



THIRTIETH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE TENTH MEETING

Palais des Nations, Geneva
Friday, 13 May 1977, at 9.30 a.m.



CHAIRMAN: Dr M. VIOLAKI-PARASKEVA (Greece)

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TENTH MEETING

Friday, 13 May 1977, at 9.30 a.m.

Chairman: Dr M. VIOLAKI-PARASKEVA (Greece)

1. REVIEW OF THE PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL YEARS 1978 AND 1979 AND THE EXECUTIVE BOARD'S REPORT THEREON: Item 2.3.1 of the Agenda (Official Records No. 236, No. 238, Part II, and No. 239; Resolutions WHA28.75, WHA28.76, WHA29.36, WHA29.48, EB58.R11, EB59.R8, EB59.R16 and EB59.R17; Documents A30/7 and Corr.1, A30/43, A30/WP/2, A30/INF.DOC/1, and A30/INF.DOC/5 Rev.1) (continued)

Eastern Mediterranean Region (Official Records No. 236, pages 602-667; Official Records No. 238, Part II, Chapter II, paragraphs 181-186).

Dr VALLADARES (representative of the Executive Board), introducing the Board's report on the Eastern Mediterranean Region, said that in preparing the regional programme budget proposals, the Regional Director and Subcommittee A of the Regional Committee had borne in mind resolution WHA29.48. Subcommittee B had not met during 1976. The regional office component had been reduced and the number of posts had been cut from 92 in 1978 to 82 in 1979. Expenditure on the Regional Office amounted to only 9.5% of the total budget. The Board had further taken note that from 1978 onwards the cost of WHO representatives was to be borne by the national budget in countries where such a course was possible. Of the budget 57% was allocated to help the six least developed countries, which would also receive the greater part of the allocation under the Director-General's and Regional Directors' Development Programme. Furthermore, the economically more fortunate countries of the Region had agreed to a reduction in the funds previously allocated for technical cooperation with them to the benefit of the less developed countries of the Region.

The Board had noticed with satisfaction these arrangements and the emphasis on strengthening primary health care for populations hitherto inadequately served. It had also taken note of the emphasis placed on training programmes for all categories of health workers.

As stated in paragraph 181 of Official Records No. 238, Part II, Chapter II, the increased expenditure on the Regional Programme amounted to US\$ 2 195 500, of which US\$ 2 133 900 had been allocated to country and intercountry projects. Further details of the make-up of the budget appeared in paragraphs 182 and 183.

Dr GOMAA (Egypt) said that a welcome feature of the budget was that three-fifths was devoted to intercountry projects; that would lead to stronger ties between countries in the Region and improve training and educational activities as well as facilitating the exchange of expertise. It was to the advantage of the less favoured countries. He hoped that the generous initiative of the wealthier countries in forgoing some of their allocations should prompt the Organization to increase, rather than decrease, its overall allocation to the Region.

He shared the Board's satisfaction with the priority given to comprehensive health services and health manpower in the light of the special needs of the Region. He hoped that by attaining a high standard in those areas, the Region might overcome the problem of the brain drain.

Although some countries in the Region had experience of country health planning, others were tackling it for the first time. Research into health manpower and administration was therefore of considerable importance, as was the question of evaluation. He hoped that other regions would follow the example of the Americas which had undertaken a mid-term evaluation of their ten year training plan. To assist it in future health planning, Egypt was preparing maps showing the geographical distribution of diseases and the health needs of the various areas of the country.

Dr FARJANI (Oman) said that although the Sultanate of Oman was only six years old it had already made great strides in health matters. Like many emergent countries, it had previously devoted most attention to curative medicine, but the Department of Public Health now had 11 subsections, including preventive medical and laboratory services. The Regional Office had

given generous assistance particularly with training programmes, fellowships and advisers and the appointment of a substantive WHO representative in 1975 had strengthened joint Oman/WHO projects including control programmes against trachoma, tuberculosis and malaria.

Dr EMRANI (Iran) said that his country attached great importance to research, particularly in the field of tropical diseases. He wished to announce that the Iranian Government had decided to donate in 1978 the sum of US\$ 500 000 to the Special Programme for Research and Training in Tropical Diseases. His delegation hoped that the establishment of a regional centre for research in that field would make it easier to concentrate on regional priorities. In his view, Iran was technically and financially suitable to be the location for such a centre.

