THIRTY-SEVENTH WORLD HEALTH ASSEMBLY — 10 May 1984

TRENTE-SEPTIEME ASSEMBLEE MONDIALE DE LA SANTE — 10 mai 1984

ТРИДЦАТЬ СЕДЬМАЯ СЕССИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ — 10 мая 1984 г.

37ª ASAMBLEA MUNDIAL DE LA SALUD — 10 de mayo de 1984

جمعية الصحة العالمية السابعة والثلاثون — ١٠ مايو/ أيار١٩٨٤

第三十七届世界卫生大会 — 1984年5月10日

PROVISIONAL VERBATIM RECORD OF THE EIGHTH PLENARY MEETING

10 May 1984, at 14h30

Palais des Nations, Geneva

President: Professor G. SOBERÓN ACEVEDO (Mexico)

Acting President: Mr P.-D. BOUSSOUROU-BOUMBA (Congo)

COMPTE RENDU IN EXTENSO PROVISOIRE DE LA HUITIEME SEANCE PLENIERE

10 Mai 1984, 14h30

Palais des Nations, Genève

Président: Professeur G. SOBERÓN ACEVEDO (Mexique)

Président par intérim: M. P.-D. BOUSSOUROU-BOUMBA (Congo)

ПРЕДВАРИТЕЛЬНАЯ СТЕНОГРАММА ВОСЬМОГО ПЛЕНАРНОГО ЗАСЕДАНИЯ

10 мая 1984 г., 14 ч. 30 м.

Дворец Наций, Женева

Председатель: Проф. G. SOBERÓN ACEVEDO (Мексика)

И.о. Председателя: г-н P.-D. BOUSSOUROU-BOUMBA (Конго)

ACTA TAQUIGRAFICA PROVISIONAL DE LA OCTAVA SESION PLENARIA

10 de mayo de 1984, a las 14.30 horas

Palais des Nations, Ginebra

Presidente: Profesor G. SOBERÓN ACEVEDO (México)

Presidente interino: Sr. P.-D. BOUSSOUROU-BOUMBA (Congo)

محضر حرفي مؤقت

للجلسة العامة الثامنة

١٠ مايو/ أيار ١٩٨٤ ، الساعة ١٤٫٣٠

قصر الأمم ، جنيف

الرئيس : الأستاذ ج• سوبيرون أثيفيدو (المكسيك)

الرئيس بالنيابة : السيد ب• د• بوسوكو بومبا (الكونغو)

第 八 次 全 体 会 议

发 言 临 时 逐 字 记 录

1984年5月10日下午2时30分

日 内 瓦　万 国 宫

主　　席：G·索伯朗·阿赛维多教授（墨西哥）

代理主席：P·D·布苏库一布姆巴先生（刚果）

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本记录属临时性质，因为发言稿的文本未经发言人审阅。需要列入最后文本的修改，应在本届会议结束以前书面提交会务官员或送记录办公室（世界卫生组织总部４０１３室），或者在一九八四年七月二日以前寄给瑞士1211日内瓦２７，世界卫生组织出版办公室负责人。

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就执行委员会第七十二届及第七十三届会议报告和总干事所作世界卫生组织一九八二年至一九八三年工作报告的辩论(续) 4

Le PRESIDENT par intérim :

Le Président m'a demandé de le remplacer, et je saisis cette occasion pour vous remercier de l'honneur que vous avez fait à mon pays, au Congo, et à moi-même, en m'élisant à la charge de Vice-Président de cette auguste Assemblée. Je compte sur votre collaboration pour m'aider dans ma tâche. Le délégué de l'Afghanistan vient de demander le droit de réponse au sujet de l'intervention du Pakistan. Cela s'est passé ce matin; comme, conformément à l'article 59 de notre Règlement intérieur, le droit de réponse intervient généralement à la fin de la séance, et pour le bon déroulement de nos travaux, je propose en conséquence que le débat continue et je donnerai la parole au délégué de l'Afghanistan avant d'ajourner la séance de cet après-midi. Les premiers orateurs de cet après-midi sont les distingués délégués des Bahamas et du Liban. Je les prie de bien vouloir monter à la tribune. La parole est au délégué des Bahamas.

Dr COAKLEY (Bahamas):

Mr President, Director-General, executives of the World Health Organization, fellow delegates, we have been asked to address issues relative to the monitoring of the progress in implementing strategies for health for all. For my part, I shall attempt to identify the major elements which limit our ability to complete the exercise satisfactorily, highlight some of our accomplishments, and indicate those areas where we would require further assistance from the Organization.

My Government is committed to the global strategy for the attainment of health for all by the year 2000, and although 90% of our population now has access to a satisfactory level of basic health care, further improvements in the system will depend on considerable improvement in management, information-gathering and utilization, as well as financing.

The centralized administration in which financial control for budgeting and supplies procurement is vested elsewhere does not permit decentralization of decision-making and the enforcement of accountability at the service and institution level. A system which could more reasonably demand better utilization of resources, planning and management needs to be developed.

Planning and coordination of the health system is a very recent activity - as is the preparation of staff with the requisite skills both to accomplish this task and to guide other key personnel in these changes.

Our health information system is very much in the embryonic stage and, although we have a small unit, difficulties in staffing with the requisite calibre of staff have prevented any major activities being accomplished in this area. However, we recently obtained the services of a consultant in this area through the Regional Office for the Americas, and the first Bahamian biostatistician is scheduled to complete studies later this year. It is our hope that in the next 18 months we shall be able to make this unit fully operational.

Services are presently planned on inputs from the professional staff and on political perception. We are unable to quantify the potential of our resources and interpret the needs of the populace as seen by them. In short, baseline information on the extent and impact of existing services and the need for additional or improved services is not available.

We are unable to compute the complete national expenditure on health care, although we are aware that (i) many Bahamians are registered in private health insurance schemes; (ii) the Ministry of Health's budget is approximately 10-12% of the Government's national budget; (iii) the Government makes further contributions to health development through allotments to the Ministry of Works for water and sanitation improvements, and the Ministry of Housing and National Insurance for improved housing, disability and welfare payments; and (iv) there is a growing increase in proprietary medicine through the proliferation of general practitioner clinics.

The Bahamas are also faced with certain peculiar situations which have an impact on the delivery of health care. Although economically identified as a developing country, the majority of our population could be termed urban rather than rural. Our tourist economy brings to the Bahamas eight times as many visitors as our population. We are a chain of islands occupying approximately 100 000 square miles of sea between the southern tip of Florida and Cuba. Our population, because of the various exposures, exerts sophisticated demands on the health care system and their lifestyles mimic those of the industrialized world. Fortunately we have conquered the communicable diseases but are faced with the scourge of the noncommunicable diseases, many of which can be attributed to the so-called sophisticated lifestyles of our populace. The major health problems in the adult population are related to carcinoma, drug and substance abuse, and cardiovascular diseases. These are disease entities which require public participation, public education and joint community

involvement. These are diseases requiring a new focus for primary health care; strategies for urban primary health care are therefore needed if we are to successfully address and limit the malaise in our community. These are areas which will require the development of different monitoring standards from those currently in the common format.

