



EXECUTIVE BOARD

Fifty-ninth Session

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

WHO Headquarters, Geneva
Tuesday, 18 January 1977, at 2.30 p.m.

CHAIRMAN: Dr R. VALLADARES



CONTENTS

	<u>Page</u>
1. Review of the proposed programme budget for 1978 and 1979 (financial year 1978) (continued)	3

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MEMBERS AND OTHER PARTICIPANTS

(For list of members and other participants at the fifty-ninth session,
see separately issued document of 13 January 1977.)

ELEVENTH MEETING

Tuesday, 18 January 1977, at 2.30 p.m.

Chairman: Dr R. VALLADARES

1. REVIEW OF THE PROPOSED PROGRAMME BUDGET FOR 1978 AND 1979 (FINANCIAL YEAR 1978):
Item 13 of the Agenda (Resolutions WHA26.38, WHA28.76, WHA29.25, WHA29.48 and EB58.R11; Official Records No. 236; Documents EB59/WP/1-5, 7, 8 and 10; EB59/INF.DOC. Nos.2 and 4) (continued)

The CHAIRMAN invited the Board to continue its consideration of the proposed programme budget for the financial years 1978 and 1979 (Official Records No. 236).

Primary health care and rural development (programme 3.1.3; Official Records No. 236, pages 138-140) (continued)

Dr HELLBERG (alternate to Professor Noro) said that the international conference on primary health care was undoubtedly important but it was only one aspect of the continuing process of primary health care development. The involvement of countries in that process, nationally and in their technical cooperation with other countries, should be considered within the framework of the preparations for the conference and also of the general programme. In addition to its work on the conference, the Secretariat had a valuable coordinating role to play in the overall process by collecting and disseminating to Member States information published on new developments in primary health care in the form of reports, books and films. The conference should not be allowed to overshadow the general work on primary health care, since it would itself be weakened if that happened.

Dr de VILLIERS fully agreed with the previous speaker. He noted that the estimated cost of the international conference on primary health care was approximately US\$ 2.2 million but considered that that was an understatement in real terms, bearing in mind the regional activities that would be required. He was concerned that, only some 18 months before the conference was to be held, there was not a clearer idea of whether other contributions, apart from UNICEF's, would be forthcoming. He was likewise concerned to hear that the Secretariat planned to do its best within the time available, and would like to be reassured that the preparatory work was of a kind that would guarantee the success of the conference in view of its expense.

Referring to document EB59/INF.DOC. No.4, he noted that the estimated difference in cost between holding the conference in Geneva and in the USSR amounted to \$ 350 000 (Annex I, section V). He asked whether the figures given in that connexion were still applicable.

Dr BUTERA said that, although the conference was not far off, many Member States still had little information about what primary health care involved. Many public health officials differed as to its definition and no attempt had been made to remove the ambiguity in the title of the conference. Before they took part in the conference, developing countries should know more about its objectives and those of primary health care. They had yet to be apprised of the requirements in terms of personnel recruitment and training, and of the length of study which would provide a basis for the introduction of pilot projects. They knew nothing about the content of courses for the basic personnel which they would have to train before setting up primary health services. Nor did they know how to define the tasks of such personnel since, where new services were concerned, it was impossible to proceed without a theoretical basis. They were ignorant as to the categories of personnel to be used, as to how to integrate primary health services into existing services, as to the role to be played by the traditional healer and as to the evaluation of the basic health services with a view to ascertaining their impact on the overall development of public health services.

Primary health care was clouded in mystery and, unless the Secretariat could provide the developing countries with the necessary scientific information and preliminary explanations, they would not be in a position to benefit from the conference.

Dr VENEDIKTOV said that the conference was but one stage in the development of the primary health care programme, which should constitute one of the most important elements in an integrated health service. The Director-General was to be congratulated on the efforts deployed to develop the programme at the international level since 1975. However, the programme was not developing as quickly as he had hoped. He trusted that the Secretariat was correct in its assumption that, by the end of 1977, as a result of the discussions being held at the regional offices, headquarters and in countries, a basis for the future global programme of primary health care would have been developed. At present, he agreed with Dr Butera that an aura of mystery surrounded the programme.