Dr WANG Lien-sheng (China) reiterated his country's consistent opposition to the provision of assistance from WHO to the Israeli Zionist authority. In paying its annual contribution, China had withheld and would continue to withhold a proportionate amount in respect of the provision in the regular budget for assistance to Israel. He wished his statement to be reflected in the summary records.

Dr HASSOUN (Iraq) endorsed the statement by the Chinese delegate.

In the regional programme, his delegation particularly supported technical cooperation among countries and with the Regional Office in order to provide maximum assistance to the poorer countries. It was also in favour of health manpower activities and was grateful for the contribution of regional training centres to health facilities in Baghdad.

The Iraqi Government had greatly appreciated the visit of the Director-General and Regional Director to Baghdad in March 1977 which had provided an opportunity to review the country's programme.

Dr TAJELDIN (Qatar) said that the Eastern Mediterranean included developing countries suffering from endemic diseases. The richer countries, including Qatar, which had forgone a considerable proportion of its allocation, were sparing no effort to assist their poorer neighbours to improve primary health care and control diseases. In his country, the public health authorities were greatly concerned by the increase in cardiovascular diseases and traffic accidents and would welcome more research in these areas.

Dr TABA (Regional Director for the Eastern Mediterranean), replying to comments by delegations, said that evaluation formed an important part of all WHO's collaborative programmes; in particular, the fellowship programme with an annual allocation of over US\$ 2 000 000 was continuously under careful evaluation. In 1976 there had been a most useful evaluation of the health manpower training programme in the Eastern Mediterranean which had revealed the need for more attention to the training of nurses - a subject which was currently under review also by the Director-General. In 1974, there had been an evaluation of the basic health services programme in the Eastern Mediterranean Region which, by focusing attention on the reasons why assistance in this area had not always been as fruitful as expected, had greatly strengthened the concept of primary health care.

He expressed his thanks to Iran for its generous donation towards research in tropical diseases and said that the budget of the Eastern Mediterranean Region provided ample proof of the extent of technical cooperation among countries in the Region since the richer countries had agreed to reduced allocations in order to benefit their economically less fortunate neighbours.

The Region had set up a Regional Advisory Committee on Medical Research which had already held two meetings and was conducting studies to ascertain potential areas of research including those mentioned by the delegate of Qatar. The Region hoped to make a contribution to WHO's overall research programmes.

2. CONSIDERATION OF THE BUDGET LEVEL AND APPROPRIATION RESOLUTION FOR THE FINANCIAL YEAR 1978: Item 2.3.2 of the Agenda (Official Records No. 236 and No. 238, Part II, Chapter II; Resolutions EB59.R8 and EB59.R19; Documents A30/45 and A30/WP/3 Rev.1)

The CHAIRMAN reminded the Committee that in accordance with Rule 72 of the Rules of Procedure, decisions on the amount of the effective working budget required a two-thirds majority of the members present and voting.

Dr VALLADARES (representative of the Executive Board) introducing the Board's report on the agenda item said that in presenting the proposed programme budget for 1978 and 1979, the Director-General had pointed out that the effective working budget amounted to US\$ 165 000 000 which represented a 12.1% increase over 1977. In the general discussion, stress had been laid on the following points: first, the large increase in 1978 should be considered in conjunction with the modest increase of 5.96% between 1976 and 1977. A better picture was obtained by considering a run of three years in view of the fact that the small increase between 1976 and 1977 might be regarded as exceptional; secondly, when the 1977 budget had been prepared there had been no information about the increase in salaries and related costs of the general service staff in Geneva. If the sum involved had been added to the 1977 budget, it would have been higher by \$ 1 930 000 and consequently the percentage increase in 1978 over 1977 would have been correspondingly lower.

Another reason why the 1978 budget appeared so high was that it included a nonrecurrent allocation of \$ 2 206 000 for the international conference on primary health care, in accordance with a Health Assembly resolution; this constituted an increase of 1.5%. Also, there had been no proposal for a supplementary budget for 1977 to cover the increased expenditure on general service staff at headquarters, which constituted another increase of 1.43%. If those two items were deducted, the increase in the 1978 budget would come to only 9.17%. Furthermore, no proposal had been made for a supplementary budget to adjust the exchange rate used in the calculations for 1977 which meant that the Organization would be absorbing a loss of about US\$ 2 000 000. If all those factors were taken into consideration, the total budget increase for 1978 over 1977 would be only 7.73%.