Through the assistance of the Regional Office for the Americas, we have been able to effect some improvements in our management capabilities in recent years, and our health policy document is now a reality. We have also made some improvements to the expansion of health services to the community by becoming full participants in the implementation of the new curriculum of the University of the West Indies, by which recent medical graduates pursue six months' internship in community health during their two-year internship period.

Recruitment of nursing manpower from the Caribbean or United Kingdom assists in meeting our nursing manpower needs. To this end we are continuing to place emphasis on the preparation of nursing personnel at appropriate levels. This year we shall expand our options in nurse training through a joint venture with the College of the Bahamas. In our Family Islands the registered nurse is the primary care worker and it is therefore essential for us to equip her with the skills for community services at a level acceptable to the needs of the community. In keeping with our commitment to improve primary health care, we have also prepared another cadre of worker, the health aide, who is being trained to meet the non-nursing health needs of both the hospitals and the community.

We have a pressing need to improve our capabilities in health service management, including the development of our information system and our health plan.

We appreciate the assistance which has been received in the past from WHO, and look forward to continued support.

The Bahamas remains committed to ensuring that essential health care is readily available to all its citizens.

M. ABI-SALEH (LIBAN)

السيد جوزف أبى صالح (لبنان) :

السيد الرئيس ، السيد المدير العام ، حضرات المندوبين الأفاضل ، سيداتى ، سادتى ، يطيب لى سيدى الرئيس أن أهنئكم على الثقة التى رفعتكم الى سدّة الرئاسة متمنيا لكم باسم لبنان وباسمى الخاص التوفيق الكبير فى مهمتكم العظيمة • ولئن كانت الغاية من كلمتى هذه هى تقييم التقدم الذى أصابته بلادى فى مجال توفير الصحة للجميع بحلول عام ٢٠٠٠ ، ومع أن العرض يجب أن يتمحور أصلا حول ما حققناه حتى الآن لتأمين الرعاية الصحية الأولية ، الا أننى ومن ضمن هذا الاطار بالذات أرانى بادئ ذى بدء أسير صورتين متشابهتين تصران على البقاء ماثلتين أمام ناظرى • الصورة الأولى ارتسمت فى ذهنى لدى اصغائى الى السيد المدير العام يتلو تقريره القيّم يوم ٩ الجارى • هذا التقرير ، بالاضافة الى ما ينبض به من شعور نبيل وانسانى وما هو عليه من منطق ، أوحى لى شخصيا بلوحة يظهر عليها الانسان الساعى الى بلوغ المعرفة والى انتصار الحق ، محاصرا بالأصوات المختلفة الخليطة المتناقضة المتصاعدة من كل صوب تتجاذبه على غير استقرار الى أن تتوج الحقيقة فيستريح انسان اللوحة • أما الصورة الثانية فهى تلك التى ترتسم ولاشك فى أذهانكم عندما تستذكرون بلادى المعذبة • واللوحة هنا يظهر عليها الانسان الساعى الى المحافظة على حياته محاصرا بدوى المدافع وأزير الرصاص وحد السكاكين والفؤوس ، وفى اللوحة جثث ودم وأشلاء وأجساد مبتورة وذهول • هى مأساة شكسبيرية مصورة لشعب معذب منذ عشر سنوات • كل شئ عن التعاسة ، أجل ، انما الارادة باقية فى أرضية اللوحة ، والأمل ماثل والعنفوان لا ينحنى •

السيد الرئيس ، شعب لبنان عريق ، وفى مجال العناية بالصحة لم يكن يوما فى مؤخرة الركب • فيه أكثر من كلية للطب وغير كلية ومدرسة للتمريض ، لديه العديد من المستشفيات والمستوصفات ، والهيئة الطبية عنده وافرة رغم بعض النقص فى المساعدين الطبيين ، ومع هذا تشكو البلاد فى مجال توفير الصحة للجميع من مشكلتين اثنتين : تشكو أولا مما تشكو منه البلدان المتقدمة ، اذ نجد عندنا الولع فى طلب الاستشفاء ، والتخمة القادمة قريبا فى عدد الأطباء ، والسعى الحثيث الى تحديث الأجهزة الطبية المتجددة أبدا بفعل التقنية المتطورة • وهذا الوضع يؤدى فى النهاية الى زيادة فى النفقات على الصحة مما يرهق المريض ويثقل الموازنات العامة دون أن يضع حدا لتذمر طالبى الصحة • ويشكو لبنان ثانيا من مشكلة خصّه القدر بها تعرفها الوفود الكريمة الحاضرة هنا • فالحرب مستعرة فيه بصورة شبه متواصلة منذ عام ١٩٧٥ ، وهى حرب مأساوية مفجعة تدور على أرض ضيقة بلغت كثافة المواطنين من أبنائها ثلاثمائة وخمسين شخصا فى الكيلو متر المربع الواحد ، مسرحها دساكر بشرية مزدحمة ، وبعض نتائجها التعيسة تتمثل بقتل حوالى مائة ألف وجرح ما لا يقل عن مائتين وخمسين ألفا ، واعاقة المئات بصورة دائمة ، وهجرة واسعة الى الخارج ، وتهجير وتشريد فى الداخل تناول حوالى خمسمائة ألف ، وتهديم أكثر المنازل والمعامل وشل حركة التبادل التجارى