One point he would stress was the need for responsibility at all levels in the development of international programmes. As he had stated at a meeting held in Washington in November 1975 on primary health care and rural development, appeals should not be lightly voiced when there was no intention of accepting responsibility in the matter. First and foremost, it was essential to recognize and face up to the difficulties involved in solving international problems. They were very real but they could be solved by a collective and determined approach. Secondly, action should not be confused with agitation: genuine action was needed if international problems were to be solved. The new international economic and social order had become a reality and the establishment of health services covering all the population in all countries was no longer a pipe-dream but an absolute necessity in the modern world.

If valid progress was to be made in solving the primary health care problem, certain elements had to be borne in mind from the outset. First, it was necessary to define the goals very carefully, which was a question not of terminology but of clear thinking. Then, the various possible approaches should be considered. Lastly, all available resources should be mobilized and properly applied with a view to attaining the goals.

When the question of developing an international programme for primary health care had first been broached in January 1975, the Board had recognized the enormity of the task but had accepted it as a lofty goal which was fully in keeping with the Constitution of the Organization. The World Bank and UNICEF were working along similar lines. A compromise had been reached with the Board's adoption of a resolution (resolution EB55.R16) regarding the aims of the programme. That had been followed by resolution WHA28.88 which the Health Assembly had adopted in 1975 after a heated discussion and which, although not entirely satisfactory to all delegations, at least provided a good working basis. It stressed that primary health care was an integral part of the health services and that it should be provided to all people, particularly in the underprivileged countries, which could only be achieved by a united effort and by the involvement of all those concerned with health care, including the traditional healer. The resolution had stressed the need to exchange experience and ideas regarding public health care and its place in national health services, but after that he had gained the impression that the enthusiasm of the sponsors of the programme had waned. In 1976, Board members had heard that the conference on primary health care would be held "if and when" possible, following which the Board had set up an ad hoc committee to consider the matter. That committee had met in March 1976 and he had attended as an interested member of the Board.

He had before him a copy of a letter from the USSR Government which stated clearly the obligation it assumed in respect of the conference. The letter was to the effect that the Soviet Ministry of Health would endeavour to provide the necessary conditions for a free and friendly exchange of views on the development of the primary health care system, and on the approaches to be adopted in order to meet the basic needs of the population of developing countries. The Soviet Union would be pleased to acquaint the conference with its own experience in public health care in various republics. It was prepared to bear the basic costs of representatives from the developing countries and a portion of the Organization's expenditure. The exact details would be discussed with the Secretariat.

In August 1976, a WHO team had visited the Soviet Union to discuss arrangements for the conference. Its members had met the Minister of Health and other officials, had visited proposed conference sites and had heard that the Soviet Union was prepared to solve any administrative problems in view of the importance of the conference. It was particularly anxious to ensure that the conference would provide the opportunity for a businesslike and serious discussion of the problems facing the Organization and he therefore wished to know what, in the Secretariat's view, was required to guarantee its success, in regard to funds, technical equipment and the number of participants and staff.

The main questions to be considered by the conference were: the role of primary health care in the general health services; alternatives for providing primary health care; and the prospects for international cooperation. Further, as decided by the ad hoc committee, the decisions of the conference should be referred to the Health Assembly and circulated to all countries.

With regard to the estimated cost of approximately \$ 2.2 million for the conference, he said that, if it were held in Geneva, that figure would have risen by 1978 owing to inflation. In the Soviet Union, however, where prices were stable, the cost in 1978 would be the same. The ad hoc committee had recommended that WHO should cover the expenses of three participants per country and, in addition, a substantial sum would be incurred in respect of salaries and per diem for the staff required to service the conference. In the circumstances, the Board might wish to consider the possibility of effecting savings, for example by requiring the developed countries to meet the costs of the participation of their representatives or by charging international organizations a fee for attendance. Also, the number of staff members could be reduced and the pre-conference and post-conference expenses of the Organization cut. He was not, however, making any firm proposal to that effect in view of the importance of the conference.

The Board would appreciate that the contribution of a host country could never cover all the costs of a conference. However, in addition to those which the Soviet Union had agreed to bear, as referred to in the second paragraph of section E.1 of document EB59/INF.DOC. No.4, it was also prepared to provide certain additional services free of charge, for instance, technical equipment. Further, it was prepared to allow a 30% discount on the return Aeroflot flight between Moscow and Alma Ata and to pay for such items as visits by participants to neighbouring republics so that they could learn from the experience there.