It had been proposed that an amount of US\$ 2 200 000 should be appropriated from casual income towards financing the 1978 budget; Committee B had recommended that the figure be increased to \$ 3 000 000. It had also been proposed that \$ 2 400 000 should be appropriated from the same source to assist in financing the 1979 budget. The availability of casual income to assist in financing the regular budget provided the possibility that contributions of Member States might be correspondingly reduced; however, the Board had considered that the amounts available were relatively small in relation to likely future increases in the budget.

To sum up, the increase in the 1978 budget amounted to US\$ 17 816 000, of which increased costs relating to the maintenance of existing staff and other continuing requirements accounted for \$ 13 231 110 or two-thirds of the total increase. Details of other increases appeared in paragraph 16 of Part II, Chapter II of Official Records No. 238.

In the light of these considerations and bearing in mind the strategy of technical cooperation, the Board had decided to recommend that the Health Assembly should approve an effective working budget level for 1978 of US\$ 165 000 000.

The DIRECTOR-GENERAL said that the question of the level of the budget, which was always an important decision, was particularly significant on this occasion in view of the fact that WHO's programme budget policy had been established by the Health Assembly and in view of the need to work towards satisfying basic human needs including basic health requirements before the end of the century.

He had already explained in his introduction to the proposed programme budget contained in Official Records No. 236 and to the Executive Board some of his reasons for proposing to establish an effective working budget for 1978 about 12% over the level approved for 1977. Owing to the incidence of nonrecurrent expenditure and other factors, it was not always fiscally sound to consider one budget increase in isolation. It was more meaningful to consider the trend over two or three years. The 1977 budget increase of 5.98% had been the lowest in 20 years and the proposed increase for 1979 was only 6.48%. The average budget increase from 1977 to 1979 therefore worked out at about 8% annually. Similarly, on a biennial budget cycle, the proposed 1978-79 increase over the approved 1976-77 budget level amounted to 19.09% or an annual average of 9.5% which would represent one of the lowest average annual budget increases in the United Nations system.

Another significant point was that in 1977, for the first time since 1970, no supplementary budget was being submitted to the Health Assembly, although one might well have been justified in view of general service salary increases, exchange rate fluctuations and inflation. He had nevertheless decided to try to absorb the additional costs in 1977 arising from these factors and from the launching of new activities, in order to avoid increasing the financial burden on Member States.

Furthermore, in January 1977, he had made proposals relating to summary and verbatim records of the sessions of the Assembly and Board which would have resulted in cost reductions

of the order of \$ 670 000 in 1978; these savings had been taken into account in the proposed programme budget for 1978 and 1979 contained in Official Records No. 236. But although his proposals had been endorsed by the Board's Programme Committee and its Ad Hoc Committee on the Methods of Work of the Health Assembly and the Executive Board, the Board itself had been unable to agree to recommend them and had requested him to make the appropriate adjustments within the proposed effective working budget to maintain during 1978 the status quo with regard to summary and verbatim records. As reported in the third report of the Ad Hoc Committee of the Executive Board, the necessary amount had been found partly through economies in the reimbursement of travel costs and partly through the generous contributions of the USSR and UNICEF towards the cost of holding the international conference on primary health care. However, if it had not become necessary to use the savings in this way, they could have been allocated towards reducing the budget level or for other purposes.

WHO's regular budget could make only a very small contribution towards meeting the need for greater social and economic justice in the world; even with the most optimistic forecasts, more than one billion of the world's inhabitants would continue to suffer from poverty, malnutrition and disease. Those who worked in the health field had a special obligation to relieve the sufferings of such people; more than 90% of the task would fall to the developing countries, but they would be unable to fulfil it unless the rest of the world did give its support. If only a small degree of solidarity was shown in the health and socioeconomic fields it would be possible for the world at last to become a decent place in which to live. He therefore urged the Health Assembly to take a strong stand, and fully to subscribe to the ideal of social justice and health for all before the end of the century. He hoped it would agree that the small resources of WHO's regular budget should be used in such a way as to generate even greater resources, both nationally and internationally, so that the overall programme for satisfying man's basic needs could move forward.

