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THIRTY-SECOND WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE THIRTEENTH MEETING

Palais des Nations, Geneva
Tuesday, 22 May 1979, at 14h30

CHAIRMAN: Professor R. SENAULT (France)

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THIRTEENTH MEETING

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MONITORING OF THE IMPLEMENTATION OF THE PROGRAMME BUDGET POLICY AND STATEGY: Item 2.2 of the Agenda (Document EB63/49, Chapter 1, para. 6, and Appendix 1) (continued)

PROPOSED PROGRAMME BUDGET AND REPORT OF THE EXECUTIVE BOARD THEREON: Item 2.3.1 of the Agenda (Official Records) No. 250 and Corr.1; Documents EB63/49, Chapters I, II and III, and A32/WP/1-5) (continued)

PROMOTION OF ENVIRONMENTAL HEALTH (Appropriation Section 5) (Official Records No. 250, pages 220-233) (continued)

Dr THIMOSSAT (Central African Empire) said that his country's needs in the field of health were so great that it was obliged to make a choice. During the current year, the emphasis was to be placed on environmental health planning and management. The head of his delegation had stressed in plenary meeting the importance attached to environmental health for the improvement of the health status of the population in the last decades of the century. All the country's major health problems - endemic parasitoses, gastroenteritis, diarrhoeal diseases and cholera - were attributable to inadequate basic sanitary measures, including water supply and wastes disposal. The Department of Health had submitted a plan to UNDP and work on it was to be completed during the coming months. The plan was in conformity with the Mar del Plata Action Plan and the aims of the International Drinking-Water Supply and Sanitation Decade, and he reiterated the appeal made to UNDP for it to receive all the necessary support.

He noted that the budget for the African Region, which had provided US$ 37 900 for the current biennium for the related item - health services development - in his country, appeared to include no provision at all for the biennium 1980-1981. He hoped that appearances were misleading. The Organization, which had undertaken to support the International Drinking-Water Supply and Sanitation Decade and the Mar del Plata Action Plan, should not relax its efforts in the provision of basic sanitary measures, which almost alone could ensure health for all by the year 2000.

Dr KLIVAROVÁ (Czechoslovakia) expressed her delegation's support for the work planned in connexion with the promotion of environmental health. She stressed the importance of the study of the effects of chemicals on health under programmes 5.1.3 (recognition and control of environmental hazards) and 5.1.4 (food safety), and the need for the Organization to recommend criteria and standards on which Member States could base their legislation. The preparation of criteria documents on 20 to 30 environmental agents per year was not enough, but she would like to know how the Secretariat proposed to reach the figure of 100 to 200 per year with the funds provided. She emphasized the contribution that institutions and medical faculties in Member States could make to the work of the Organization. Cooperation with them should be intensified, particularly in view of the importance of criteria studies to food safety from the point of view of additives and the accumulation of pesticide residues in the body. Research on those subjects was in progress in Czechoslovakia with a view to establishing maximum permissible limits for chemicals in water, air, etc., and without the consent of the appropriate authority chemical agents could not be produced, imported or sold. Her Government would welcome the opportunity of placing its experience at the disposal of the Organization. She would go into more detail on the subject during the review of the medium-term programme for the promotion of environmental health under item 2.7.4.2 of the agenda.

Dr EL GAMAL (Egypt) expressed his delegation's support for the well-prepared major programme for the promotion of environmental health.

He considered that the pollution resulting from the liberal and uncontrolled use of pesticides and from transport should receive special attention from WHO. Although both those

areas might be included in work on the effects of chemicals on health, their consequences - particularly in the developing countries - were so important and far-reaching that they deserved special consideration.

Although Committee B had discussed the question of WHO participation in the International Drinking-Water Supply and Sanitation Decade, he wished to inform the Committee, in connexion with the appropriation section under discussion, that the steering committee of participating organizations was not so far fulfilling its coordinating role satisfactorily, and that clearly uncoordinated project proposals were still being received from participating organizations.

Dr AL-HOSSAINI (Iraq) emphasized the importance of the environmental health programme, particularly the recognition and control of environmental hazards.

The countries of the Arab Gulf were cooperating in the protection of environmental health. A high council had been set up in Iraq some years previously under the chairmanship of the Minister of Health, and its decisions were binding on all sectors concerned. In that connexion, he emphasized the importance of establishing a network of WHO collaborating institutions, national and international, to study the effects of environmental pollution on human health. He also called for wider dissemination of the criteria documents on the effects of chemicals on health.

Dr SÁNCHEZ MORENO (Peru) said that environmental health was as important as health care to the health of the individual. Thus the aims of the International Drinking-Water Supply and Sanitation Decade were perfectly consonant with the goal of health for all by the year 2000 to be achieved by the primary health care programmes that Member States were setting up for the achievement of that goal.

In his country the emphasis was being laid on coverage, and the transformation of small-scale programmes on individual aspects of health care into nationwide comprehensive health programmes. In implementation of legislation enacted in November 1978 the coordination of the institutional framework of the national health delivery system was in progress and a plan for the nationwide development of primary health care, including environmental health, was already in force. In that connexion he wished to emphasize how much easier it was to coordinate the work of national institutions than to coordinate technical and financial cooperation with international bodies, and the need for WHO to improve coordination at the international level if health for all by the year 2000 was to become a reality, and not remain a mere slogan.

Dr BEAUSOLEIL (Ghana) said that the inadequacy of facilities to ensure food safety was a major problem in many developing countries. He was aware that the Codex Alimentarius Commission was preparing guidelines for legislation and believed that it was also working on the strengthening of food safety programmes at the national and regional levels. But in the meantime he would like to know whether the Organization could set up some certification scheme for food, along the lines of that for ensuring the quality of pharmaceutical products moving in international commerce.

Dr AROMASODU (Nigeria) welcomed the substantial increase in the regular budget allocation for the promotion of environmental health in the regions, and particularly in Africa. The improvement of environmental health was essential to the developing countries if they were to be able to break the vicious circle of poor environmental health, communicable diseases and low health status of the population.

She would welcome an explanation of the small allocations for the African and South-East Asia Regions under environmental health planning and management (programme 5.1.1). The need for such planning and management in those two regions, which included some of the most under-developed areas, was certainly greater than in the more developed countries.

In connexion with basic sanitary measures (programme 5.1.2), she recalled previous discussions about the development of suitable low-cost technology for water supply and wastes disposal. She wondered what progress had been made, and whether Member States had been informed.

She noted that the allocation for Africa under programme 5.1.3 - recognition and control of environmental hazards - was no more than a token amount, although pollution hazards were increasing with industrial development, which was not always based on comprehensive planning.

Although the problems were small in scale compared with those of the industrialized countries, it would be unwise to await their escalation before taking the necessary measures.

She also asked why no allocations were shown for the African Region under the food safety programme (5.1.4).

Dr CABRAL (Mozambique) stressed the importance of environmental health as a major factor - either positive or negative influencing health. Environmental health, as a nonmedical area, tended to be regarded with a certain reticence by the health professions. A positive factor in the promotion of environmental health was the direct impact on communities and their consequent willingness to cooperate.