وتصديع السوق المالية • وعندما نعلم أن عدد اللبنانيين لا يزيد على ثلاثة ملايين ونصف ، يمكننا أن نقدّر مدى شمول المأساة وهولها ونشرف على عالم اليأس • مع هذا لم ييأس اللبنانيون ، بل مكثت البلاد مستفيدة من حقبات الانفراج القصيرة تواجه المشكلة بجهودها الجبارة ، سالكة أيضا طريقتان اثنتان : الطريقة الأولى وهي تتجه شطر حل المشاكل البنيوية الأساسية • فقد اعتمدنا هنا استراتيجية الصحة للجميع بحلول عام ٢٠٠٠ وقبلنا بأن أفضل وسيلة الى ذلك هي تأمين الرعاية الصحية الأولية ، وفي هذا المجال تعاونّا كثيرا مع منظمة الصحة العالمية وقبلنا عونها الكريم ، واستصدرنا نصوصا تشريعية صدر جلّها في أيلول ١٩٨٣ تتضمن الخيارات والتوجيهات والتنظيمات والأجهزة المناسبة ، مقتبسين كثيرا من النصوص التي أصدرتها أو رعتها منظمة الصحة العالمية • وليس من مجال هنا لاستعراض مضامين كل هذه النصوص ، انما نكتفي بالقول انها تتعلق بتشجيع الرضاعة الطبيعية ، بتنظيم وضبط تسويق بدائل حليب (لبن) الأم ، بتحذير المواطنين من مضمار التدخين ، بفرض شروط صحية قاسية على تسويق اللحوم ومياه الشرب ، بتعميم التطعيم ، باستحداث المناطق والمراكز الصحية التي ستتيح نقل العديد من الخدمات الطبية من المستشفى الى مقر سكن المواطنين ، والتي ستشرك المجتمعات المحلية والأفراد في المسؤوليات والنشاطات الصحية • وأتاحت هذه النصوص أيضا استحداث وحدة تعنى خصيصا بكل ما هو من مقتضيات الرعاية الصحية الأولية • هذه الطريقة الأولى تمت وتتم وكأن الظروف عادية في بلادنا • أما وأن الأوضاع هي على مأساويتها فقد اعتمدنا طريقة ثانية تتجه شطر مواجهة آنية وسريعة وطارئة • فعملنا أولا على تحميل موازنة الدولة كامل التكاليف العلاجية والتأهيلية المترتبة على جرحى الحرب وضحاياها • وعملنا ثانيا الى الاستمرار والتوسع في تحميل موازنة الدولة نفقات علاج واستشفاء من لا تسمح أحوالهم المادية بأن يتحملوا هذه النفقات • ويوم غادرت بلادي في ٦ أيار الجاري ، كان نزلاء المستشفيات المقبولين على نفقة خزينة الدولة يشكلون ٩٠ في المائة من مجموع نزلاء المستشفيات • واتخذنا ثالثا تدبيرا استثنائيا فحركنا فرق التطعيم والعناية والتفقد الى حيث تجمعات النازحين في بلادهم •

السيد الرئيس ، هذه هي صورة الوضع الصعب لا بل المأسوي في البلاد • انما الأمانة للحقيقة تقضي بالاعتراف بأن الأعباء المادية لم تلق على عاتق الدولة وحدها ، فهناك في البلاد عينها مؤسسات خيّرة ورسولية ساهمت بشكل أو بآخر في مواجهة الوضع وحملت جزءا من أعبائه ، فمارست متطوعة واجب التضامن الاجتماعي • كما وهناك جهود كبيرة ومشكورة قدمتها جهات عديدة ، في طليعتها منظمة الصحة العالمية ، بدفع من جميع المسؤولين فيها وعلى رأسهم السيد المدير العام الدكتور ماهلر والسيد المدير الاقليمي لشرق البحر الأبيض المتوسط الدكتور حسين الجزائري • وأني لأستحضر هنا جميع الآخرين الذين ساهموا في تلطيف المأساة ، وهم على وجه التحديد الوكالات المتخصصة والهيئات والأجهزة في الأمم المتحدة ، والمنظمات الدولية الحكومية وغير الحكومية والمنظمات الاقليمية وبعض الحكومات والمؤسسات والأفراد ، اليهم جميعا أنقل شكر اللبنانيين وامتنانهم • وفي هذا المجال سيطرح على وفودكم الكريمة في الدورة الحاضرة مشروعا بشأن المساعدات المرجو تقديمها الى لبنان ، وذلك في اطار البند ٣٣-٣ من جدول الأعمال • وأني اذ أرجو تأييدكم الكريم لهذا المشروع أتمنى على جميع الجهات المعنية بمساعدتنا أن تتفضل بالتشاور قدر الامكان وقبل تحديد المساعدة مع وزارة الصحة اللبنانية كي تأتي المساعدة الخيّرة ملبية الحاجة الفعلية •

سيدي الرئيس ، سادتي ، ان ايماني لكبير بأن بلادي بفضل ارادة بنيها الصلبة وبفضل دعمكم الكريم ستخرج من الهوة العميقة وستطل من السرداب المظلم وستستعيد عافيتها ولو بعد طور من النقاهة • وعندئذ ستستأنف السير بسرعة على الطريق الأمين وستكرس جل جهودها لتأمين الرعاية الصحية الأولية فتبلغ عام ٢٠٠٠ والصحة مؤمنة فيها للجميع ، وشكرا •

Le Dr ALUSHANI (Albanie) :

Au nom de la délégation albanaise, j'ai le plaisir de féliciter le Président de son élection et de lui souhaiter le succès dans l'accomplissement de la haute fonction qui lui a été confiée. Permettez-moi d'exprimer également toutes noes félicitations au Directeur général, le Dr Mahler, pour son activité féconde au profit de la santé des peuples et de l'assurer de notre coopération.

La Trente-Septième Assemblée mondiale de la Santé se réunit en un moment où la situation internationale est complexe, lourde de grands dangers et de menaces pour la liberté des peuples et pour la paix mondiale. Cette situation grave est, au premier chef, la conséquence de la politique d'agression et d'expansion des deux superpuissances impérialistes, les Etats-Unis et l'Union soviétique, lesquelles, dans le cadre de leur rivalité farouche pour la domination et

l'hégémonie mondiales, s'efforcent, chacune pour son compte, d'atteindre une supériorité militaire, économique et politique et de s'emparer de nouvelles positions stratégiques. En poursuivant un cours aventureux et militariste dans leur politique étrangère, elles ont intensifié la course effrénée aux armements et les préparatifs de guerre et accroissent toujours davantage l'agressivité de leurs blocs militaires. L'installation de nouveaux missiles Cruise, Pershing 2 et SS20 à l'ouest et à l'est de l'Europe a encore accru la tension et la confrontation politique et militaire sur ce continent et dans le monde.

Ces développements dangereux se produisent en un temps où la crise économique générale capitaliste-révisionniste continue de sévir depuis des années et où l'on ne voit se profiler aucun signe de sa fin. Des phénomènes tels que la réduction de la production, l'augmentation de l'inflation ou du chômage, l'accroissement des dettes, la diminution du commerce extérieur, etc., sont devenus très communs. Par suite de l'intensification du pillage et de l'exploitation sauvage auxquels se livrent les monopoles et les multinationales, dans beaucoup de pays d'Afrique, d'Asie et d'Amérique latine, les simples travailleurs sont privés du minimum vital, des millions de gens continuent de souffrir et de mourir des maladies et de la faim.

Dans ces circonstances, il est indispensable que les efforts pour la réalisation de l'objectif de la santé pour tous, qui est un des buts essentiels de l'OMS, se conjuguent avec la lutte des peuples contre la politique d'agression et de guerre des superpuissances, pour la sauvegarde de la paix et de la sécurité. En ce qui concerne l'Albanie, comme par le passé, dans l'avenir aussi elle ne manquera pas d'apporter sa contribution en faveur de la réalisation de l'objectif de la santé pour tous. Une telle position découle des principes fondamentaux qui sont à la base de la politique de notre Parti et de notre Gouvernement, qui visent à assurer un accroissement continu du bien-être du peuple albanais.

