be able to respond to such a monumental decision as that just taken by the Committee was because of its past and present achievements. In other bodies, similar resolutions had been taken without any follow-up.

At previous World Health Assemblies he had stated his own philosophical views on the state of affairs in the modern socially unjust world and had tried to say what should be WHO's mission. There could be no question of aid or assistance, but only cooperation, which must pervade all activities. The Committee's recent decision was a part of technical cooperation and the money spent on implementing it would lead to genuine cooperation in that field. It was important at all times to underline the unity of purpose between the World Health Assembly, the Executive Board, Member States and the Secretariat. Such cohesion must exist between all levels of the Organization, between headquarters, regional offices and the field, and between regions. The Organization must never become a federation of six distinct regions with some vague entity at the central level as that would spell the end of WHO. It was imperative that the Organization remain one, conceptually, spiritually and in application.

The implementation of the Committee's decision within the spirit of the WHO Constitution would depend on a continuous critical dialogue, on cooperation and solidarity. On the assumption that such a spirit of truly international cooperation existed throughout the Organization, which meant its Member States and governing bodies and not merely the Secretariat, he would try to mobilize the courage to implement the true spirit of the resolution. Courage would be required because its proper implementation would call for difficult and sometimes harsh decisions not only for the Secretariat but also for Member States as activities decided upon by the World Health Assembly may have to be abandoned.

He therefore felt obliged to declare how he intended to implement the resolution. First, he welcomed the new programme budget policy reorientation reflected in the resolution and in resolution WHA28.76, because it reinforced his own efforts to reduce non-relevant and non-productive expenditure in WHO, as reflected by the economies and programme changes already introduced. Secondly, he saw the fixed percentage of 60% as an initial target towards which the Director-General, with the full participation of the Executive Board, should work to strengthen the work of WHO and perhaps even provide an example for the United Nations system as a whole in fulfilling the imperatives of the New International Economic Order. Thirdly, the effect of the resolution must be to strengthen technical cooperation programmes at all levels of the Organization and not to fragment or weaken such technical cooperation or coordination of international health work at any one level.

After quoting from Kazantzakis on the two conflicting forces in life, he said that such internal contradictions in the present world health system could be used to generate new ideas, new efforts, to narrow the health gap between rich and poor, inside countries and between them.

The meeting rose at 5.40 p.m.

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