In connexion with the role of WHO in the International Drinking-Water Supply and Sanitation Decade, he endorsed the view of the Executive Board expressed in paragraph 204 of Chapter II of its report. However, the Organization's catalyzing and promoting role should not be confined to country level; it should also include mobilizing funds and the support of donor agencies. Referring to paragraph 202 of Chapter II of the Board's report, he noted that the relationship of the roles of WHO and UNEP in working towards the Decade goals seemed not to be clearly perceived and he endorsed the Board's suggestion that they be better defined. The success of the Decade would also depend on the development of appropriate low-cost technology.

Crucial to that success, however, was a commitment on the part of governments to reverse the current trends in resource allocation, so as to favour rural rather than urban areas.

He joined previous speakers in emphasizing the importance of food safety (programme 5.1.4) to the developing countries, many of which derived a substantial part of their low incomes from food exports. Their inability to ensure the acceptability of those exports, from the point of view of quality control, was a cause of direct economic loss. He therefore called for the speedy establishment of food control laboratories in the developing countries.

He welcomed the increase in allocations from the regular budget to appropriation section 5, but noted that the decrease in extrabudgetary funds expected in the 1980-1981 biennium was so large that it produced an overall decrease in the total funds available: he cited as an instance the allocations for basic sanitary measures (programme 5.1.2), which was one of the most important programmes in this appropriation section.

He asked for some general information on the work being done by WHO in mobilizing funds for the Decade and its catalytic role in pre-Decade and Decade activities. That information might set delegates' minds at rest regarding the overall reduction in the allocations.

Dr CASSELMAN (Canada) reaffirmed his delegation's long-standing interest in and support for the Organization's activities in the promotion of environmental health. Its substantive comments would be made under agenda item 2.7.4.

He expressed his delegation's appreciation of the Director-General's progress report on the food safety programme (document A32/WP/2).

Dr MARTIN (France) drew attention to the fact that the growth of urban areas, as a result of the migration of rural workers to towns and the growth of industry, was entailing a considerable expansion of collective eating facilities, such as canteens, and creating new risks to health. Those risks called for an intensification of health authority supervision at every stage from the production of the food to its consumption. In that connexion, he endorsed the remarks of the delegate of the United Kingdom of Great Britain and Northern Ireland at the previous meeting, on the need to strengthen food inspection. It was important that health authorities make the necessary budgetary provision forthwith and earmark it for the provision of the necessary staff and equipment.

Professor PACCAGNELLA (Italy) said that he too would make his substantive comments on the subject during the discussion on agenda item 2.7.4. Meanwhile, he would merely express his support for the activities proposed under appropriation section 5, and request information about cooperation and coordination between WHO and the International Register of Potentially Toxic Chemicals.

Mr KANEDA (Japan) expressed his delegation's support for the proposed activities on the evaluation of the effects of chemicals on health, as described in document A32/12. He stressed that the approach should be comprehensive and include the evaluation of food additives and pesticide residues.

Professor RENGER (German Democratic Republic) noted the emphasis given to basic sanitary measures. He agreed with the delegate of Czechoslovakia that the proposed annual rate of evaluation of new chemical products was not high enough. Another important question concerned the effect of two or more agents acting simultaneously; in that connexion, special attention should be paid to the additional effect of alcohol. In his country, the Government was responsible for surveillance in that area.

Dr VIOLAKI-PARASKEVA (representative of the Executive Board), summarizing the discussion, said that delegates seemed to feel that the programme provided a clear direction for activities in the environmental health field. Multisectoral collaboration within countries was essential to obtain maximum benefit from the programme. National food programmes should be strengthened and food safety legislation should be implemented. The Codex Alimentarius procedures should be simplified and the application of standards in national practice should be facilitated. Emphasis had been laid on the wide range of pollutants presenting health hazards, and the need to identify a few broad priorities in that area. More emphasis should be given to biological research on the effects in man of all types of pollution. Basic sanitation was still lacking in many developing countries. Strong links with UNEP were essential for the development of a joint programme.

The DEPUTY DIRECTOR-GENERAL thanked delegates for their positive contributions. Environmental health was one of the Organization's most important programmes. Specific questions would be answered by Dr Dieterich, Director of the Division of Environmental Health.

In reply to the delegates of Ghana and Mozambique, he drew attention to the figures for extrabudgetary resources, which showed a reduction of some US$ 11.5 million. That was mainly due to differences in budgeting cycles between WHO and other United Nations agencies. Thus, resources from UNDP and UNEP showed a reduction of over US$ 9 million for this very reason; in addition, PAHO showed a reduction of US$ 3 million. It would be noted that the Director-General had proposed an increase of US$ 7.4 million under the regular budget for this major programme.

Dr DIETERICH (Director, Division of Environmental Health) thanked delegates for their comments and suggestions, which would be useful in further planning and implementation, particularly of programme 5.1.4 - food safety. Further to the Deputy Director-General's explanation, he referred to the apparent reduction in the UNDP contribution at the country level. Under the programming procedure applied for the indicative planning figure, governments decided their own priorities. Therefore, during the national programming exercises for UNDP resources, health and other agencies had the possibility of offsetting any reduction in UNDP funds for the priority programme 5.1.2. Recent additional extrabudgetary resources had been forthcoming for 1980-1981 from a number of bilateral programmes, stimulated by the International Drinking-Water Supply and Sanitation Decade, as noted in resolution WHA32.11. The decrease in extrabudgetary funds could therefore be offset in two ways: by countries themselves, in deciding how to use UNDP funds available under the indicative planning figure; or by the Organization's cooperation with bilateral programmes, which had pledged support to developing countries for the Decade. It was too early to say what effect those new types of international cooperation (reported in document EB63/34) would have on donors. However, there was reason to believe that, if governments embarked on an active process of preparation for the Decade by identifying priorities and formulating projects, external resources would probably become available.

The relation to primary health care was clear; water supply and sanitation were among its essential components. The principles of primary health care should be applied in water supply and sanitation programmes - that is, much stronger intersectoral coordination and action were also needed. Health education was an important element, and he drew attention to a WHO publication entitled "Guide to the integration of health education in environmental health programmes" (WHO Offset Publication No. 20), to which reference had been made in the Executive Board's report. There had been no technological breakthrough, but better dissemination of information would help to reduce cost and accordingly to extend water supply and sanitation services to an increasing number of people.

In answer to the delegate of Kenya, he said there were two WHO centres for training and information transfer, one in Latin America, the other in the Western Pacific Region. The establishment of an additional centre in the Eastern Mediterranean Region was being studied.

In the African Region the approach was rather to develop national centres that could undertake training and information transfer functions, strengthened if necessary at the regional level or by the International Reference Centre for Community Water Supply, which had been established in 1968.

In reply to the delegate of Trinidad and Tobago, he said the seminar on sanitation in aviation had been cancelled because the required extrabudgetary resources had not been forthcoming.

In reply to the several questions concerning the apparent lack of allocations for food safety in the African Region, he agreed that no funds were shown on page 233 of Official Records No. 250. However, certain activities were included in the medium-term programme, and under programme 5.1.2. Certain interregional resources were also available in food safety project FSP 023, which were intended for use in regions where programme development was in an active stage, or where regional funds were not available. The medium-term programme in the African Region also included plans for consultation with Member States to determine where food safety activities could be incorporated. For 1982 and 1983, the medium-term programme made specific reference to a number of country-wide case studies on the subject that would lead to additional programmes, and the Regional Office for Africa planned to convene a regional expert committee on the development of food safety and policy in 1982. He drew attention to the joint WHO/FAO guidelines for developing an effective food control system published in 1977. Food safety legislation was an integral part of food safety and, having been identified by the previous Health Assembly as a priority matter, would be in the forefront of activities.

