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 ORGANISATION MONDIALE DE LA SANTÉ



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TWENTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Thursday, 13 May 1976, at 11.30 a.m.

CHAIRMAN: Dr E. AGUILAR PAZ (Honduras)

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NINTH MEETING

Thursday, 13 May 1976, at 11.30 a.m.

Chairman: Dr E. AGUILAR PAZ (Honduras)

1. DRAFT THIRD REPORT OF COMMITTEE B (Document A29/62)

Professor KHALEQUE (Bangladesh), Rapporteur, read out the draft third report of the Committee (document A29/62).

Decision: The third report of Committee B was adopted.

2. COORDINATION WITH THE UNITED NATIONS SYSTEM: Item 3.14 of the Agenda (continued)

General matters: Item 3.14.1 of the Agenda (Resolutions WHA28.39 and EB57.R49; Documents A29/35 and A29/35 Add.1 (continued))

The CHAIRMAN drew attention to the following draft resolution proposed by the Rapporteur:

The Twenty-ninth World Health Assembly,

Having studied the report of the Director-General on coordination within the United Nations system on general matters;

Noting the resolutions of concern to the Organization that were adopted by the Economic and Social Council at its fifty-eighth and fifty-ninth sessions and by the United Nations General Assembly at its thirtieth session;

Re-emphasizing the importance of resolution 3362 (S-VII) on Development and International Economic Cooperation, adopted by the seventh special session of the United Nations General Assembly, and the need for the World Health Organization to contribute fully to the implementation of that resolution, in collaboration with the United Nations and other organizations of the United Nations system;

Recognizing that the activities of the World Health Organization, in meeting the health needs of populations, are intrinsically related to the major issues of concern to the Economic and Social Council and the United Nations General Assembly,

1. APPROVES the measures taken by the Director-General to ensure the fullest involvement of the Organization in the overall efforts being made by the United Nations system;

2. WELCOMES the efforts being undertaken by the United Nations Development Programme to achieve closer coordination of the activities pertaining to technical cooperation among developing countries and requests the Director-General to continue his collaboration, particularly through the regional committees and regional offices, with the Administrator of the United Nations Development Programme in the promotion of these activities, in accordance with resolution EB57.R50;

3. REQUESTS the Director-General

(a) to continue close cooperation with the organizations and institutions of the United Nations system;

(b) to continue to keep the Executive Board and the World Health Assembly informed of relevant decisions of the United Nations system of concern to WHO.

Dr SACKS (Associate Director, Division of Coordination), Secretary, noted that in the draft resolution on aid to the Sudano-Sahelian populations, which had been introduced at the previous meeting, the word "intervention" in operative paragraph 1 should have been deleted. He also noted that certain editorial changes had been made in the draft resolution on UNDP-supported activities - financial situation; the second preambular paragraph now commenced "Noting the terms of resolution EB57.R49 adopted by the Executive Board", while the fifth preambular paragraph had been deleted.

Mr FINDLAY (Sierra Leone) expressed approval of the Director-General's useful report (document A29/35). The situation in the Sudano-Sahelian region and in Cyprus called for determined and concerted action by all agencies. His delegation congratulated the Director-General on the effective role WHO had played and on the material support it had provided to those afflicted areas. The draft resolutions on aid to the Sudano-Sahelian populations and on health and medical assistance to Lebanon highlighted the urgent need for continued and increased support. His delegation fully supported the draft resolutions and the humanitarian considerations on which they were based.

His country was grateful for the assistance provided by UNDP. The liquidity crisis was now a common phenomenon, affecting both national governments and donor agencies. As a result of the shortfall in funds facing UNDP, support of Sierra Leone's health statistics project had had to be terminated at a time when the services of the expert concerned were most needed in a field that was vital to the effective and realistic planning of the health service, in particular for rural areas and for maternal and child care. The departure of the expert had left a vacuum. He hoped that the situation would soon improve and that UNDP assistance would once again become available. His delegation supported the draft resolution on UNDP-supported activities - financial situation.