In conclusion he hoped that the Committee would decide to recommend approval by the Health Assembly of the draft Appropriation Resolution for 1978 (in document A30/WP/3 Rev.1), which included an effective working budget amounting to US\$ 165 000 000. That draft resolution was identical to the one recommended to the Executive Board (Official Records No. 238, pages 161-163), except that to take account of the economies and adjustments required to maintain the status quo during 1978 regarding summary and verbatim records of the Health Assembly and Executive Board, the total figure for Appropriation Section 1 (Policy Organs) had been increased by US\$ 503 000, while Section 3 (Development of Comprehensive Health Services) had been decreased by the same amount. The only other change was that the amount of casual income to be used to finance the budget had been increased from \$ 2 200 000 to \$ 3 000 000, which, in turn, had served to reduce the assessments on Member States.

Dr KILGOUR (United Kingdom of Great Britain and Northern Ireland) commended the lucid statement by the Director-General, and the calm and clear way in which he had explained the reasons behind the proposed Appropriation Resolution for 1978. His delegation could support the Appropriation Resolution as drafted.

He drew attention to the tentative projections for 1980-81 (Official Records No. 238, Chapter II, Part II, paragraph 197). Such projections were useful planning guides for Member States. However, they were likely to be used as a basis for firmer figures, and thus become a significant factor in the indicative planning estimates on which Regional Directors would base their proposals to Regional Committees. It would be helpful to have more discussion of them in future to make possible greater participation by Member States in the budgetary cycle. He was sure that the Secretariat would welcome constructive advice on the extent within which realistic planning could take place at an earlier stage in that cycle than hitherto, especially in relation to the work of the Programme Committee of the Executive Board, which his delegation considered extremely important.

He did not wish to criticize the level of the projections, but rather to plead for a more informed discussion of them and of greater understanding of their significance in the planning cycle. He understood that the Director-General needed to get ahead with his planning, but his delegation was not yet ready to express any view on the acceptability of the figures put forward until there had been opportunity for fuller discussion. He supported the suggestion that the Programme Committee should review the projections.

Professor VON MANGER-KOENIG (Federal Republic of Germany) said his delegation was grateful that it had not been necessary for the Director-General to propose a supplementary budget in 1977 to cover the cost increases resulting from the adjustment in the general service salaries

and allowances in Geneva. He appreciated the efforts made to economize by suspending the filling of vacant posts at headquarters, in the implementation of resolution WHA29.25. In that connexion, his Government wished to express a reservation concerning resolution EB59.R35; it did not consider that WHO should decide to establish an end-of-service grant before such a decision had been taken by the United Nations General Assembly for the common system as a whole.

His delegation welcomed the Director-General's proposal to find ways and means of absorbing the supplementary costs resulting from the recommendations of the International Civil Service Commission, since it demonstrated his willingness to save money and avoid the need for supplementary contributions by Member States. Some savings could also be expected as a result of increased productivity, programme erosion or programme slippage.

Despite the explanations contained in the budget document and the reasons advanced by the Director-General to the Executive Board, he wondered if an increase of 12.10% was really justified. The contribution of the Federal Republic of Germany would be increased by 21.6% in 1978 as compared to 1977, after application of the revised scale of assessment. Although there were certain special factors in 1978 which would account for such a considerable increase, the finance authorities in his country would expect that it should be compensated for in programme and other areas of WHO's work. Unfortunately, in the proposals for 1978 there appeared to be an above average increase in costs, and he urged the Director-General to give careful consideration to ways of ensuring that the increase in 1978 was more balanced.

He considered that a reduction in cost increases of the order of 2-3% should be feasible, taking into account the very low rate of inflation in Switzerland, and the fact that there should be no further increases in general service salaries until the International Civil Service Commission had completed its study. He saw no convincing reason why cost increase should be estimated at 3.5% higher in 1978 than in 1979, particularly in view of the fact that a number of economies could be expected to occur naturally for the reasons he had already mentioned.