The delegate of India had inquired about the irradiation of food. In WHO Technical Report Series No. 604, page 19, reference was made to the subject of mycotoxins. Food irradiation would of course not help when mycotoxins were already present because of biological growth on food. However, it could prevent fungal development if applied before storage and at a suitable and safe level. The subject was still under development and an expert committee was planned for the biennium 1980-1981.

In reply to the delegate of Switzerland, he said the work of the Expert Committee on Food Additives was fully recognized. Meetings of specialists were planned in each of the two years under consideration to deal with additional food additives. However, the progress that could be made by an expert committee, even meeting every year, was slow. The number of food additives in use was thought to be about 4000; in the 15 years of its history, the expert committee had evaluated 400-500. The International Programme for Chemical Safety could be used to accelerate the work. The Director-General's report on chemical safety made clear that expert committees would continue to be used. However, to increase capacity and output, certain national institutions would be designated as the lead institutions in certain subjects. He welcomed the readiness of Member States to support that approach. In answer to the delegate of Italy, he said activities would include collaboration with UNEP's International Register of Potentially Toxic Chemicals. He agreed with the delegate of Mozambique that UNEP had not yet developed major activities relating to the International Drinking-Water Supply and Sanitation Decade. In answer to the question as to why there was such a small allocation for environmental health planning and management in the African Region, he said that many of the activities relating to that subject were budgeted under item 5.1.2.

HEALTH MANPOWER DEVELOPMENT (Appropriation Section 6) (Official Records No. 250, pages 234-242)

Health manpower development (major programme 6.1)

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the health manpower development programme budget for 1980-1981 was based entirely on WHO's medium-term health manpower development programme (1978-1983), which was oriented towards the solution of both quantitative and qualitative problems. It concerned all categories of health worker, particularly those providing primary health care, and paid due attention to all the main elements of the health manpower development process - planning, production and management. It had clearly defined objectives and, wherever feasible, quantified targets in the medium-term (1978-1983), based on the relevance of the whole health manpower development process to the needs of health services and, through them, to the real health needs and demands of the total population.

The Executive Board had noted that the programme properly reflected resolution WHA29.72 and other relevant resolutions of the Health Assembly. The importance of the reorientation

of the programme towards meeting national health manpower needs for primary health care had been stressed, as also the need to develop mechanisms to ensure the integration of health manpower development into the framework of national health services and educational services. Sound national health manpower systems that would plan, develop, and manage efficiently the right mix of health personnel should thus be established.

The Board had expressed its concern at the current status of health manpower development in countries, and had wondered whether the major obstacle of insufficient qualified health manpower could be overcome. The maldistribution of existing health manpower, mainly in the developing countries but also in some developed countries, required action. The importance of training front-line and intermediate level health workers, the development of health teams, and the promotion of training of traditional birth attendants had been emphasized. Other areas of interest and/or concern were: the migration of health professionals; postgraduate educational activities and fellowships; mutual recognition of qualifications and diplomas; and working conditions of health personnel. In response to resolution WHA25.42, a report on the "brain-drain" had been prepared; in addition, a number of articles had been published in international journals, and a short report had appeared in the WHO Chronicle in 1976.

The Board had paid special attention to the attitudes of health professionals, which in many cases represented major obstacles to change. Their training should be geared more closely to the needs of the community and, where feasible, was best undertaken in the country of origin. It was recommended that closer attention be paid to that aspect in the administration of WHO fellowships.

The health manpower development medium-term programme, which was among the first medium-term programmes to be elaborated, would need constant monitoring and adjustment and periodic revision if it was to reflect the ever-changing realities, health needs and demands of people, and the strategies elaborated to achieve health for all by the year 2000. It had been clearly recognized that that goal could not be attained without imaginative health manpower development policy, aggressively implemented.

Dr BRAGA (Brazil) expressed satisfaction at the Organization's emphasis on the training of health personnel - a problem of paramount importance. No health programme could be developed satisfactorily without due attention to that aspect. His delegation had recommended at previous Health Assemblies the establishment of national bodies responsible for personnel training, to ensure a continuous flow of suitable health personnel. Studies should be undertaken to determine the most rational use of personnel. Training was frequently the responsibility of one ministry or government department, while health problems were the responsibility of another. Close interministerial cooperation was essential.

Dr LEKIE (Zaire) was convinced of the importance of health manpower development. The figures appeared to show an increased allocation for his Region, but he was not clear, in view of inflation, whether they represented a real increase. His country would have to continue sending some specialists for training outside the country each year, in many cases with the help of WHO fellowships. He hoped that the economies required in the Organization would not limit fellowships, as more were needed.

Dr MARKOVIĆ (Yugoslavia) fully supported the health manpower development programme, and noted with satisfaction that paragraph 99, of the Director-General's report to the Programme Committee of the Executive Board (Annex to Appendix 1 to document EB63/49) indicated that implementation of the medium-term had already started. It was also pleased to note that for 1980-1981 the emphasis was on the intermediate and auxiliary personnel required for primary health care. That was in accordance with the objectives of both WHO and Member States. A most important element in that respect was the planning and establishment of training programmes for all categories of health personnel taking into account both the needs of local communities and the facilities available. Those principles formed the basis of a reform of the health personnel training system being carried out in Yugoslavia.

Dr ABDELLAH (United States of America) said that her delegation was pleased to see a balanced approach in the development and training of health manpower and the emphasis on the preparation of health teams. She felt, however, that there should be a stronger linkage of health manpower development with primary health care. In particular, the budget

did not mention the training of community health workers. Such workers could serve in a part-time or voluntary capacity, and were essential for the provision of primary health care in most countries. A large number of such workers would be needed in a global effort to extend health services to all. Attention should also be paid to the preparation of leaders of primary health care teams, particularly physicians and nurses prepared to cope with complex health problems, to guide, teach and supervise community health workers, and to educate communities on all health matters. Moreover, training funds should include funds for field activities; primary health care workers would need to be committed to work in underserved areas; and attention should be given to continuing education for both community health workers and professional primary health care personnel.

Dr HUYOFF (German Democratic Republic) expressed satisfaction with the general objectives of the programme, and emphasized the importance of both basic and continuing education of health manpower. His country would continue to support the European Region's medium-term nursing programme. Regarding health manpower planning and management, he stressed the need for cooperation between Member States in developing career structures and continuing education systems according to the stage of development of national health services. Activities in research planning and management were of special importance, particularly within the medium-term programme and in nursing. He supported the increased emphasis given to continuing education and its integration into systems of professional qualification. Regarding the continuing education of dental and medical specialists, his country was ready to make a constructive contribution to a forthcoming conference, on the basis of experience gained in hospitals and institutions responsible for continuing education.

Dr FERNANDES (Angola) stressed the importance his country attached to the training of health personnel. He supported the emphasis on the training of primary and intermediate-level personnel, particularly within the regions. He fully supported WHO's programme, and hoped that it could be further strengthened.