The Soviet Ministry of Health was ready to sign an agreement with WHO regarding the conference and its costs along the lines which he had outlined and was willing to examine any additional expenditure.

Speaking in his personal capacity, he said that the Board might wish to adopt a resolution noting that the Soviet Union had confirmed its readiness to bear the greater part of the expenses of the conference and to acquaint participants with the experience gained in primary health care in the Soviet Union. The resolution could also take note of and thank UNICEF and the Red Cross for their interest and, in view of the difficulties with the regular budget, could appeal to governments and international organizations interested in primary health care for additional voluntary contributions to ensure the success of the programme. The exact manner in which they should be approached could be left to the Secretariat.

Dr CHUKE said that the conference would undoubtedly afford an opportunity for a detailed discussion of primary health care in different areas of the world and the experience in one area would provide a model which, suitably adapted, could be applied in another. It was therefore essential that information on the experience gained in all areas should be made available to Member States, particularly since some of them might not be able to be represented at the conference.

Dr VENEDIKTOV realized that the question of the date of the conference had aroused some doubts, particularly among countries in the African Region. If the Board so wished, the conference could however be held a little earlier or later to suit the various countries and regions, although the Soviet Union would like to know of any change in dates as soon as possible.

Dr CHUKE said he had not meant to suggest that the dates of the conference should be changed. Most representatives to regional committee meetings could, he believed, find alternatives to attend the conference. He had simply wished to draw attention to the fact that certain countries, for one reason or another, might not be able to attend the conference.

Dr de VILLIERS thanked Dr Venediktov for dispelling some of his concern. He trusted that the Secretariat would be able to clarify the budgetary situation at an appropriate time.

Dr TARIMO said that the importance of the conference made it desirable that participants from as many Member States as possible should attend. He agreed with Dr Venediktov, however, that the conference was only one aspect of the development of the primary health care programme although it had tended to dominate the previous discussion in the Executive Board on primary health care. Primary health care was part of the overall socioeconomic development of a country and progress could only be made within the country itself. The deliberations of the conference should be based on realities; for example, in many countries a proportion of health care was provided by traditional healers. The exchange of experience at the conference would be valuable but no one should be under the illusion that the conference, or any other meeting, would solve the problems of implementing primary health care.

Professor AUJALEU applauded the USSR Government for doing so much to make the conference a success. He had argued previously that the conference should be held in 1978, rather than 1977, to leave plenty of time for preparations, but he was surprised that there should be any question of the exact dates. Surely it was up to the host country to decide. The dates for the regional committee meetings in 1978 had not yet been decided and they could well be arranged to fit in with the proposed dates of the conference, which should be approved.

Dr PINTO (alternate to Dr Aguilar-Paz) emphasized the importance of the conference by describing the situation in Honduras, where a primary health care programme had been under way for four years. The greatest need for primary health care was in the rural areas and some positive steps had already been taken. As the primary health care programme had to be integrated with the national development programme, political decisions were important. The different levels of health care, both formal and informal, had to be utilized in a system which would minimize the use of resources and it would be useful to have a cost/benefit analysis of different systems. It was important to encourage a positive attitude to primary health care among the population. So far, health services had increased from covering 30% of the Honduran population to reaching 60%, a vaccination campaign was under way and although the overall death rate had not been reduced, the number of children dying from infectious diseases had diminished. The importance of the primary health care programme could be seen from its results in rural areas.

Dr HELLBERG (alternate to Professor Noro) said that, although the conference was still some way in the future, it would be better to clarify uncertainties, such as those concerning support, the conference agenda, etc. He agreed with Professor Aujaleu that the date of the conference should be decided forthwith. Commenting on remarks made earlier by Dr Venediktov and others on the financing of the conference, he noted that the ad hoc committee on the conference had agreed that the Rules of Procedure of the World Health Assembly would, where relevant, be used to cover the conduct of the conference. He suggested that these Rules be applied to the number of representatives to be paid for from each country, i.e., that WHO should pay for one representative and that any other representatives should be the responsibility of the country concerned. A special fund could then be set up to which countries could apply for financial support in paying for additional representatives. Some countries he knew well could easily pay for all their representatives and perhaps even sponsor the representatives of another country, perhaps one with which they had links through technical cooperation. Other ways of financing the conference should be considered, e.g. charging fees. The questions of support for the conference and of the conference programme were linked. In order to raise support for the conference, it was necessary to know what the programme was to be.