Monsieur le Président, le peuple albanais fêtera cette année le quarantième anniversaire de la libération. Au cours de ces quarante années, notre pays, grâce au travail opiniâtre de son peuple, a fait front à des difficultés et à des obstacles multiples et, en s'appuyant sur ses seules ressources intérieures, il a obtenu de grands succès dans tous les domaines. L'Albanie, de pays arriéré semi-féodal où la majorité de la population était analphabète et passait la majeure partie de sa vie malade, où la mort faisait des ravages et où l'espérance de vie ne dépassait pas les 38 ans, est devenue aujourd'hui un pays avec un service sanitaire avancé et une économie développée. L'espérance de vie dans notre pays est maintenant de 70,4 ans. L'Albanie socialiste ne connaît pas les phénomènes de la dépravation, du banditisme et de la drogue. Chez nous, il n'y a chez nous ni chômage, ni inflation, ni impôts d'aucune sorte qui frappent la population. Les loyers des logements sont insignifiants. Notre production industrielle et agricole nous permet maintenant de satisfaire les besoins pressants de notre population, dont la consommation va sans cesse croissant.

De grandes transformations ont été accomplies au cours de ces quatre décennies en ce qui concerne aussi la santé. Sous le pouvoir populaire, une véritable révolution a été réalisée dans le domaine de la protection de la santé du peuple. Le réseau de divers établissements sanitaires s'est considérablement élargi, le service sanitaire s'est amélioré sans cesse, et les centres sanitaires visant à protéger et à raffermir la santé des gens sont allés s'amplifiant. La politique sanitaire de notre Etat est un des éléments les plus importants de sa politique d'ensemble. Elle vise à préserver et à garantir la santé du peuple tout entier sans aucune distinction dans toutes les régions du pays. Cette exigence a été érigée en loi et elle est effectivement mise en oeuvre dans la pratique, puisqu'elle est fondée sur le principe de s'appuyer sur ses propres forces.

Un important facteur de l'application de la stratégie de la santé pour tous est la formation d'un personnel sanitaire qui s'engage de toutes ses forces à préserver la santé du peuple et qui travaille avec passion et dévouement. Notre expérience nous a montré que la réalisation de la santé pour le peuple tout entier doit commencer tout d'abord par la formation de ces convictions chez le personnel sanitaire. Notre service de santé est essentiellement fondé sur l'action pour la prévention des maladies, et c'est pourquoi dans la formation des cadres médicaux une attention toute particulière est attachée à l'hygiène et la prophylaxie, domaines auxquels la stratégie de l'OMS de la santé pour tous donne elle-même la priorité. Chez nous a été mise en oeuvre une répartition proportionnée des cadres médicaux supérieurs et moyens, qui couvrent toutes les zones, en fonction du nombre de la population et des caractéristiques du terrain. La formation continue des cadres se réalise à travers les liens étroits qui sont entretenus avec les hôpitaux des districts. Les stages permanents de courte durée que les médecins suivent dans ces hôpitaux, combinés avec la diffusion de la littérature spécifique contemporaine, contribuent à faire en sorte que le niveau des cadres s'élève sans cesse et qu'un travail de qualité est accompli même dans les zones reculées.

Durant l'année en cours, les soins pour la mère et l'enfant dans notre pays ont été portés à un degré encore plus élevé. Le personnel sanitaire surveille régulièrement l'état des femmes enceintes et des nouveau-nés pour assurer entre autres à ces derniers les meilleures conditions de croissance, en attachant une attention particulière à leur alimentation et hygiène en tant que première condition d'une bonne santé de l'enfant. Parallèlement, on travaille à augmenter le nombre des médecins pédiatres et obstétriciens et leur spécialisation dans ce secteur. Nous insistons en particulier pour accroître les connaissances en matière de pédiatrie et d'obstétrique chez les médecins généralistes et les cadres moyens qui travaillent dans les zones reculées.

Un domaine important sur lequel les organes de la santé ont concentré leur attention durant l'année écoulée est celui de l'amélioration des conditions hygiéniques de vie et de travail, en mobilisant les masses populaires pour qu'elles fassent siens ces problèmes. Dans notre pays, par décision du Gouvernement, a lieu actuellement un dépistage général dans la population, afin de déterminer la répartition des maladies. Nous considérons ce travail comme une action importante dans la mise en oeuvre pratique de la stratégie de la santé pour tous, dans l'organisation de l'assistance médicale dans le sens souhaité, et dans la mise de celle-ci à la portée de tous.

Un autre aspect de notre travail est l'éducation sanitaire de la population (et surtout des malades), qui a pour but de leur faire apprendre à connaître eux-mêmes leur maladie et à s'autosurveiller dans l'application du régime de soins qui leur est recommandé, surtout pour les malades chroniques. Nous créons actuellement les premiers modèles dans ce sens, que nous entendons généraliser ensuite dans tout le pays.

Le travail en vue d'appliquer la stratégie de la santé pour tous est étroitement lié à l'élévation de la qualité des services dans le secteur curatif, et surtout dans les cliniques et les hôpitaux centraux. En assignant comme objectif que ces cliniques répondent aux exigences et au niveau contemporains, on a intensifié le travail de recherche et de synthèse en multipliant le nombre des institutions et laboratoires nécessaires.

En terminant, permettez-moi, Monsieur le Président, de vous assurer que la délégation albanaise ne manquera pas d'apporter sa contribution afin que les travaux de cette Assemblée soient couronnés de succès.

Mr BHATTA (Nepal):

Mr President, the Director-General, your excellencies, distinguished fellow delegates, ladies and gentlemen, I am delighted and deeply honoured to be here to address this important Assembly of the World Health Organization. May I, in the first instance, offer the President our heartiest felicitations and warmest good wishes on his election as President of the Thirty-seventh World Health Assembly. I also wish to congratulate the Vice-Presidents and the Chairmen of the main committees on their election. I would also like to congratulate the Director-General on his excellent exposition on the work of the Organization. I am happy to note the wide-ranging activities towards the implementation of the global strategy for health for all by the year 2000, and the continually increasing emphasis laid on the primary health care approach and activities.

Mr President, you will be happy to know that under the enlightened and dynamic leadership of His Majesty the King of Nepal, our Government was one of the first to respond to the call to achieve the goal of health for all. Within that framework we are committed to provide basic minimum health care to every section of the population. We are also deeply committed, in keeping with the spirit of the panchayat system of government, to involving the community in health care activities. It will thus be seen that our health policy is practically identical with that of the World Health Organization. It is therefore with pleasure that I affirm the continued support of my Government to the social goal of health for all and its commitment to strive towards its achievement.

I should mention here that, with all our political commitment, will and determination, we are confronted with a serious resource constraint, both financial and manpower. We could overcome these difficulties if the developed countries would come forward to give a helping hand to less developed countries who have been struggling to provide minimum health care for their people. What my country needs is not merely technical assistance, but also massive financial resources to enable us to implement our priority activities. However, without additional resources, progress in achieving health for all is going to be more slow and not fully satisfactory. The international organizations, especially the World Health Organization, could play a vital role not only in transferring health technology but in mobilizing resources from affluent nations. We, on our part, are doing our best to mobilize

internal resources and also at the same time are exploring the possibilities of enlisting the cooperation of other developing countries in the spirit of TCDC for the attainment of our cherished goal of national self-reliance. For this purpose we are currently in negotiation with friendly and neighbouring countries.