Mrs MATANDA (Zambia) welcomed the budgetary allocations to health manpower development - a subject of great importance to her country. Luckily, Zambia had not experienced the problem of the "brain-drain". Almost all health workers awarded fellowships to study abroad had returned immediately on completion of postgraduate training, and it was hoped that that trend would continue. Zambia was still short of qualified health manpower at all levels, and the shortage was a major constraint in meeting the health needs of the people. Moreover, manpower development had not resulted in an even distribution of manpower resources, and migration to urban areas had further aggravated the situation. WHO should support studies of the factors responsible for such migration. With the cooperation of UNICEF and the International Confederation of Midwives, the skills of traditional birth attendants were being improved. Traditional birth attendants had played a useful role, particularly in rural areas, and had made a positive contribution to the promotion of maternal and child health. Systems should be established to permit countries to compare results. She urged WHO to support the provision of teachers to strengthen existing programmes and facilitate the establishment of new ones, particularly in view of the importance attached to primary health care. Opportunities for intercountry study tours, seminars and workshops for health workers should be increased.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland) supported the programme for health manpower development.

In the United Kingdom experience within the national health service had shown that the development of multidisciplinary health teams was extremely important, and he was pleased to see that that approach was also adopted by the Organization. He agreed with the statement made by the delegate of Brazil on the need for each country to have its own manpower development scheme, which should cover all health disciplines and categories of health personnel.

He drew attention to the fact that there had recently been issued in the United Kingdom a publication entitled "Medical manpower: the next 20 years"; it should help to stimulate debates within the public forum.

The number of doctors a country could afford to train was a major issue, and often a problem in the developing countries. The delegate of Zambia had referred to the question of the "brain-drain", and in that connexion Dr Harris said that the United Kingdom had deliberately enlarged its medical schools in order to become self-sufficient in that respect. His country received an average of 600 to 700 WHO fellows each year.

Professor SZCZERBAŃ (Poland) fully endorsed the health manpower development programme, on which the success of the Organization's activities depended to a large extent. It was clear that the programme involved considerable expense, and depended greatly on governmental and national programmes in that field. However, notwithstanding differences in the structuring of manpower personnel in various countries, all Member States did have the common objective of wishing to develop primary health care personnel in order to fulfil the Alma-Ata recommendations. In that connexion, he requested the Secretariat to provide detailed information as to how that particular part of the programme would be developed. Only general figures were given in Official Records No. 250. He wished to know, for example, how the development of continuing education and primary health care would be provided for in the budgetary allocations.

Dr DLAMINI (Swaziland) supported the proposed programme on health manpower development, but expressed concern that, although it appeared to have been expanded, it still did not seem sufficient to meet countries' needs. In developing countries there would continue to be a health manpower problem because of lack of training facilities, particularly dental and medical schools. The problem was compounded by the "brain-drain" and was unlikely to be solved in the near future unless more research was undertaken by WHO to find out whether the few doctors available were being used appropriately. For the time being emphasis would be laid on the training of primary health care workers, and it was hoped that their connexions with the various authorities involved in socioeconomic development might help to improve the general health status of the population. However, he could not see any activities in that field in the programme budget. He welcomed paragraph 222 of Chapter II of the Board's report, regarding the training of intermediate-level health workers, and the mention in Official Records No. 250 of workshops to define strategies on health teams and on the development of those teams in rural areas; however, those were apparently interregional activities and he wondered when the activities would become oriented more towards the regions and therefore more meaningful and applicable to the countries that needed them. He also expressed the hope that guidelines might be formulated for health team development, especially with regard to management so as to facilitate cooperation between the teams.

The African Region had certainly not been deprived of funds in the proposed programme budget, but he expressed the hope that more activities could be undertaken in that Region.

Dr CABRAL (Mozambique) fully endorsed the objectives and methodology to be used in developing the programme in 1980-81. He also agreed with the importance given to the training of health workers to deliver primary health care.

He drew attention to the problem of the "brain-drain", which had already been considered at length in the Technical Discussions on technical cooperation among developing countries, and reaffirmed that the crux of the problem lay in the need to promote the development of health manpower, especially technical and university-level personnel within the developing countries themselves; it should be done on a national or subregional basis, according to the principle of complementarity of resources. The Organization had an essential role to play in that connexion, and he was pleased to note its commitment to strengthening health manpower capabilities by promoting training within the developing countries, offering them direct technical support in methodological and pedagogical questions. WHO's role in mobilizing the resources of the various intergovernmental and nongovernmental organizations for this purpose was also very important, and he was somewhat surprised not to find any specific reference in the programme budget to organizations such as UNICEF or UNESCO in that connexion.

WHO's support had been requested for solving the problem of migration of health workers within countries, from rural to urban areas. He himself was of the opinion that WHO could not be of great assistance in changing that pattern, since it was a question of a country's policy, depending on numerous socioeconomic factors, and only the country itself could take appropriate measures for redistributing its health manpower.

Dr SANKARAN (India) said that the delivery of health care services to the most needy, if the goal of health for all by the year 2000 was to be attained, depended on very important decisions to be taken in health manpower development in the coming years. Besides the "brain-drain", which had deprived many developing countries of valuable manpower resources, there was the problem of the maldistribution of available personnel. An attempt to compensate for the lack of qualified personnel at the peripheral level by using paramedical and community health

workers would be an intermediate and welcome step, but each Member State should try to reorientate medical education and redistribute personnel at the peripheral level, with the ultimate goal of establishing a sound basic referral structure so that all citizens would have equal opportunities of benefiting from adequate medical and health care.

He was pleased to note that the budgetary allocations for the South-East Asia Region provided for the production of health manpower teaching materials. India had developed techniques for the large-scale production of educational materials that could easily be distributed in developing countries. An essential element of the basic health care infrastructure was the training of a large number of personnel to provide intermediate-level health care - such as community health workers, medical assistants, auxiliary nurse/midwives, traditional birth attendants and multipurpose health workers. He was pleased to note that fairly large allocations had been made for the programme and, in particular, that the allocation for the South-East Asia Region for 1980-1981 amounted to US$ 18 000 000 - about the same amount as for the previous biennium.

Health manpower planning and development could well constitute an area for one of the major and most meaningful forms of technical cooperation among developing countries, through the provision of relevant training of personnel from one country in a similar milieu in another country that has similar problems.

He noted that appropriate stress had been laid on the promotion of training, and on educational development and support, and that adequate provisions had been made for those programmes (6.1.2 and 6.1.3).

Referring to the meeting on the health manpower medium-term programme held in Brazzaville in December 1978, he requested the Secretariat for information on the findings of that group, on progress made in the implementation of the programme, and on the recommendations made for the future development of that medium-term programme within the Sixth General Programme of Work.

Dr BAHRI (Tunisia) drew attention to the difficulties encountered in developing countries due to lack of biomedical engineers. Medical equipment was increasingly sophisticated and costly, and at present developing countries either had to send apparatus to developed countries to be repaired or had to pay for engineers to come from developed countries. There was also a lack of architects specialized in hospital construction. He asked whether WHO might consider providing assistance with the training of the required personnel maybe through a one-year special course.

Dr AROMASODU (Nigeria) said that her delegation considered the programme to be excellent and, from past experience, she was certain that it would be implemented with vigour.