Dr UHRICH (United States of America) noted that some resolutions at the World Food Conference had clear health implications and had made specific requests of WHO. Further, the Director-General had indicated that collaboration had continued to expand under the World Food Programme. He requested information concerning the present state of those activities, considering the importance of nutrition as an essential element of integrated health programmes.

Mr SIDERIS (Greece) said that his delegation had felt it a duty to co-sponsor the draft resolution on health and medical assistance to Lebanon, given the distressing situation facing that country. Lebanon was a nation dear to his countrymen, particularly since its people and Government had never failed to extend assistance to other suffering countries, even when their means were not adequate to meet their own needs. Lebanon was in urgent need of health assistance. If adopted, the resolution would enable the Director-General to continue and increase his efforts to alleviate the suffering of people. His delegation therefore urged its unanimous adoption. He also expressed unreserved support for the draft resolution on aid to the Sudano-Sahelian populations. Every effort should be made to avoid a repetition of the tragedy in the Sahel area.

Dr CAYLA (France) welcomed the steps taken to coordinate WHO's activities with the United Nations system, and particularly the efforts at inter-organizational coordination in administrative, budgetary and financial matters. He therefore supported the draft resolution proposed on that subject by the Rapporteur. He noted with concern the financial situation confronting UNDP (document A29/35 Add.1) and had listened with interest to the further explanations given by the Secretariat. His delegation supported the draft resolution on UNDP-supported activities - financial situation. He reiterated his delegation's support for the draft resolutions on aid to the Sudano-Sahelian populations and on health and medical assistance to Lebanon.

Professor LISICYN (Union of Soviet Socialist Republics) noted that, in the final preambular paragraph of the draft resolution on health and medical assistance to Lebanon, the Russian text included words that meant "efforts to protect the interests of Lebanon", while the English text read "efforts in favour of Lebanon". He requested that the Russian version be amended to correspond with the English wording. He noted that the Russian texts of the other draft resolutions under discussion were now in agreement with the English and French texts.

The SECRETARY said that the necessary change would be made.

Dr BADDUO (Ghana), having read documents A29/35 and A29/35 Add.1 with interest, joined in congratulating the Director-General on his efforts to assist Lebanon and the afflicted populations in the Sudano-Sahelian area, and expressed support for the draft resolutions on health assistance to the countries concerned.

With regard to UNDP's financial difficulties, he appreciated the steps being taken to minimize disruption in WHO's programme activities and supported the suggestion that countries

affected by the reduction in UNDP-supported programmes should make temporary arrangements to meet the situation. In view of the limited financial and manpower resources of the developing countries benefiting from UNDP-supported programmes, he urged the Director-General to continue negotiations with UNDP to normalize the situation as soon as possible. His delegation therefore supported the draft resolution on that matter, subject to the following amendments in operative paragraph 2: "benefiting from UNDP assistance" should be changed to "experiencing reductions in the expenditure level of UNDP assistance", and "attenuate" should be changed to "mitigate".

Dr CUMMING (Australia) supported the draft resolutions on aid to the Sudano-Sahelian populations, on health and medical assistance to Lebanon, and on general matters (proposed by the Rapporteur). He wished to stress the content of the draft resolution on UNDP-supported activities - financial situation and agreed with the suggestion that in operative paragraph 2 "attenuate" be changed to "mitigate". He commended the draft resolution, with that amendment, to the Committee.