We have also wholeheartedly supported and ceaselessly worked for the promotion and cooperation among the South Asian Regional Cooperation (SARC) of the seven countries for our common benefit. In addition, as convenor of the Health and Population Group of SARC, we are contributing to the establishment of a clearing house to serve this group of countries.

Consistent with our emphasis on meeting basic minimum needs and the partyless panchayat system, my Government has enacted the Decentralization Act, which provides for a health and population committee for each district. This committee is responsible for planning, implementation and evaluation of all activities related to health development. We consider this a vital instrument for people's participation in our effort to provide health for all.

Permit me to mention some of our major health activities and accomplishments. In our health development, as in other spheres of development, we had to start almost from scratch in the 1950s. Today, it is a matter of pride for us that we have made a good beginning. We know that we still have much more to do to develop our health infrastructure in order to make a meaningful impact on health status, especially of the rural people, most of whom live in remote and inaccessible areas of the country.

Since 96% of the population lives in the rural areas, health posts have been established at the village level to deliver the basic heath services to the rural population. In 23 of the country's 75 districts, the activities of the vertical health programmes have been integrated into the basic health services infrastructure, and the integrated community health services are being delivered literally at the doorstep of the rural population. In 13 districts this system has been further enhanced by the introduction of a community health leaders' scheme, which depends on active community participation and utilizes health volunteers at the ward level of the village panchayats.

To provide support to this peripheral health infrastructure, a referral system has been established through different tiers, including district hospitals, zonal hospitals and the hospitals in the Kathmandu Valley.

Even though priority is given to the development of facilities in places where none exist, there are still districts, especially in the north and west of the country, which remain without a hospital. We are making efforts to complete hospitals in another 20 districts, and hope that in the next few years we shall have 15-bed hospitals in all the 75 districts.

I would like to mention with gratitude that a 300-bed teaching hospital has been built recently with the assistance of the Government of Japan. Also, the Government of India has offered assistance in renovating and modernizing the existing 300-bed hospital in the capital city.

We have extended our basic laboratory services to some 56 districts. We are also in the process of extending laboratory facilities, both for preventive and curative work, and integrating them with our health institutions at the peripheral level.

Let me now say a few words about programmes related to the control of the communicable diseases. The malaria eradication campaign had made steady progress until 1970; however, some setbacks occurred during the mid-70s. With the replanning of the antimalaria campaign we have been able to contain the disease at a satisfactory level. However, case importation, the development of resistance and shortage of insecticides have caused great concern to us. So far as leprosy is concerned, it is intended to cover the entire country by the antileprosy campaign and substitute the present regimen of treatment by multidrug therapy by 1990. Tuberculosis remains a major public health prolem in Nepal. It is estimated that at least 75 000 people are suffering from active tuberculosis and need treatment immediately. Our efforts to control communicable diseases have been greatly enhanced by our expanded programme on immunization, which is tackling tetanus, diphtheria, pertussis, tuberculosis, measles and poliomyelitis, especially in the age-group up to one year.

Since the launching of the Drinking Water Supply and Sanitation Decade plan in November 1980, Nepal has made rapid progress to fulfil its objectives. Some 1.2 million additional people have been provided with water supply. Large-scale activities have commenced to develop urgently required manpower and integrate the Decade activities with primary health care, particularly at the peripheral and village levels. Rural sanitation has been promoted and integrated with water supply projects. In the urban areas 35 000 additional people are provided with access to sewerage schemes. Because of the performance and needs in this sector, the flow of external assistance to water supply and sanitation has markedly increased.

Malnutrition has been identified as one of the main detrimental factors in the health and overall development of the country. A multisectoral approach has been undertaken to attack priority nutrition problems.

The population explosion is one of our major problems. We have, therefore, accorded great importance to permanent sterilization activities along with other contraceptive measures. With the declaration of the National Population Year in the Nepali New Year starting from April 13, 1984, concerted efforts are being undertaken to launch population control activities much more vigorously.

We are also taking appropriate steps to develop self-sufficiency in the production of essential drugs.

Together with the above-mentioned activities, steps are being taken for the involvement and development of the ayurved system of medicine. We are taking steps to open as many ayurved clinics as possible, and also to modernize the production and management of ayurved drugs.

The problem of inadequate numbers of trained manpower has been causing serious concern. We are fully conscious that the success or failure of the health service programme will depend on the people who have the facilities. The Institute of Medicine had been rapidly expanded to produce the required trained manpower at all levels. Its curricula are all community-oriented and based on the job descriptions of the various categories of health workers. This year the first batch of students in the new community-oriented medical degree programme have graduated. In addition a postgraduate medical education programme has commenced.

As you know, Nepal is one of the countries selected by the UNICEF/WHO Joint Committee on Health Policy for a programme of primary health care support. Our plan for this primary health care support has been finally approved, and we look forward to the activities which will enhance our existing plans and efforts in primary health care.

Mr President, we had the privilege and honour of hosting the thirty-sixth session of the Regional Committee for South-East Asia, as well as the Third Meeting of Ministers of Health of countries of WHO's South-East Asia Region in October last year. We are extremely happy that the Director-General was able to be with us during these two meetings.

Before I conclude, I would like to take this opportunity to thank international agencies, especially WHO, multilateral organizations, bilateral agencies and friendly countries who have helped us in the implementation of some of our health development activities. We hope that such generous assistance and cooperation will continue in the coming years.

Finally, Mr President, may I convey on behalf of His Majesty's Government greetings and good wishes for the success of this Assembly.

Le Dr GOMES (Cap-Vert) :

Monsieur le Président, Monsieur le Directeur général, honorables délégués, au nom de la délégation de la République du Cap-Vert et en mon nom personnel, je félicite le Président et les Vice-Présidents, pour leur élection aux plus hauts postes de cette auguste Assemblée. Je tiens à leur exprimer également notre conviction que sous votre direction nous allons atteindre les objectifs proposés par les Etats Membres et par l'Organisation en réalisant l'Assemblée mondiale de la Santé.

Je saisis cette occasion pour adresser aux membres du Conseil exécutif, au Directeur général et à ses collaborateurs nos remerciements et nos félicitations pour les rapports détaillés qui nous ont été présentés sur l'activité du Conseil au cours de ses dernières sessions et celle de l'OMS pendant ces deux dernières années.

Le grand nombre de sujets abordés, des aspects liés à la gestion du Secrétariat aux problèmes qui affectent la santé des peuples dans toutes les Régions, nous empêche de faire l'analyse des rapports. Cependant, nous voulons affirmer que notre Gouvernement constate avec satisfaction le maintien de la ligne d'orientation de l'Organisation, afin d'atteindre le but social de la santé pour tous.