She expressed her satisfaction at the orientation towards training of primary health care workers, with emphasis on the health team approach. Nigeria was not yet self-sufficient in health manpower training facilities, but with six established medical schools and seven additional ones in the initial stages, the situation was better than in some developing countries. Training was also provided for health workers from other African countries. The training of primary health care workers was being developed in schools of health technology, which had been established in each of the 19 states.

Dr POUDAYL (Nepal) said that the concept of primary health care varied in different countries, depending on the socioeconomic conditions. In Nepal, the intermediate-level health workers were responsible for primary health care. It was necessary to train large numbers of these workers; their training should be specific, but those who were sufficiently competent should have the opportunity of receiving advanced training. In his view it was more appropriate that the ministry of health, rather than the ministry of education, should be responsible for the training of these health workers.

Dr LOCO (Niger) urged that developed countries should take all necessary measures to ensure that trainees from developing countries returned directly to their home countries immediately their studies were finished. Secondly, in certain developed countries there was a specialization that took no account of real needs and sometimes constituted a veritable obstacle to the development of health manpower in developing countries. At the same time technical assistance was increasingly proposed as a solution to the lack of personnel. He hoped that WHO would study that problem.

Dr ALBORNOZ (Venezuela) said that a high proportion of non-professional health personnel was often taken as an indication of a country's low level of development. The result was that highly-qualified personnel were often used for work which could be undertaken by auxiliaries. In Venezuela training was being provided for health personnel to do field work in various tropical diseases; personnel from neighbouring countries were being trained, and courses were also being held in English.

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the programme had received full support from delegates. Stress had been laid on its close links with the primary health care programme, the need to train leaders in the field of public health care and to reorientate the programme towards meeting national health manpower requirements, and the importance of the multidisciplinary team. The need to provide training within the country of origin, and problems of the "brain-drain" and of maldistribution of existing manpower had also been emphasized. The need for specialized personnel such as architects and maintenance engineers at the regional level had also been pointed out.

The DEPUTY DIRECTOR-GENERAL thanked those delegates who had contributed to the debate, and in particular Dr Braga, a former Director of the Division of Health Manpower Development. That Division had one of the most progressive and challenging programmes, which required the constant attention of Member States, especially developing countries. The basic principles of the programme would continue to be re-examined and readjusted as necessary.

Dr FÜLÖP (Director, Health Manpower Division), in reply to the questions on primary health care workers raised by the delegations of the United States of America, Poland, Nepal and Zambia, said that the majority of the programme's activities were directed towards the development of primary health care - to the training not only of primary health care workers, but also of those who supervised them; it was therefore not possible to show a budget line specifically for this. A manual on primary health care workers had been translated into 12 languages and adapted in 20 countries. Its objective was to stimulate local reference material. That aim had already been largely achieved. The training of primary health care workers should be the task of the countries themselves. Another manual, to be published in 1980, concerned middle-level primary health care personnel, or middle-level management personnel, including those supervising primary health care workers, and it was first being prepared for field testing in a certain number of countries. Programmes of training for primary health care workers and their supervisors, also in the management field, had been initiated in Sri Lanka, Burma and Costa Rica. A study into the working and living conditions of primary health care workers was being carried out. An interregional seminar would be held in October 1979 in the Philippines with participants from 22 countries; its aim was to promote the preparation of national strategies in order to train and utilize auxiliary health personnel for rural health teams in developing countries, as recommended by a WHO Expert Committee, whose report had been published as Technical Report Series No. 633.

In connexion with traditional birth attendants, WHO Offset Publication No. 44 was a field programme guide in the training, utilization and linking to general health services of traditional birth attendants, and was for the use of teachers, supervisors and administrators. Out of a total of 3 billion babies to be born before the year 2000, 2 billion would be delivered by traditional birth attendants; activities in that field were therefore of paramount importance. A study on the training and utilization of traditional birth attendants in the Philippines, Thailand, Sudan, Sri Lanka, Senegal, Honduras, Ecuador and Sierra Leone was being undertaken, and its results would be used for the preparation of guidelines.

The delegate of Zaire had raised a question concerning the budget for health manpower development. The increase for 1980-1981 was 16.6%, of which the real increase was 3.6%, and 13.0% was for cost increases. Although those were overall figures, they were probably in the same proportion for the African Region.

With regard to the utilization of savings for fellows, he said that it was general practice in most of the regions. Savings were used for many purposes, among which were fellowships for priority programmes.

Replying to the question raised by the delegate of Zambia, he said that in 1978 416 teachers had been provided by WHO to schools of health personnel.

Concerning intercountry study tours, all possibilities were utilized; the following week, for example, a study tour for leaders of innovative programmes would be going to Canada and

Jamaica. A seminar on continuing education had recently taken place in Washington and had then travelled to certain Central American countries. A study tour on the training and utilization of barefoot doctors had gone to China in August 1978 with UNDP assistance.

The delegates of Mozambique, Swaziland and Niger had spoken of the "brain-drain" problem. A migration study had been carried out by WHO in accordance with resolution WHA25.42, and the report would be published soon under the title "Physician and nurse migration - analysis and policy implications". The cost of the study was US$ 231 000, of which one-quarter was covered by the regular budget and the rest from extrabudgetary sources. It had been a somewhat costly study, but it had provided WHO with sufficient data to be able to collaborate with Member States who so wished. WHO was fully prepared to do that in order to curb undesirable migrations of health personnel.

The delegate of Mozambique had also asked about collaboration with UNESCO, and on page 238 of Official Records No. 250 such collaboration was mentioned. It was also taking place with ILO, UNICEF, the World Federation for Medical Education, and other intergovernment and non-governmental organizations.

A question had been raised by the delegate of India about the recommendations of the Brazzaville meeting which had dealt in December 1978 with the implementation of the medium-term programme on health manpower development. The main recommendations were as follows: firstly, mechanisms were needed within countries in order to make Health Assembly and Executive Board resolutions known by all those concerned with implementation; secondly, flexibility should be the basis for implementation of the medium-term programme throughout the whole implementation period. The report on the meeting would shortly be available.

In reply to the point made by the delegate of Tunisia concerning maintenance personnel, he said that in the Eastern Mediterranean Region there were centres in Cyprus, Iraq and Iran for training such personnel, and they also served as regional centres. Such centres existed in other regions, and a large programme was being launched in the Americas.

HEALTH INFORMATION (Appropriation Section 7, Official Records No. 250, pages 243-256)

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that as a horizontal programme in which a statistical component was an integral part of virtually every technical programme, the programme of health statistics had been devoting increasing emphasis to developing uniform concepts, principles, approaches and procedure for health statistics as a part of national health information systems and services, to developing simple procedures like lay reporting and contributing to the development of indicators for use in monitoring progress towards the goal of health for all by the year 2000.

In the field of WHO publications and documents, considerable progress had been made in reorienting existing publications and periodicals to the needs of Member States and to developing a trial issue of a new international journal of health development entitled World Health Forum, which dealt with policy and practical problems facing public health administrators around the world. A report on the publication would be submitted to the sixty-fifth session of the Executive Board in January 1980. The establishment of the joint PAHO/WHO Publication and Documentation Service in Mexico City would permit much closer coordination of technical publications in Spanish.

The health legislation programme was currently being reoriented in response to resolution WHA30.44 on the basis of findings provided by three consultants who visited all six regional offices and selected countries within each region. Significant progress had also been made in exploring the feasibility of using collaborating centres to increase the work of the programme. A report on the reorientation of the health legislation programme would be submitted to the sixty-fifth session of the Executive Board.