Over the past twenty years there had been a consistently high budget growth in organizations within the United Nations system. Now, however, Member States were suffering from increasing economic and financial constraints. The Health Assembly's advice to the Director-General in preparing the 1980-81 budget should therefore be to aim at consolidation and a minimizing of growth rate. At the same time efforts should be made to maximize programme effectiveness and to phase out programmes that were obsolete, ineffective or of low priority. In this way, increases in high priority programmes need not necessarily result in increased assessments for Member States.

Professor JAKOVLJEVIĆ (Yugoslavia) said his delegation could support the budget level proposals for 1978. The increase, although significant, was acceptable in view of the fact that the increase for the previous year had been moderate.

His delegation was concerned at differences in interpretation of certain terms related to the implementation of the new programme budget policy, notably the term "technical cooperation". He did not think that term was properly understood in relation to the implementation of the two relevant Health Assembly resolutions. He supported those delegations who had proposed that the problem of arriving at common understanding of such terms should be tackled without delay.

Dr MORK (Norway) considered that the increase in the regular budget from 1977 to 1978, although substantial, was the minimum necessary if WHO was to continue to meet the health needs of Member States, notably of developing countries, and to continue to carry out its important coordinating functions. At previous Health Assemblies, Norway had always supported the budget level proposals submitted by the Director-General and the Board, and it would also vote in favour of the draft Appropriation Resolution. He was confident that the Director-General would use the money allocated in a way which would most effectively promote the health and welfare of mankind.

Dr ALAN (Turkey) said he had noted that there was an increase in his country's contribution for 1978 of \$ 66 180 in relation to that of 1977, amounting to over 16%. He would find some difficulty justifying such a large increase to his country's financial authorities, and would be grateful for an explanation from the Secretariat, particularly in view of the fact that to his knowledge there had been no change in the scale of assessment from 1977 to 1978.

Professor AUJALEU (France) said his delegation could approve the Director-General's budget proposals. In so doing it was demonstrating its concern for the less fortunate countries who were most in need of aid from WHO, and also its appreciation of the Director-General's efforts to implement a resolution the terms of which had not been clearly defined. The need to devote more resources to technical cooperation had required very considerable budgetary increases. Although the increase of 12% for the 1978 budget was high, his delegation could support it in view of the fact that the increase of the previous year had been modest and that over the two-year period the increase was not much greater than the rate of inflation experienced in most countries. His delegation did, however, have reservations about some of the measures envisaged by the Director-General, notably the proposal to discriminate between the various working languages of the Organization, and if that proposal were to be implemented the following year it might not be in a position to give the budget proposals its full support.

Professor REXED (Sweden) said his delegation too would support the draft Appropriation Resolution for 1978. The reasons advanced for the budget level proposals were sound ones, and the Director-General was to be commended for his success in devising a budget which would implement the two key Assembly resolutions WHA28.76 and WHA29.48. Although a budget increase of 12% might appear a high one, it should be noted that actual programme increase, according to the definitions used in the United Nations system, amounted only to 3.11% (Official Records No. 238, Part II, Chapter II, paragraph 8). That increase was the bare minimum necessary to permit the Organization to continue to meet the needs of its Member countries, notably in regard to technical cooperation.

He expressed his appreciation of the statement made by the Director-General, which indicated his awareness of his responsibilities not only in an official but in a personal capacity.

His country not only supported the regular budget but was also a strong supporter of WHO programmes on a voluntary basis; its voluntary contribution in 1977 had been ten times higher than its assessed contribution for that year. That fact indicated a remarkable degree of public support in Sweden for WHO's work as well as great confidence in the Organization. His delegation could accept the tentative projections for 1980/1981 (Official Records No. 238, paragraph 197) as guidelines for programming. It did not consider them as in any way over-ambitious, but rather as evidence of caution on the part of the Director-General.

His Government accepted the principles enshrined in the two key resolutions he had mentioned, and on seeing the constructive and progressive programmes envisaged by the Director-General was ready to continue its support of WHO in the future.