Dr HASAN (alternate to Professor Shaikh) thanked the USSR Government for its generous offer of support for the conference. Since participants were sometimes sent to conferences for which they had no special expertise and in which they had no particular interest, he wondered what could be done to ensure that the right participants came to the conference on primary health care. He suggested that WHO should either vet participants or impress on governments the necessity of sending participants who were really involved in the subject.

Dr MUKHTAR said that the primary health care programme was of especial interest to developing countries. In Sudan, a primary health care programme had been implemented with the cooperation of WHO. The felt needs of the community had been identified and the community and health workers had been consulted on the steps to be taken in implementing the programme, the standard of health care services which could be provided, the training of staff and instructors, and a simplified syllabus. The primary health care programme budget was part of the overall national budget for the development of rural or deprived areas, although other resources had been sought. He asked what steps had been taken globally or in specific countries to implement the primary health care programme.

Dr DLAMINI observed that the ad hoc committee had held the view that the objectives of the primary health care conference were the exchange of experience and information, the promotion of the primary health care concept, and the preparation of a report. In some countries, particularly in developing countries, those responsible for health policy sometimes did not understand the concept of primary health care. In some educated circles, the concept was rejected. It was important to invite representatives from Member States where primary health care had not been implemented so that they could be motivated towards accepting the idea. It was possible that not all those invited would be able to attend, and therefore there was a need for a report to be distributed to all Member States providing information on the important aspects of the conference and perhaps containing the model of a strategy for implementing primary health care where it did not already exist. The regional offices could then try to ensure that primary health care programmes were implemented.

Dr VENEDIKTOV agreed with Dr Hellberg's proposal for a special fund for the primary health care programme, including conference expenses and with the idea of limiting the number of representatives who would be paid for. He thought, however, that three representatives from each developing country should be paid for, while only one representative from each developed country should have expenses paid. The establishment of a special fund would lead to budget savings, which could be used to reduce the regular budget for 1978, to solve certain problems such as restoring some of the publications that had been cut, or to increase the Director-General's Development Fund.

Dr TEJADA-DE-RIVERO (Assistant Director-General) commented on points raised by the Board. Firstly, the Secretariat took the view that the primary health care programme was of ultimate importance and that the conference was an integral part of the overall programme. It should be possible to use the experience and information provided by countries throughout the world to support individual national efforts and the conference should act in that way as a catalyst to the programme. Secondly, it had been said that a clear definition of primary health care was lacking and that the primary health care programme had not developed as had been hoped. One of the objectives of the conference was precisely the promotion of the primary health care concept in Member countries. That was recognition of the complexity of the factors behind the concept of primary health care. There was general agreement that the primary health care programme was necessary, but it was less easy to reach a consensus on an approach to primary health care. A still more difficult step was to translate any approach into concrete action, especially for so many different national situations. Thirdly, in reply to Dr de Villiers, the Secretariat would be able to accomplish the steps necessary for the success of the conference, in spite of the limited time available. Fourthly, with regard to Dr Chuke's point, one of the useful results of the conference would be the report to the World Health Assembly and its dissemination to Member States.

Concerning the conference budget, the difference in estimated costs between those presented to the ad hoc committee and those submitted to the Board's present session was due to the reduction in documentation and printing costs. The budget followed the

recommendations of the ad hoc committee. If it were cut, some essential elements of the conference would have to be carefully considered; otherwise, the conference might be jeopardized. For example, the question of participation in the conference had been thoroughly discussed by the ad hoc committee, especially the expenses of participants to be covered by WHO. Dr Hasan had emphasized the need to have the best possible participants at the conference and Dr Hellberg had suggested that the number of representatives be reduced to one from each country. However, the idea had been that countries should be represented by those representing overall national development bodies, those with political responsibility in the health sector, and those with technical expertise in primary health care. A reduction in the number of representatives from each country would upset that balance, which was needed for a useful dialogue. Finally, it seemed that the dates of the 1978 session of the Regional Committee for Africa could be arranged to fit in with the proposed conference dates.