The programme of health literature services was developing along two complementary paths: one involved the development of a network of health-related information centres making maximum use of available resources in providing documentation and other health literature services to national and regional users. The other was the development of an international data bank of public health called HERIS (Health-related Information System) and at providing users, particularly those in developing countries, with ready access to information on public health problems and practices not at present covered by existing bibliographical systems.

The programme of health information of the public was being reoriented to become more outward looking, with WHO acting rather as a catalyst than a producer of finished information material, which involved working much more closely with professional counterparts at the national level.

Dr KOINANGE KARUGA (Kenya) said that his delegation believed in the need for simple, but accurate, health information for health workers to form a basis for planning and for winning the participation by the community in the delivery of health services. The planning for the programme was therefore an essential input and he was surprised to note that there was no provision for it in the African Region under the proposed programme.

In many countries, health statistics, which should be a basis for health priorities, were unsatisfactory and outdated. He therefore welcomed the provision for training nationals to develop health information systems in their own countries. Availability of trained personnel would be critical for the success of such an essential component of the health service. Any other assistance to help Member States to update their statistics would be most welcome.

In conclusion, he said that his delegation supported the programme and commended the Organization for the proposals and plans therein.

Dr MIURA (Japan) said that his delegation had noted with satisfaction that the health statistics programme had been reoriented towards technical cooperation and he wished to support the programme budget.

He stressed the importance of the timeliness of information, since the availability of timely statistical information was essential for decision-making. WHO should continue to emphasize and promote timely statistics in its technical cooperation with Member States. In that connexion, he informed the Committee that in Japan the availability and timeliness of statistics had been considerably improved by efficient use of computers for quick processing and retrieval of data. Vital statistics, for example, were produced with only a three-month delay. Other important health statistics were retrievable instantly through computer terminals installed in key offices in the Ministry of Health and Welfare and the result had been wider and more intensive utilization of statistical information by those making decisions on health.

He emphasized the importance of the support activities to back up technical cooperation and the strengthening of international coordination undertaken by WHO. His country placed particular emphasis on the international exchange of statistical information. On the basis of comparison made with statistics relating to other countries, it was possible to identify and find solutions for some of the major health problems. His delegation, therefore, fully supported international exchange of information and offered its statistical information to WHO for such international dissemination.

He underlined the need for developing appropriate methodology in order to project trends of health needs. Such projections were relevant to health planning and particularly to the common goal of health for all by the year 2000. His delegation had been happy to note the leading role played by WHO in that developmental work.

Dr BEGG (New Zealand), referring to paragraph 233 on page 34 of document EB63/49, said that it was easy to understand the breakdown, distribution and use of information and feedback, but it was important that full use should be made of that information and, in his view, entire responsibility should not lie with WHO programme coordinators, but Member States should take effective action to ensure adequate distribution, use and feedback of information.

He wished to know what further action was contemplated in order to ensure that full use was made of information emanating from WHO and to seek feedback from Member States.

Professor JAKOVLJEVIĆ (Yugoslavia) said that his delegation fully supported the programmes contained in programme 7.1.1 and also the activities relating to international classification of disease, especially classification of health problems for primary health care, which would be useful for monitoring and evaluating the implementation of such activities.

Dr HOWARD (United States of America) remarked that the increase in the budget for the entire health information programme in 1980-1981, as compared with 1978-1979, was 21.34%, which represented a real decrease of 2.93% due to inflation and changes in rates of exchange. The budget for health statistics would increase by only 9.76%, this representing a significant real decrease. The health statistics activities described on pages 245-246 of Official Records No. 250 were the backbone of and real basis for health planning and for monitoring and evaluating health programmes. Document A32/8 noted the need for developing and strengthening national health information systems, for orienting statistical support to individual country

needs, and the desirability of international capability and comparisons. His delegation would like to know how those expanded essential health statistics activities could be accomplished with a real reduction in budget and the elimination of six posts in 1980-1981 as indicated on page 65 of Official Records No. 250. His delegation joined the United Nations in their excellent support statement (document A32/WP/5, page 3) requesting that adequate alternative arrangements be made to avoid any adverse results from discontinuing those posts. His delegation understood the difficulties related to decentralization but was convinced that good statistics were the only sound basis for future planning.

Dr SANKARAM (India) said that this most important system of feedback for the development of a relevant health infrastructure received an inadequate allocation in the South-East Asia Region. In spite of this, the Regional Office for South-East Asia had been very active in promoting national health information systems and was well on the way to building up country health profiles in at least four of the Member States in that Region. The building up of a health infrastructure was extremely important in relation to the development of a national centre for health statistics. His delegation requested adequate help for countries in the Region in the building up of such an integrated service relevant to the needs of each country.

Referring to WHO publications, he remarked that the major effort was borne by headquarters and his delegation was interested in the development of more regional publications. There was a great need for assistance with the development of health legislation and he requested that Member States should be supplied with a digest of health legislation that had been enacted in the past few years.

Dr EL GAMAL (Egypt), referring to paragraph 239 on page 35 of document EB63/49, drew attention to the item entitled "Cost of printing Arabic publications, approved under the regular budget as from 1979". The Arab countries welcomed that activity, but unfortunately he had to point out that the presentation of the Arabic copies of WHO publications was not satisfactory. The Organization should give equal attention to the publications in all languages, particularly those printed outside headquarters.

Dr MAFIAMBA (United Republic of Cameroon) wished to congratulate and encourage the WHO publications services on the broad geographical basis and social relevance of the articles published in the past year in the Bulletin of the World Health Organization and the International Digest of Health Legislation. He hoped that WHO would persevere with the new orientation of those journals. His delegation looked forward to the new international journal of public health and hoped that it would break new ground and not simply duplicate existing publications.

Finally, he referred to a seminar that had taken place in Khartoum a few months ago on the problem of female circumcision. His delegation objected to a map that had been published on that occasion and he asked the Regional Director for the Eastern Mediterranean to make a statement on that question.

Professor TATOČENKO (Union of Soviet Socialist Republics) said that his delegation was also worried about the same developments in the health statistics programme that had worried the delegate from the United States of America. Concerning the Sixth Report on the World Health Situation, he said that his delegation had seen the proposed text and was astonished that it did not include a chapter on the scientific research carried out or encouraged by the Organization. There had been great interest during the present session of the World Health Assembly in scientific research and it was important that details of that research should be published in order to answer the questions of delegates; such publication would also help to shorten the discussions at the Health Assembly.

Referring to publications and documents, his delegation had already pointed out that it was difficult to see clearly from Official Records No. 250 what publications WHO issued; it would be useful to have a list. He noted that a certain sum of money had been allocated to study the possibility of new publications. A journal on public health was necessary but the publication of articles on that subject could start now in the Bulletin of the World Health Organization. His delegation wished to congratulate the editors of the Bulletin for the new format of the journal and for the most interesting articles it contained. He requested the Director-General to consider restoring the publication schedule to 12 issues per year. The Bulletin could start publishing articles on public health before a decision was made about the new journal. The Bulletin was well known in the medical world and was read with great interest.