Mr KANEDA (Japan) said his delegation appreciated the efforts made by the Director-General to make economies by means of reducing the number of administrative groups, avoiding duplication of programme activities and discontinuing programmes which had outlived their utility. On the other hand, it could not help feeling that the proposed budget increase for 1978 was unusually high; his own country's assessment would be increased by 35.56% over the previous year. While he was aware that there were certain special factors which necessitated such an increase, he believed that the budget growth of international organizations should be kept to a reasonable level. If efforts to economize were continued, the budget could be kept at an acceptable level and still be effective in meeting the health needs of Member States. He would like his observations to be taken into account in the preparation and presentation of the biennial budget for 1980 and 1981.

His delegation would vote in favour of the draft Appropriation Resolution.

Dr EHRLICH (United States of America) said his delegation would abstain from voting on that resolution. Although there was much to be commended in the Director-General's programme strategy and budget proposals, he believed that the substantial increase for 1978 could be reduced if use were made of the Development Programme funds of the Director-General and Regional Directors, funds which were so far unprogrammed. Those funds could be used to meet the costs of the primary health care conference and of the increase in general service salaries and allowances. They should serve as no more than a modest adjunct to the regular programme, permitting some flexibility, but not becoming a major item in the budget.

His delegation was concerned at the substantial increases in the projections for 1980/81, resulting in a budget level of over US\$ 200 million in 1981. Although he was aware that those projections were only indicative and that account should be taken of inflation and

fluctuations in exchange rates, they nevertheless indicated the possibility of a budget increase in real terms of up to 2% per year. He believed that increases in priority programmes in 1980/81 should come from reprogramming, and that there should be no net budget growth during that period but rather a pause for consolidation. The projections should not be used by the Regional Committees for planning purposes until they had been carefully examined by the Programme Committee of the Executive Board.

His country would continue to support the objectives of the Organization both through the regular budget and through a variety of bilateral and multilateral arrangements. It would continue to make substantial contributions to WHO in recognition of the need to improve the health status of all nations, but especially of developing countries.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that for a number of years his delegation had voted against the budget level proposed by the Director-General because it believed that the rate of growth of the budget should be stabilized. Its position was unchanged. It was necessary to increase the efficiency of WHO programmes and make more rational use of existing budgetary resources.

A high rate of budgetary increase created a considerable burden for many Member States and led to delays in payment of contributions. Under such circumstances it was clearly impossible to fulfil health needs from WHO's regular budget. He agreed with the Director-General that it was essential to remind constantly both the governments and the people that the resources being spent on health in the world of today - with international tension and the arms race - were insufficient to meet health needs; it was certainly impossible to make up the difference from WHO's budget.

The currencies used for the WHO budget had continued to be subject to inflation. The effects of those monetary fluctuations in certain countries were in fact felt by all countries, and the 12% increase in the budget, which was more than the normal rate of increase of national incomes, was certainly due in no small measure to those inflationary trends. The Soviet delegation did not agree that the increase in 1978 was due to exceptional circumstances; for a number of years the rate of growth of the budget, taking into account supplementary estimates, had been between 12% and 15%.

At the same time, it noted the new trends in the Organization's activities. The Director-General was taking bold steps to strengthen several aspects of WHO's work - in particular, in the fields of research on tropical and parasitic diseases, the development of biomedical research, immunization, primary health care, and training. It had been found possible to liberate further resources and carry out several new measures through a radical restructuring of WHO's activities and reductions in less essential programmes; that was in contrast to past years, when neither the Board nor the Health Assembly had been able to change a single figure in the budget, or a single programme proposed. He welcomed the bold steps taken by the Director-General, although, as the delegate of France had said, not all those steps met with the approval of all Member countries.

His country - which was an advocate of social justice (in health, as in other fields) and wholeheartedly supported the Director-General's objective of health for all, had never been in debt to the Organization, and had always urged increasing the effectiveness of WHO's work and the strengthening of cooperation with developing countries - had in past years voted against the budget level proposed by the Director-General in order to draw the attention of Member States to the fact that there was room for improvements in the programme budget. He was pleased to note that the Director-General took those comments into account. In particular, he noted with satisfaction that there were no supplementary estimates for 1978; Member States would thus be better able to estimate in advance the extent of their financial commitments.

The 1978 budget was the first to take into account the new orientation of WHO's programme. The Soviet delegation, although still maintaining the views it had expressed over the past years with regard to the programme budget, would therefore not vote against the proposed budget level on this occasion; it would indicate its support to the Director-General by merely abstaining.

The meeting rose at 11.25 a.m.