Mr SWEGER (Sweden) requested clarification concerning WHO's cooperation with the United Nations Fund for Population Activities (UNFPA) and the United Nations Protein-Calorie Advisory Group. WHO received infrastructural support from the former organization, which for 1976 would amount to US\$ 688 000. Since the UNDP Governing Council had discussed the gradual phasing out of that support, had WHO made any preparation to take over the costs of staff at present financed by that support? In the budget proposal for 1977 continued financial support for the United Nations Protein-Calorie Advisory Group by WHO was foreseen. However, discussions were in progress in the United Nations system to consider the abolition or reorganization of that Group. His delegation considered that such suggestions should first be discussed by the governmental bodies currently contributing to the financing of the Group. He believed that WHO should continue to give financial help to the Group, which had an important task to fulfil in the field of nutrition and performed well. Indeed, no other organization was suitable to take over its responsibilities. The present problems of resource constraints within UNDP should first be eliminated by increasing the resources of UNDP, and he strongly supported the UNDP Governing Council's appeal to governments to make additional voluntary contributions to UNDP in 1976. His delegation supported the draft resolution on UNDP-supported activities - financial situation and agreed with the Ghanaian proposal that in operative paragraph 2 the words "benefiting from UNDP assistance" should be replaced by "experiencing reduction in the expenditure level of UNDP assistance".

Dr ISSA (Jordan) and Dr TOURÉ (Senegal) expressed support for the draft resolution on health and medical assistance to Lebanon.

Dr BEHAR (Nutrition) said he would reply to two questions that had been raised, the first by the United States delegate in regard to WHO's response to requests made of it in resolutions of the World Food Conference, and the second by the Swedish delegate on the present position of the United Nations Protein-Calorie Advisory Group (PAG). On the first point, delegates would be aware that the World Food Conference had made a number of important recommendations both to countries and to international organizations for the combating of problems of famine and malnutrition. The World Food Council, which had been set up by the Conference to implement those recommendations, had agreed to assign specific responsibilities in the area of food and nutrition to appropriate specialized agencies. Two responsibilities had been entrusted to WHO: the first was the control of nutritional deficiencies (such as, for example, endemic goitre, anaemia and vitamin A deficiency) that could be alleviated by measures that did not imply changes in the diet of the population; the second was to cooperate with countries in setting up epidemiological surveillance systems to evaluate the nutritional state of their people, not by means of cross-sectional surveys, which were costly and not always effective, but by a continuous monitoring system using simple indices.

The first of those two tasks was not a new one to WHO, as it had been working in that field for a number of years. The Organization was cooperating, with the assistance of UNICEF, with countries that were concerned to control the problem of goitre. In the case of vitamin deficiency, the Organization was supporting studies in various parts of the world which were designed to evaluate different control techniques; one such technique was the periodic administration of large doses of vitamin A to high-risk sectors of the population, another

was the incorporation of vitamin A in foodstuffs consumed regularly by all the population, and a third was the encouragement of the consumption of foods rich in vitamin A through education and by increasing production at local level. Those studies were now being carried out to establish which of those three techniques was the most effective and which was the most suitable for application in widely varying ecological, social and economic conditions.

Regarding the control of anaemia, WHO was again supporting studies in different parts of the world to evaluate control techniques. One such technique was the enrichment of foodstuffs by the addition of iron salts, and another was the administering of iron compounds to particularly vulnerable groups. By studying the effect of each of these methods in the context of the natural diet of the population it could be established which was biologically the more effective. For both those studies WHO had obtained much valuable cooperation from the United States Agency for International Development and the Swedish International Development Authority.

The second task entrusted to WHO, the establishment of an epidemiological surveillance system, presented a problem because the methodology involved was entirely new. Accordingly, the Organization, together with FAO and UNICEF, had decided to convene a group of experts to advise on methodology. That group had met in 1975 and its recommendations had been presented to the fifty-seventh session of the Executive Board. Because the methodologies recommended had not yet been tried in practice, a series of operational studies were being carried out in the field in order to evaluate them and to find which were most appropriate to particular countries.

Another important task for WHO not specifically indicated by the World Food Conference was the incorporation of nutritional activities in programmes of primary health care. He believed that that task should have high priority among the existing activities of the Organization in the field of nutrition.

He drew attention to two problems arising from the recommendations made by the World Food Conference. First, too much emphasis had been placed on the production and marketing of foodstuffs. Although it was important that populations should be provided with sufficient food, not enough emphasis had been given on how to ensure an adequate diet for those under the risk of malnutrition. The real problem for the majority of countries was not the national availability of food, but its nutritional quality and actual availability to the different sections of the population, and the Conference had not paid enough attention to that fact.