Dr POUDAYL (Nepal) said that it was important to diagnose the reasons why health information systems had not developed properly in some Member States. The main reason was that it was difficult to develop such a system without an adequate health infrastructure. Because of that inadequacy, many countries could not provide the type of statistics requested.

Professor CAYOLLA DA MOTTA (Portugal) said that his delegation supported all the budget proposals on the items under discussion and he congratulated the Executive Board for collecting under one heading the different aspects of the health information programme. Commenting on the programme 7.1.1 on health statistics, he said that statistics were most important for planning, management, and evaluation of health activities. A health statistics and information programme was really the central nervous system of health services and without such a system those services could not react or carry out properly their responsibilities. Health statistics were being required more frequently and more urgently by many users, even by the public. That demand for increased quantity and quality and the requirements of health administrators at all levels had led to exponential growth in the need for staff to produce and analyse the data.

The classical health statistics services must try to meet the increasing demand and were well aware of the need for reorientation of their services. WHO also understood the need to reorient the programme of health statistics and a year ago a group of experts had met in Geneva to study the problem. They had put forward about 20 proposals, but he noticed that those had not been incorporated in the proposed programme budget for 1980-1981. The support which the Division of Health Statistics and the Regional Offices gave to Member States was most important and his delegation would like to see more importance given to health statistics in the 1980-1981 budget.

In relation to the Ninth Revision of the International Classification of Diseases and the supplementary classifications, he said that WHO should give greater support to countries in which the ICD had to be translated before it could be used. His country would be happy to collaborate with other countries in which the Portuguese language was used.

Dr CHANG (Republic of Korea), referring to programme 7.1.1, said that in Official Records No. 250 it was stated that the main problems in developing countries in relation to health statistics included an insufficient infrastructure of health services, insufficient data processing facilities, inability to provide the relevant data in time, and inefficient utilization of data provided. In that connexion, he agreed that developing countries had problems with planning and evaluation. His delegation would be grateful if WHO would investigate special techniques involving quick sample surveys.

Dr VIOLAKI-PARASKEVA, (representative of the Executive Board), summing up the discussion, said that all Member States had supported the health information programme and had emphasized that health statistics was the only basis on which health services could be planned, developed and evaluated. In that connexion, it was important to develop means of distributing the relevant data to interested persons and institutions, the use of data at the local level, and proper mechanisms for feedback from the higher echelons.

The delegation of Egypt had mentioned that the Arabic publications were not very well presented.

The DEPUTY DIRECTOR-GENERAL said that the importance of the health information programme could not be over-estimated. The relationship between the different information programmes was fully recognized and the Director-General monitored the programme continuously and would introduce improvements in its management and operation. The information capacity of the Organization could only be as good as the sum total of the information provided by Member States, and the Director-General was guided by resolution WHA31.20 which emphasized the importance of strengthening national health information systems.

Mr UEMURA (Director, Division of Health Statistics) said he was grateful for the comments and suggestions and assured delegates that they had been noted. The delegates of India, Japan, Kenya, Nepal, Portugal, and Republic of Korea had referred to the reliability, relevance, and timeliness of statistical information, and he wished to assure them that those were central issues in the programme of technical cooperation with Member States. There was, however, a limit to the improvement that could be achieved in the absence of a well

developed health infrastructure. The Organization was, however, investigating the use of traditional health workers and lay reporting systems in order to overcome those difficulties.

The Organization's programmes would be reoriented in the direction of supporting the development of national health information systems. There were, however, many areas in which Member States had not yet reached a consensus and in those areas the Secretariat would develop the concepts and principles in collaboration with Member States.

In reply to the delegate of Japan, concerning the international exchange of statistics, he said that the Organization's programme was being reoriented in that area by stressing analytical information in addition to the minimum core of basic data that should be disseminated to countries.

Replying to the delegate of the USSR, concerning the Sixth Report on the World Health Situation, he said it was true that the draft document did not contain a section on medical research; the Organization had consulted the Chairman of the Advisory Committee on Medical Research on that question and had been told that it would be premature to attempt a worldwide review of health research trends.

Concerning the translation of the Ninth Revision of the International Classification of Diseases, he said that the Organization would be happy to collaborate with Portugal and other countries.

Several delegates had commented on the need for new health projections and in that connexion he mentioned that preliminary studies had been started thanks to the voluntary contribution made by the Government of Japan. In reply to the delegate of the Republic of Korea on the need for a methodology for quick sample surveys, he said that WHO would cooperate with the United Nations which was launching a large-scale programme of technical cooperation with countries on the National Household Survey Capability Programme. The delegate of Kenya had queried the lack of budgetary provision in the African Region for programme 7.1.0. That anomaly might be due to different ways of classifying budgetary provisions in the different Regions, and it might be found that some items had been classified under programme 7.1.1. instead.

The delegates of the USA and the USSR had both commented on the suppression of 6 posts at headquarters. That change had been in response to resolution WHA29.48 so that more resources could be directed to technical cooperation. However, it would be important to maintain the minimum necessary activities at headquarters, and he pointed out that health statistics was not an isolated programme but had links with many other programmes. Plans were also being made to improve cooperation with collaborating centres, nongovernmental organizations, and national experts so that the role of headquarters would become more and more a coordinating role. It was also hoped that extrabudgetary resources would become available.

Dr MANUILA (Director, Health and Biomedical Information Programme), replying to the delegates of India and New Zealand said that all Regional Directors had established mechanisms for continued dialogue with Member States to ensure feedback concerning the publications programme. He assured the delegate of India that regional publications programmes had been developed in all Regions. Answering the delegate of Egypt, he could only say that arrangements had been made with the Regional Office for the Eastern Mediterranean for some technical publications to be translated into Arabic and printed in Alexandria.

He thanked the delegate of the United Republic of Cameroon for his remarks about the relevance of the Organization's publications and assured him that the new international journal of development, provisionally entitled World Health Forum, would not duplicate any other publications. He also thanked the delegate of the USSR for his compliments on the Bulletin of the World Health Organization and said that the reduction in periodicity need not be considered as final. As regards the publication of public health articles in the Bulletin, he said that the new journal was being developed in order to avoid confusion with existing publications; it would be aimed at policy makers, health planners, and health administrators whereas the Bulletin was addressed to the medical and scientific community.

GENERAL SERVICES AND SUPPORT PROGRAMMES (Appropriation Section 8, Official Records No. 250, pages 257-266)

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the overall objective of those programmes was to provide effective and economical supporting services to all

parts of the Organization. The implementation of resolution WHA29.48 would continue to have a significant impact in 1980-1981, particularly at headquarters. There had been a decrease in funding of over US$ 3 million in 1980-1981, or 4.33%, reflecting a real shift of resources from administrative units at headquarters and at regional offices to technical cooperation activities in the regions. Such a substantial decrease in resources had been achieved mainly by the abolition of 47 posts at headquarters alone, representing over 40% of the total of 115 posts being abolished at headquarters and in global and interregional activities during the biennium. That massive reduction in staff resources was being offset by a series of measures to rationalize existing tasks, abolish inessential services, and expand the use of computers. The total estimates of WHO's administrative costs represented only 12.65% of the total programme financed from all sources of funds. That small percentage was clear evidence of the Director-General's determination to carry on WHO's work with a lean, efficient, and economical administration, leaving most of the Organization's resources to be devoted to its essential tasks.