Il y a quinze ans que mon pays souffre des effets d'une des plus longues sécheresses qui, cycliquement, affectent la région du Sahel, dont la répercussion se fait sentir sur la santé, soit par des problèmes nutritionnels qui affaiblissent la population, soit par son retentissement sur l'économie et conséquemment le ralentissement du processus de développement. D'autre part, les conditions géographiques telles que l'insularité et l'orographie accidentée nous obligent à accroître le nombre des structures sanitaires et celui du personnel de santé. Une

telle situation renforce notre conviction sur le rôle prépondérant de la participation populaire dans la lutte pour atteindre l'objectif que nous avons tous transformé en drapeau, c'est-à-dire la santé pour tous. Malgré toutes les contraintes, notre peuple et notre Gouvernement sont fermement déterminés à renverser les conditions défavorables à la santé et à la vie.

Selon notre Constitution, la santé publique doit promouvoir le bien-être physique et mental des populations et leur insertion adéquate dans le milieu socio-écologique dans lequel elles vivent.

Nous donnons priorité à la prévention, en même temps que nous cherchons à fournir à tous les citoyens de nos pays le droit à la santé, en mettant l'accent sur les soins de santé primaires. C'est dans cette optique que s'encadrent les activités menées pour la santé de la mère et de l'enfant, les préoccupations pour une alimentation et une nutrition adéquates de nos populations, pour l'approvisionnement en eau saine, pour la prestation des soins au niveau des services de santé généraux, pour la fourniture des médicaments essentiels.

Pendant ces deux dernières années nous avons intensifié les actions visant à la promotion de la santé et la lutte contre les maladies, que nous pouvons indiquer de la façon schématique suivante :

- extension du programme de santé maternelle et infantile à 100 % du territoire national, avec des actions de contrôle nutritionnel et du développement de l'enfant, vaccination du plus grand nombre d'enfants du groupe d'âge cible contre les six maladies du programme élargi de vaccination, vaccination antitétanique pour les femmes enceintes, appui alimentaire en cas de besoin, consultations prénatales, éducation pour la santé, planning familial; contrôle des maladies diarrhéiques dans les hôpitaux, postes et unités sanitaires de base avec utilisation de la réhydratation par voie orale (un projet de vulgarisation de la RVO est en cours actuellement dans le cadre d'une étude pilote);
- maintien de la lutte antivectorielle pour le contrôle des culicidés et consolidation de la lutte contre le paludisme;
- intensification des actions de santé publique au niveau régional, incluant des mesures d'assainissement, éducation pour la santé, visites à domicile, santé scolaire, contrôle de maladies telles que la tuberculose et la lèpre;
- amélioration des soins de santé au niveau hospitalier par l'entrée de nouveaux cadres médicaux, équipement des structures sanitaires, organisation de services;
- formation du personnel en santé publique, épidémiologie, obstétrique et gynécologie, radiologie, orthopédie, pédiatrie, laboratoire, soins infirmiers;
- renouvellement de quelques structures sanitaires, et construction d'autres;
- organisation du secteur pharmaceutique, avec la mise au point des laboratoires de production et de contrôle de la qualité des médicaments essentiels.

Monsieur le Président, honorables délégués, pendant quelques années nous aurons à faire face à des problèmes, quelquefois insolubles; nous avons par contre des motifs de satisfaction et de stimulation en constatant des résultats comme : la baisse de la mortalité infantile qui était de 100 pour 1000 avant l'indépendance et qui est maintenant de 60 pour 1000, la diminution significative des maladies susceptibles d'être prévenues par la vaccination, l'absence de cas de paludisme enregistrés (aucun en 1983), l'amélioration considérable de la prestation des soins à tous les niveaux.

Nous sommes convaincus qu'il faut travailler dur, compter sur la participation communautaire, utiliser au maximum nos ressources humaines et matérielles; mais nous savons aussi que pendant quelques années il nous faudra compter sur la coopération : coopération bilatérale avec les pays amis et voisins, coopération dans le cadre de la CTPD, coopération internationale avec le système des Nations Unies et également avec les organisations non gouvernementales. Nous sommes reconnaissants de l'aide que nous avons reçue jusqu'à présent, de l'appui de l'OMS comme des autres organisations du système des Nations Unies, de l'appui désintéressé des pays et organisations amis.

Monsieur le Président, honorables délégués, nous sommes sûrs que tous ensemble, tous les pays Membres de l'OMS oeuvrant en commun, nous aboutirons à l'objectif proposé de la santé pour tous d'ici l'an 2000.

Dr OGATUTI (Soloman Islands):

Mr President, Director-General of the World Health Organization, honourable distinguished delegates, the Solomon Islands' delegation would like to congratulate the honourable President, Vice-Presidents and various committee members on election to their

responsible posts for the Thirty-seventh World Health Assembly; it would also like to congratulate the Cook Islands and the Republic of Kiribati on their admission to the World Health Organization.

It is a privilege and an honour for me to be appointed by the Honourable Prime Minister of the Solomon Islands to attend the Thirty-seventh World Health Assembly as chief delegate representing my country. The Minister of Health, the Honourable Richard Harper, sends his greetings and sincere apologies for not being able to attend the meeting because of urgent matters requiring his attention at home.

Before I go on to outline some of the highlights of our activities, I would like to thank the Director-General and the Secretariat for the good work they have done, and special thanks go to the Regional Director for the Western Pacific, Dr Nakajima, for his interest, untiring efforts and help to the smaller Pacific countries like the Solomon Islands.

The Solomon Islands, as you know, is a country comprising many islands in the South West Pacific, lying between our two friendly neighbours, Papua New Guinea and Vanuatu. Our population is approximately 250 000 and we have an extremely high growth rate of 3.4%. Politically and administratively, the country is divided into eight provinces which are moving towards a high degree of devolution and administrative autonomy. Our main exports are derived from primary industry, timber, fish, palm oil, and copra. Our population bases most of its rural economy on subsistence horticulture and fishing.

The major health problems of the Solomon Islands are malaria, tuberculosis, acute respiratory diseases of childhood, gastrointestinal diseases, and population growth rate. While we have a widely disseminated service-oriented health system, we consider most of our common diseases as preventable and our main emphasis is on prevention and control of these health problems. The Solomon Islands' approach is therefore becoming more and more oriented towards health programmes based on the promotion of health, prevention of illness and an equitable distribution of health facilities through the development of primary health care programmes.

In 1983 we had 84 000 confirmed cases of malaria, mostly concentrated in the central group of islands where the present malaria epidemic appears to be reaching its peak. To the west and east the epidemic has been kept well under control, and cases are reducing. The antimalaria programme is a malaria control programme based on the intra-domiciliary spraying of residual insecticide as the main operational measure. Supplementary measures of mass drug administration and ground control utilizing village population groups have begun in the central group of islands to reduce the number of cases during the next 12 months.