Professor AUJALEU reiterated that the Board should set the date for the conference at its present session. Further, it must give its views to the Health Assembly on the budget for the conference. If nothing were said, it would be assumed that the Board approved the proposed budget. Some members of the Board had questioned whether WHO should pay the expenses of three representatives from each country, and if that provision were changed, it would necessarily affect the budget. As to the suggestion to set up a special fund, he was sure that WHO would not be rash enough to base budget calculations on vague promises. The Board should therefore consider the budget now proposed; adjustments could be made later if a surplus arose.

Dr KILGOUR (alternate to Professor Reid) supported Professor Aujaleu. The Board should settle the details of the conference and then it would be able to estimate the expenses involved.

The CHAIRMAN agreed with Professor Aujaleu. A decision on the budget could not be postponed until the extent of voluntary contributions were known. The Board should therefore consider the budget as it had been presented and leave questions of any future surplus to be dealt with later.

Dr KLIVAROVÁ (alternate to Professor Prokopec) suggested that the Director-General might appeal to the countries of, for example, the European Region to pay the full travel expenses of their representatives so that more participants could attend. An appeal might also be made for voluntary contributions, not only in dollars or Swiss francs, but also in roubles.

Dr de VILLIERS said that while all suggestions were welcome he did not think it fair to ask only one Region to contribute. He believed in equal treatment for all. He supported Professor Aujaleu's suggestion that UNICEF's contribution be deducted from the budget. He would like to know whether other contributions might also be interpreted in budgetary terms.

The DIRECTOR-GENERAL agreed with Professor Aujaleu. Since the Health Assembly had agreed that a conference would take place provision for it had to be included in the budget. No promises regarding contributions were valid for budgetary purposes until a commitment had been made in writing through the official channels of WHO. UNICEF's contribution was thus the only deduction that could be made. However, should any other written commitments materialize in the period between the Board's session and the Health Assembly they would of course be reported to the Assembly or to the Board before the Assembly.

Professor JAKOVLJEVIĆ said he could not support the proposal made by Dr Klivarová. He proposed that WHO should reimburse travel costs for only two participants, and not three, for each country. Countries wishing to send more should meet the additional costs themselves.

Dr VENEDIKTOV considered that three delegates should be reimbursed as a minimum. Calculations for attendance at the conference had been based on figures of 450-500 delegates from countries plus some 500 members of the Secretariat and representatives of specialized agencies, etc., giving a total of some 1000-1200. It was necessary to approve the budget and plan for the conference as presented in document EB59/INF.DOC/No.4 in order to establish the kind of

conference that was to be held and its scale. No additional contributions should be taken into account at the present stage. Any such contributions, including those of UNICEF and of the host country, should be used by the Director-General at his discretion either to reduce the budget for 1978 or for appropriate purposes in the interests of the Organization. He was in favour of the Board's acceptance of the estimates as presented.

Professor AUJALEU said that since the UNICEF contribution of \$ 350 000 was certain it should be deducted from or at least reflected in the budget estimates.

Mr FURTH (Assistant Director-General) explained that the estimates for the Conference did not include the UNICEF contribution since at the time the budget had been prepared no commitment had been received. The total cost of the Conference (project PHC 005, 1978) was estimated at \$ 2 206 000. The commitment from UNICEF was split into two components: \$ 100 000 only was for the Conference itself, while \$ 250 000 was for pre-session preparatory activities, to be carried out from 1977.

Professor AUJALEU requested further information on those preparatory activities.

The DIRECTOR-GENERAL explained that the estimates shown in the table were for activities directly related to the physical arrangements for the Conference at Alma Ata, USSR. All other activities, such as the work of the Secretariat, national and regional seminars, production of conference documents, etc., were additional. A prerequisite of UNICEF's participation had been that developing countries be given time to reflect on primary health care. They had therefore insisted that only \$ 100 000 was to go towards the financing of the conference itself while \$ 250 000 was to be used in joint programmes for preparatory activities.

Dr BUTERA said that no convincing argument had been advanced to justify the reimbursement of travel costs of either two or three delegates per country for the conference. He felt that no decision could be taken until the conference programme was known - for example, the number of committees that were planned.

Professor REID said that as much as possible ought to be decided by the Board. The dates suggested by the host country should be accepted. He noted that provision had been made in the estimates for the attendance of 500 members of the Secretariat plus observers. He would like to know the basis for that figure. He agreed that the number of delegates should be related to the structure of the conference but felt that, in the face of financial problems, the suggestion of reimbursing only two delegates had its attractions; however, he would support the consensus.