Dr SANKARAN (India) was pleased to note the existence of a Revolving Fund for Teaching and Laboratory Equipment for Medical Education and Training, which he was sure would be put to good use. The cost of over US$ 15 million incurred for adjustment in the rate of exchange was a dangerous trend, but he welcomed the many efforts to effect savings. WHO was probably more solvent than its sister organizations. He requested further details concerning the personnel mentioned under section 8.1.2 of Official Records No. 250. He praised the prompt supply of equipment by WHO to a country in the South-East Asia Region affected by serious floods. He also complimented the Director-General on his assiduous efforts in implementing resolution WHA29.48.

Dr ORLOV (Union of Soviet Socialist Republics) said that the uneven geographical and political distribution of WHO staff, which had already existed for many years, could no longer be tolerated. As indicated in Annex 10 to document EB63/48, there were about 40 countries - the majority of them developing countries - that had no nationals at all working in WHO; in addition, there were many that were under-represented. The situation was worsened by the fact that staff were appointed not on the basis of recommendations by governments, as specified in resolution EB5.R64, and later in resolution EB57.R52, which had urged Member States to recommend their best experts for service with WHO. In fact, staff were often engaged on the basis of personal recommendation. The result was that they faced the problem of reintegration in their own countries when they finished working with WHO - which, for its part, felt a moral obligation to renew their contracts indefinitely. Such long service personnel had lost links with the health services in their own countries, so that the Organization did not benefit from their experience. There should be a clearly defined principle of staff rotation in WHO. At present, countries that would like to follow that principle were faced with difficulties with regard to the recommendation of staff. The problem had been discussed for many years, and at its sixty-third session the Executive Board had considered a report by the Director-General on the subject and had adopted resolution EB63.R25 calling for a review of the situation in 1982. The problem was an urgent one, and could not be put off until then. Only 33% of staff vacancies were to be used to eliminate anomalies in geographical distribution, whereas in the United Nations the figure was 40%. The explanation that the anomalies were caused by the need to recruit highly qualified personnel was inadequate, and resulted in an over-representation of western countries. He urged that a report on the recruitment of personnel be presented to each Health Assembly. The USSR was not pursuing the matter in its own interest, even though it was under-represented. An equitable distribution of staff was in the interests of all Member States, and of the Organization itself: now that WHO was working on the basis of a biennial programme, the success of its work would depend even more heavily on the representative nature of its staff.

Dr KLIVAROVÁ (Czechoslovakia) supported the remarks of the delegate of the USSR. The Executive Board had examined the question of geographical distribution in detail, and had shown concern at the serious imbalance, which was being righted far too slowly. The problem deserved careful study by the Health Assembly and the Secretariat, and could not be left in abeyance until 1982. Recruitment should be from among candidates put forward by the ministries of health of Member States, and the duration of appointment should be between four and seven years: new people brought fresh experience to the Organization, and on leaving WHO they could return to their posts in their own countries.

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that the only resolution on the subject that had emerged from the sixty-third session of the Executive Board had been one calling for the recruitment of staff on the widest possible basis.

The DEPUTY DIRECTOR-GENERAL assured the delegates of the USSR and Czechoslovakia that the question of geographical distribution of staff had been discussed at length by the Executive Board in January, and measures had since been taken to re-examine it from all aspects. It was a question about which the Director-General was very concerned.

Mr MUNTEANU (Director, Division of Personnel and General Services) said that, among the categories of staff on which the delegate of India sought clarification, professional and higher category staff were essentially those with university training and who were internationally recruited, while general service staff were mostly locally recruited supporting staff for whom university training was not a requirement. Long-term staff were those with fixed-term or career service contracts, while temporary short-term staff were those engaged for less than one year, mostly for a few weeks or sometimes recurrently.

With regard to geographical distribution, he called the attention of delegates to resolution EB63.R25 in document EB63/48 and to Annex 10 to that document, in which the Director-General described the constitutional and legal background to international staff recruitment. The Director-General's report contained a number of proposals to remedy the imbalance in distribution, as well as a detailed account of progress achieved. His proposals had been approved by the Executive Board. The Director-General had, in fact, done the utmost possible, consonant with Article 35 of the Constitution and Staff Regulation 4.2, to appoint staff with a view to securing the highest standards of efficiency, competence and integrity, while paying due regard to the importance of recruiting and maintaining the staff on as wide a geographical basis as possible. At present, only a minority of the staff were on secondment for limited periods of service. A considerable and ongoing recruitment effort had to be made in these cases to replace those who were returning to their home countries. A continuous gradual improvement in geographical distribution was taking place. Even since the preparation of Annex 10 in June 1978: four previously totally unrepresented Members were now represented, two Members previously under-represented were now adequately represented, and five Members previously under-represented were now adequately represented. Thus, a total of eleven Members had moved to the adequately represented category. The Executive Board had also approved the introduction of recruitment targets aimed specifically at improving present deficiencies. The Director-General would report on the matter as frequently as the Health Assembly and the Board wished. However, recruitment was dependent on the availability of posts and of suitable candidates, in particular from under-represented countries. Many posts were being abolished in pursuance of resolution WHA29.48 and the number of posts in the field was going down. The frequency of reporting would not influence this situation, and Members should rest assured that maximum efforts would continue to be made by the Director-General and the Secretariat.

Dr AL-AWADI (Kuwait) was not satisfied with the reply given by the Secretariat regarding equitable geographical distribution of staff in WHO. That topic had been discussed several times, but an appropriate way of dealing with that problem had not yet been found. In his view, the delegate of the Soviet Union had raised a highly important question. A deadline should be set to meet the target.

He was convinced that the Director-General had been working hard towards achieving that end, but major problems still remained to be overcome. The Third World countries needed to be encouraged to recommend staff to work in the Organization, and governments should present candidatures in a more appropriate form. Both the Organization and the countries concerned would benefit from the experience of such personnel. If the appointees were not government servants, they might well encounter difficulties when their contracts expired.

There was a need to study ways of simplifying the geographical distribution process, and he wondered if a group could meet once every two years to ensure a more equitable distribution of staff for the Third World countries.

Dr ACUÑA (Regional Director for the Americas) said that governments had a legitimate reason to be concerned about equitable geographical distribution of staff in the Organization. The Executive Board had directed the Director-General to ensure such equitable distribution,

and efforts were being made to achieve that end. However, setting up time limits might not help those countries that needed WHO's assistance. There were countries in the Region of the Americas where the recruitment of a qualified national could mean depriving the countries concerned of the only person available qualified in that field. On the other hand, there were other countries that were well placed to supply qualified staff. He added that the Organization's service to countries should take precedence over the question of achieving equitable geographical distribution of staff.

There were also problems in selection and recruitment, since international civil service was not particularly attractive for the health personnel of some countries in his region. Apart from those difficulties, the Director-General had been asked to ensure that the staff were competent and qualified. He requested delegates to consider those points before issuing directives that the Director-General might not be able to fulfil without endangering the quality of the technical cooperation programme.

Professor REID (representative of the Executive Board), replying to a question raised by Dr LIM (Malaysia), said that most of Chapter III of document EB63/49 had been dealt with in Committee B. However, delegates would be able to refer to Chapter III when the present Committee discussed Chapter IV at a subsequent meeting.

The meeting rose at 19h20.

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