The second problem was that although the Conference had made a series of major recommendations, implementation of which was to be entrusted to the specialized agencies, no additional funds had been allocated to those agencies to enable them to fulfil their new responsibilities. In the case of WHO, the funds within the regular budget that could be devoted to nutrition programmes were totally inadequate in relation to the scale of the problem. The Organization had therefore directed its efforts chiefly towards cooperation with other agencies in the field of nutrition, notably UNICEF and the World Bank, as well as with bilateral agencies.

In reply to the Swedish delegate, PAG was a technical group set up in 1955 by WHO to advise the Organization on the safety, nutritional value and other aspects of new dietary sources of protein, as well as on specific technical aspects of protein-energy-malnutrition. PAG had carried out its responsibilities efficiently, and FAO and UNICEF had joined WHO as co-sponsors of the Group. Later, its advisory role had been progressively expanded to energy sources and food in general, and to the economic, social and educational aspects related to malnutrition; thus it had no longer been confined to technical questions, and the World Bank and the United Nations had also become co-sponsors. Accordingly, PAG's membership had also been diversified to include sociologists, economists, educators, planners and other experts. Responsibility had also been given to the Group for advising on the overall programme of nutrition of the United Nations system and on the development of new programmes.

Those changes in the Group's functions and membership had been supported by the Organization as being in accordance with its general policy that malnutrition should be seen not only as a technical problem but also as an economic, social and educational problem. Unfortunately, it had proved difficult in practice for a group of such highly qualified and very busy experts to meet more than sporadically (sometimes only once a year) and it was thus difficult for it to fulfil its considerable responsibilities. That was not the fault of individual members of PAG, but rather of the structure and functioning of the Group itself. That had been recognized by PAG, which had decided at its last session to restructure its membership completely and to redefine its methods of work. WHO had once again given its

support to those changes and had, as had been mentioned, made provision to continue to finance the Group up to 1977, when a decision on future support would have to be made, based on the review now in progress in the United Nations system on institutional arrangements related to nutrition.

One of the recommendations of the World Food Conference called for a review of activities of the United Nations system in relation to nutrition and of the interrelations and respective roles of the agencies and other bodies involved. A study on that question had been undertaken recently, notably by the ACC; Dr Sacks would be in a better position to give the Committee more information.

Dr SACKS (Associate Director, Division of Coordination) said that at the Twenty-eighth Health Assembly attention had been drawn to all the recommendations of the World Food Conference of direct relevance to WHO. It should be noted that resolution XXII of the Conference requested the United Nations Economic and Social Council to consider urgently possible rearrangements in the United Nations system to ensure effective follow-up of the World Food Conference's decisions in the area of nutrition. Following that request, ACC had suggested to the Council that the Committee study the question at inter-secretariat level. The Council had the previous year agreed to that suggestion, and at ACC meetings over the past year there had been an intensive dialogue between the agencies concerned in an endeavour to find a formula to meet the request of World Food Conference resolution XXII. In April 1976, ACC had agreed to recommend to the Economic and Social Council at its sixty-first session new formulae for strengthening work on nutrition at country level, as well as for coordination of such work at regional and global level, including institutional arrangements and an interagency secretariat. Consideration had been given as to how to provide adequate expertise to implement the proposals likely to be made by the World Food Council in the area of nutrition. After consultation, it had been agreed to recommend to the Council a re-examination of the concepts underlying the expertise in nutrition available to the system as a whole. ACC was suggesting the setting up of a broad nutritional advisory panel of the United Nations system including the expertise now available in PAG, which would not only advise on specific problems, but at least every three years would be required to review the way in which the United Nations system as a whole was dealing with nutritional problems.