The DIRECTOR-GENERAL said that allegations were frequently made that the technicians were consuming the resources of WHO. That was not the case. Languages and other supporting administrative services were the problem. The estimate for 500 Secretariat staff included the standard provisions for such conferences with 72 for interpretation, 89 for translation, 65 for stenographic services, 20 for duplication, 10 for distribution, etc., but only 30-35 technicians to represent headquarters and the six regional offices. It was important to realize how few technicians there were in general to maintain the technical respectability of the Organization and how few in particular would be present at the conference to provide technical back-up.

Dr VENEDIKTOV said that it had been proposed to have three committees of the whole at the Conference, which was why three delegates per country had been suggested. The number of Secretariat staff had been determined by the Director-General. He asked for further clarification of UNICEF's contribution. He supported Professor Aujaleu's suggestion that the budget estimates and other proposals for the conference be approved and that any voluntary contributions subsequently received should be used at the Director-General's discretion.

Dr TARIMO agreed with Professor Aujaleu's suggestion. He noted that the proposed dates for the conference coincided with at least one regional committee session. He suggested that Dr Venediktov might meet with the regional directors to agree on a suitable date that might be recommended for the Board's approval.

The CHAIRMAN proposed that the Board should approve the budget elements given in the table under programme 3.1.3, taking UNICEF's contribution into account. He suggested that the Rapporteurs should prepare a draft resolution to the effect that the Director-General should make a general appeal for contributions towards financing the conference and reflecting the various suggestions that had been made by members. He considered that in view of the decisions contained in resolution WHA28.88 it would not be possible to change any other aspects of the conference. The problem of the date remained. He proposed that, as suggested by Dr Tarimo, Dr Venediktov might meet with the regional directors to try to agree upon a date as close to the proposed dates as possible. He invited the Board to approve the tables under programme 3.1.3 as a whole.

Dr DLAMINI asked whether approval of the budget proposals implied approval of the reimbursement of expenses for three delegates per country, since the estimates were based on that.

Dr VENEDIKTOV suggested that Dr Tejada-de-Rivero might discuss the dates for the conference with the regional directors. The host country was prepared to make adjustments if necessary.

The DIRECTOR-GENERAL pointed out that the regular budget figure for the conference would be reduced by \$ 100 000 as a result of UNICEF's contribution to conference expenses.

Dr TEJADA-DE-RIVERO (Assistant Director-General) thought that it would be possible for the dates of regional committee sessions to be rearranged, in consultation with the countries and the regional directors.

The CHAIRMAN invited the Director-General, regional directors and other members of the Secretariat to discuss the matter.

Family health (major programme 3.2; pages 141-160)

Programme planning and general activities (programme 3.2.1; pages 143-144)

There were no comments.

Maternal and child health (programme 3.2.2; pages 145-149)

Dr DLAMINI asked what activities were envisaged for the International Year of the Child to be held in 1979.

Dr ZAHRA (Director, Division of Family Health) said that information had just been received that the United Nations General Assembly had passed a resolution designating 1979 as the International Year of the Child. Further details of the operative paragraphs of that resolution would arrive in the following days and an interagency meeting would shortly be held to decide how best to contribute towards that important Year. In preliminary discussions certain objectives had been outlined. It had been felt that instead of an international conference, other approaches should be followed. The Year should aim to provide a forum for advocacy on behalf of the child and to enhance the awareness of children's needs; it should also promote the recognition of the link between investment in programmes for children and development, in the hope that that might give impetus to specific, attainable actions for children at national level. Internationally, attention would be focused on a few general themes for which each country might select areas of concentrated action. The emphasis would be on national and regional action. Further information would be available in February 1977.

The DIRECTOR-GENERAL said that the view had been expressed in United Nations bodies that WHO should commit full-time staff to the International Year of the Child. He hoped that the Executive Board would support the Secretariat in the view that with the limited resources available to WHO it was no longer possible to second full-time staff to such projects.

Dr HELLBERG (alternate to Professor Noro) asked why there was to be a decrease in the total budget estimates and man-years in programme 3.2.2. He suggested that the Board should take as much interest in proposed decreases as in increases. For example, in the table given on page 147 a total of 114 man-years was envisaged for 1978 but only 98 for 1979, while the proposed budget figure would fall from \$ 9.7 million to \$ 7.5 million; there were similar differences between 1976 and 1977.