The malaria control programme is being swung from a purely vertical approach to one which is incorporated in the overall primary health care activities and strategies. However, there is no loss of the foresight that certain activities will remain specialized jobs, and these will be carried out alongside those involving community participation and help from both nongovernmental and governmental organizations in a partnership and in an intersectoral approach to the problem.

The government programme of action has made a definite commitment to undertake a 12-year programme to provide potable water and propagate sanitation for all by the end of this decade. During the first four years of operation, at the end of 1983, 58% of the rural population of the Solomon Islands had benefited from the provision of potable water.

The sanitation programme has been slow. In 1983 only 1000 latrines were constructed, representing only 20% of the target. The overall achievement of the sanitation programme for the first four years of operation showed a 9% accomplishment rate. In spite of the encouraging achievements, we are faced with problems with finance, supplies and equipment to carry out our programmes. Basically, our achievements have been made possible by the developing primary health care activities throughout the Solomon Islands and through the kind assistance from WHO, Australia and New Zealand.

Progress in attacking the problems of diarrhoeal diseases and acute respiratory diseases of childhood is more difficult to assess, but we are developing an epidemiological reporting system with the help of WHO which should enable us to realize our successes or failures over the next 12 to 24 months. At present the rapid population growth tends to indicate that the successes may outweigh the failures, and concern for this has initiated the development of a population growth policy and an intensive health education programme.

The Solomon Islands' future direction in the management of its health programmes will be through the further development of primary health care with community involvement and participation. This principle, we consider, is the essence of provision of health for all in the Solomon Islands by the year 2000.

Le PRESIDENT :

Je remercie le délégué des Iles Salomon. La parole est maintenant au délégué de la République populaire démocratique de Corée. En attendant, je voudrais donner la parole au Dr Lambo pour quelques explications.

The DEPUTY DIRECTOR-GENERAL:

Mr President, the delegate of the Democratic People's Republic of Korea has asked to take the floor and speak in his national language. In accordance with Rule 89 of the Rules of Procedure of the Health Assembly an interpreter provided by the delegation of the Democratic People's Republic of Korea will simultaneously read the text of this speech in English. Thus the original speech will be heard on channel 1 and the interpretation into other languages on the normal channels.

Dr KIM Yong Ik (Democratic People's Republic of Korea) (interpretation from the Korean):[1]

Mr President, distinguished delegates, allow me first of all to offer my congratulations to the newly elected President and Vice-Presidents of this Assembly. I would like to congratulate the Director-General, Dr Mahler, on the energetic activities he has carried out for the improvement of WHO's work during the period under review.

We have carefully studied the report of the Director-General on the work of WHO in 1982-1983. We have come to know through the report that, during the period under review, big progress has been made in the work of WHO and, in particular, the work for the attainment of the WHO strategic goal for health for all by the year 2000 is successfully being pushed forward. This indicates that the strategic line of the Organization is the just one by which to put an end to inequality in the health levels of peoples and to enable all to enjoy a healthy life. During the years under review WHO, regarding primary health care as the basic means of implementing the strategy for health for all by the year 2000, has directed its main efforts to and worked for it. We highly appreciate this.

Last year, under the auspices of WHO, the South-East Asia Regional Conference on Primary Health Care was successfully held in Pyongyang, the capital of our country. At the Conference, attended by all Members of WHO's South-East Asia Region and some from other regions, good experiences and successes achieved by each country in primary health care were widely exchanged, and appropriate ways of further developing it in future were determined. This shows that the Conference was a significant one, which contributed to the development of WHO's work. I avail myself of this opportunity to express thanks to the Director-General, Dr Mahler, and the Regional Director for South-East Asia, Dr Ko Ko, for the measures taken to hold such a conference in our country successfully.

In order to consolidate the achievements gained so far in implementing the strategic goal and to attain it on a worldwide scale, I think that WHO should continue to direct its main efforts to increasing all possible forms of assistance and support to Member countries, especially developing countries, to enable them to exploit actively all the resources and potentialities latent within the countries on the basis of collective self-reliance, and develop constantly cooperation among them.

We consider it as a right way to remove the existing inequalities in health levels between countries and to let all peoples on the globe enjoy the fundamental human rights for health on an equal basis by rapidly developing health and sanitation work in developing countries.

During the period under review the Government of the Democratic People's Republic of Korea has taken a series of measures to develop further the country's health service, and registered great successes. The great leader Comrade Kim Il Sung, President of the Democratic People's Republic of Korea, said "In our system, nothing is more precious than the people. We should develop our public health services to protect the lives of the people and further promote the health of the working people". The Government of the Democratic People's Republic of Korea has concentrated great national efforts on the development of health services on the principle of considering everything with man, the most precious and powerful being in the world, as the central factor, based on the philosophy of the great Juche idea that man is the master of everything and decides everything.

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[1] In accordance with Rule 89 of the Rules of Procedure.

In the health service, the Government of the Republic has directed its main efforts to carrying through thoroughly the policy of prophylactic medicine, combining properly traditional Korean medicine with modern medicine, and enhancing medical science and technology to a higher level in order to protect and promote further the health of the working people.

In order to carry out such tasks, in the first place the Government of the Republic has continually increased the state investment in the health service. The Government of the Republic increased the health service expenditure for the year 1982 by 105.6% over the year 1981, and that for 1983 by 105.4% over the year 1982; it will increase that for this year by 109% to protect and promote the health of our people.

While steadily increasing the state investment in the health services in this way, the Government has vigorously conducted the work for setting up new scientific research institutions and therapeutic and prophylactic institutions and strengthening further the existing health organs so as to make the public health service Juche-oriented, modern and scientifically based.

Having newly erected the large-scale, modern Pyongyang maternity hospital and the dental hospital equipped with up-to-date equipment in recent years, the State took epochal steps to develop the formerly existing Institute of Korean Medicine into the Academy of Korean Medicine in 1983.

By performing the function of scientific research on prophylactic and therapeutic services, the Academy of Korean Medicine, being the grand house of the Juche-oriented medicine, will play a big role in the scientification of Tonguihak, the traditional Korean medicine.

During the period under review, the Government has also concentrated great national efforts on raising decisively the level of technique and skill of health workers on the job while training health workers on a large scale. In our country a big contingent of health workers has already been trained and can satisfy the health needs of the country.

The Government has further improved medical universities and other medical education facilities and, at the same time, done the work to readjust and reinforce the reorientation system for a number of trained health personnel in service.

The Government has paid great attention to further increasing primary health care for the population. It further improved specialized therapeutic and prophylactic institutions and at the same time established new health organs at the primary health care level or reinforced the already existing ones with modern equipment.

In 1982-1983 alone over 100 hospitals and clinics were newly established or expanded, and health institutions better equipped with modern medical equipment in our country.