In reply to the comments made by the USSR delegate the previous day on the importance of United Nations General Assembly resolution 3362 (S-VII), WHO had followed very closely the work of the General Assembly on that issue, as well as giving intensive study to the implications of the resolution for its own activities.

It was clear from document A29/35 that in addition to being requested to intensify its activities in a number of specific health areas, WHO was also affected by a number of other decisions of the General Assembly's seventh special session. Those decisions related to such areas as science and technology, the transfer of technology, natural disasters, the brain drain, human settlements, nutrition, among others. ACC had set up a special task force in March 1976 to discuss how each organization, individually and collectively, could best meet the demands of resolution 3362 (S-VII). The task forces' conclusions would be submitted to the Economic and Social Council. Measures had therefore been taken to deal not only with the resolution's substantive aspects, but also with its structural aspects. The Director-General of WHO had addressed the United Nations Ad Hoc Committee on the Restructuring of the Economic and Social Sectors of the United Nations System at its second session and had also been in continuous contact with the work of the ACC task force. The results of the discussions in the Ad Hoc Committee would be brought to the attention of the Executive Board and Health Assembly.

Dr ZAHRA (Director, Division of Family Health) recalled that the Swedish delegate had inquired about WHO's collaborative programme with UNFPA, and had referred to the possibility that UNFPA might in the near future reduce or phase out its present support for a WHO infrastructure - namely, a core group of staff at headquarters and the regional offices responsible for the administration and execution of the programme of work on the health aspects of family planning, human reproduction and population dynamics.

This was the sixth year of satisfactory collaboration between WHO and UNFPA. That programme, in line with the Organization's mandate in that field, had rapidly expanded, so that WHO was now assisting in the planning or implementation of UNFPA-funded projects in some 62 countries in six regions. Support was being given to the service aspects of country and intercountry activities, to training programmes for different categories of personnel, to

epidemiological and operational research, and to the dissemination of information on the health aspects of family planning and population dynamics. Participating in those activities were programmes in maternal and child health, human reproduction, health education, nutrition, mental health, nursing and midwifery, and health statistics, all of which were supported from WHO's regular budget and from other sources of funds such as UNDP and UNICEF. UNFPA assistance in the health aspects of family planning, human reproduction and population dynamics was therefore complementary to overall WHO collaboration at the regional and country levels. In addition, UNFPA maintained close consultation with WHO and other relevant agencies on the technical aspects of projects in some 12 other countries directly assisted by UNFPA.

Furthermore, WHO's activities had taken on new dimensions as a result of the follow-up to the World Population Conference and of resolution WHA28.44, in which the important role of health - and hence of WHO - in population activities was stressed throughout. For example, WHO was responsible for reporting to the United Nations Population Commission and the Economic and Social Council on trends in neonatal, infant, childhood and maternal mortality and morbidity and on health aspects of fertility regulation as part of the monitoring of population trends and policies under the World Population Plan of Action.

In 1975, WHO had received some \$ 15 million from UNFPA, of which \$ 14.4 million had been directed to the interregional, regional and country activities he had described. UNFPA support to WHO infrastructure in headquarters and in the regional offices necessary for the administration and coordination of such a large programme amounted to some \$ 630 000 in 1976 (slightly less than in 1975), about 4% of the total UNFPA funds allocated to WHO, or 5.4% of the total programme delivery in 1975.

Both UNFPA and WHO regularly reviewed the question of the proportion between infrastructure and programme delivery, and in fact, in view of the decentralization of responsibility for country and intercountry activities that had taken place in the last year or so, it had been possible to effect some reduction in infrastructure at headquarters. He had every reason to believe that UNFPA appreciated how essential its present modest support to infrastructure was for the efficient running of the programme. However, should there be any change in that support to infrastructure in the future, WHO would see no alternative but to charge UNFPA overhead costs (which it did not at present do) calculated at the rate of 14% of programme delivery, as was the accepted practice for UNDP-funded activities. That would be essential if such a major programme was to be carried out and developed adequately and fully.

The meeting rose at 12.30 p.m.