Dr ZAHRA (Director, Division of Family Health) said that although the table showed a reduction, the extrabudgetary resources for 1978 and 1979 were not yet known and the decrease might only be apparent. The family health programme, particularly maternal and child health, was financed to a large extent by complementary extrabudgetary resources. One of the main sources was the United Nations Fund for Population Activities. Up to that time the programme and budget supported by UNFPA had been prepared on an annual basis. However, a biennial system had now been introduced and contributions from UNFPA were assured for 1976 and 1977. A programme and budget would be submitted in February 1977 for 1978 and 1979 and by the end of 1977 the extrabudgetary resources for those years would be known.

Mr FURTH (Assistant Director-General) explained that throughout the proposed programme budget the extrabudgetary resources generally declined from 1977 to 1978 and to 1979. That apparent decline was due to differences in the programming and budgetary cycles of the various sources of funds. The funds actually available by 1978 and 1979 would probably be higher than those appearing in the summaries and tables. In general, as the budget year in question was approached, the estimates of extrabudgetary funds increased.

Dr HELLBERG (alternate to Professor Noro) was grateful for those explanations. If the representatives of the Board were to perform their function adequately at the Health Assembly they should be aware of such points since similar questions would arise at the Assembly. It was therefore important to discuss those aspects thoroughly in Board sessions.

Dr DLAMINI asked why there was an apparent decrease in the maternal and child health provision for Africa.

Dr ZAHRA (Director, Division of Family Health) said that with a sharpening of the overall objectives of the family health programme it had been possible to increase the regular budget provision for activities in maternal and child health. However, it was important to look at maternal and child health in the overall context. There was a close relationship between maternal and child health and other programme areas, for example, nutrition, health education, human reproduction and family planning, nursing and midwifery. All contributed to maternal and child health as the entry point to the overall thrust of WHO through primary health care.

Dr QUENUM (Regional Director for Africa) said there was no doubt of the importance of maternal and child health in the African Region. In explanation of the figures given in the proposed programme budget, he said that the activities in maternal and child health were an integral part of the development of comprehensive health services (appropriation section 3). In many countries, therefore, they were not indicated separately. The sums indicated for extrabudgetary sources were for the funding of intercountry activities and were mainly derived from UNFPA. Maternal and child health played an important part in the general programme for the Region.

The DIRECTOR-GENERAL said that the question raised by Dr Hellberg would be particularly important during the Thirtieth World Health Assembly. Throughout the proposed programme budget there were reductions of about half in certain programme areas to be made over the following four years. He had decided that those reductions could be made without sacrificing any of the activities important for Member States or activities that related to the priorities of the Organization in the promotion of health. However, that had been done at such a speed that the various programme areas were still in the process of reorientating themselves to living with reduced resources. For example, in many areas where a full-time staff member had been available in the past, provision was being made for only three consultant months in a year. He hoped that in those areas it would be possible to accomplish as much as in the past, provided there was a core of coordinating staff in all the major programme areas. There would

be an increase in collaboration with research institutions. For example, if the Tuberculosis unit were reduced by half there would have to be an increase in collaboration with research institutes for chemotherapy, diagnosis, etc. In his opinion that was possible. It was not a drastic change in the mode of operation of WHO but rather an acceleration of the trend towards maximizing the use of outside resources. He hoped that in areas where insufficient regular support was available extrabudgetary resources might be found. For example, negotiations with the Swedish Government were under way for the setting up of an international reference centre for drug monitoring in Sweden, with WHO playing a coordinating role but with the costs being met by that Government. He was convinced that with such support from Member States and outside organizations it would be possible to maintain the activities of WHO. The primary focus in the strengthening of health services was at the national level. The role of headquarters should be more one of information gathering, while research projects, formerly attached to headquarters, should be undertaken by the regional committees, which had declared that health services research was an important priority. He hoped that with a much smaller coordinating group in the field of strengthening of health services at headquarters it should be possible to carry out the same as, if not more than, previously. The areas of family health and strengthening of health services should be integrated as closely as possible in order to make maximum use of the resources available. In such ways the Organization could learn to live with the situation without any reduction in its output. While he was prepared to take full responsibility as the chief technical officer and administrator of the Organization, the Executive Board would have to take its share in the responsibility for making decisions since it would have to face the Health Assembly.

The meeting rose at 5.35 p.m.