With the decisive improvement of health and sanitary conditions and the eradication of communicable diseases in our country now the problem of preventing and controlling cancer and cardiovascular diseases presents itself as an important task. Therefore, the Government has taken a series of measures to enable health institutions at both higher and primary health care level to intensify the control of cancer and cardiovascular diseases.

The Government has set up and equipped better cancer departments in all city and county people's hospitals and factory hospitals at lower units, to have a system for earlier diagnosis and treatment of cancer, and has further strengthened urgent case departments in all hospitals and polyclinics. Thus the control of cancer and cardiovascular diseases has been intensified on the whole in our country and preventive activities further increased at the primary health care level.

The Government has also directed great efforts to improving constantly the primary health care system and method in conformity with the actual demands for the development of the health services, while strengthening health organs at the primary health care level.

As a result of the section-doctor system in our country - which is the progressive system of health care - being further consolidated and developed during the years under review, health care has been brought close to the population and the latter provided with satisfactory, high quality, specialized medical care.

During the period under review cooperation between our country and WHO has further strengthened in the fields of real need, including cancer and cardiovascular diseases. We are satisfied with this.

The year 1983 was significant for the Democratic People's Republic of Korea; our glorious fatherland celebrated her thirty-fifth birthday. Thanks to the wise leadership of the great leader Comrade Kim Il Sung and glorious Workers' Party of Korea, and to the correct measures taken by the Government, great changes have taken place in our health service over the past 35 years. In 1944, before liberation in our country the number of hospital beds per 10 000 was only one, and that of doctors only 0.5. The mortality rate of the population was 20.8 per 1000, and that of infants 204 per 1000 live births. The average life expectancy was

38 years before liberation. With the constant development of the health service, in 1982 the number of hospital beds per 10 000 was 130, the doctor/population ratio 24, the mortality rate 4.3 per 1000 and the infant mortality rate 11.4 per 1000 live births. The average life expectancy reached 74 years.

These successes are the fruition which has been brought about by the rapid socioeconomic and cultural development of the country, the steady improvement of the people's life, the implementation of the prophylactic line, the universal free medical care system, the system of nursing and educating children at state expense, the paid leave system, and rest and recuperation at state expense.

The achievements which our people have gained in the health services under the banner of the Republic over the past 35 years are a sure guarantee for further developing our health services in future and, at the same time, give big encouragement in the struggle to completely free the people from disease.

We will further develop our public health service on the basis of the successes already achieved, strengthen our cooperation with all countries advocating Chajusong, and further expand and develop our relations with WHO so as to make an active contribution to the noble cause of the attainment of WHO's goal of health for all.

Mr BUNNAG (Thailand):

Mr President, Mr Director-General, your excellencies, distinguished delegates, having studied the report on the work of WHO during 1982-1983, Thailand fully endorses the excellent, comprehensive and meaningful report of the Director-General for which he is to be congratulated on the work well done.

As can be gathered from the report, the high priority issues in implementing health-for-all strategies seem, among other things, to centre around the approach to integrating health into the national social and economic development mainstream. In this regard, the Royal Thai Government has carried out actions directed at solving problems with promising results. This undertaking started in 1977 when the course of national health development took a sharp turn and the primary health care approach was adopted as a national policy, from which corresponding programmes were developed with a nationwide coverage target.

Again in the present plan period, starting from 1982, the Government has launched, among other things, a rural poverty eradication programme, based on the concept of community involvement and self-reliance, with intersectoral support. This programme requires coordinated actions among four key ministries, namely, the ministries of agriculture and cooperatives, education, the interior, and health.

During this period, a new approach in social development planning emerged, which emphasized long-term social planning up to the year 2000. In order to formulate such a plan a social development project was set up at the office of the National Social and Economic Development Board. This project was possible through the collaboration of WHO and the Netherlands Government, for which we are most grateful. The project has been instrumental in developing long-term policy objectives and targets for national social development up to the year 2000. To counter the lack of a clear-cut social development goal, a set of basic minimum needs for all Thais, complete with targets and indicators to be attained from the present time to the year 2000, has been set up.

These basic minimum needs indicate the desirable quality of life as defined by food, shelter, sanitation and safe drinking-water, accessibility to basic social services, occupation, security, family planning, culture and the right to self-determination. Consequently, health is included as an integral component which makes the acceptable quality of life - thus making possible the concerted and synchronized involvement of other related sectors in health development. However, the most important strategy in the application of this concept to social development is that the basic minimum needs are to be surveyed, analysed, planned, and implemented by the people themselves.

The advantages of applying the basic minimum need approach to planning at community level are related to the fact that people will realize by themselves what kind of community and personal health problems they ought to take care of. By involving them in data collection and analysis, with appropriate guidance in problem-solving, they could identify what problems they are able to solve by themselves, through community organization, financing and technology transfer. It is encouraging to find that most elements of primary health care fall in this group. For other problems, technical guidance and support from competent personnel of relevant governmental units and nongovernmental organizations will be needed. The community leaders are encouraged to participate with the local health units or hospitals in the formulation of sound programmes. All such programmes are based upon cooperative and welfare concepts.

This particular approach has proved to be very satisfactory with a high degree of expansion possibility. The community programme as such can be monitored and evaluated by the people, thus their action becomes more meaningful to them.

As for government workers of the various sectors, they too could translate the basic minimum needs into sectoral strategies and activities in such a way as to make intersectoral coordination possible.

There has been obvious impact relating to community involvement and intersectoral coordination after this approach is applied. Both at the community level and the intermediate and central levels, reorientation of the function of organizations and manpower and reallocation of financial resources are now taking place.

The present state-of-the-art in our country has led us to believe that our goal of health for all may be achieved before the year 2000.

Finally, we believe that the time has come for us to share among countries the experiences gained in attempting to surmount the difficulties in implementing health-for-all strategies. We believe that the time remaining - 16 years - is long enough to achieve what we have all aspired to do, or at least to effect changes for a better life for our people. In the meantime, we wish all of you every success in your endeavour.

Mrs BELLEH (Liberia):

Mr President, Mr Director-General, distinguished delegates: Mr President, the Liberian delegation is particularly happy and nostalgic as we congratulate you on your elevation to this high office. We have in our delegation, one of the signatories to the Charter of the World Health Organization and one who 30 years ago served as President of the World Health Assembly. Dr Joseph N. Togba continues to be active in our health programme. Dr Togba, please stand up.

Mr President, another year is behind us in our march towards health for all. Though faced with difficulties and obstacles, our resolve is unshakeable. The global economic recession continues to have adverse effects on our already gloomy economic conditions. Subsequently, health resources have been subjected to annual reduction at a time when our health revolution process should be receiving an increase in the resources allocated to health by the Government. The implementation of primary health care progammes is revealing many unforeseen difficulties. In an attempt to foster community participation in primary health care support, we have realized that communities are not so willing or capable economically to assume responsibilities for recurrent expenditures vital for the sustenance of their health programmes. How can we continue to operate our present system and yet be able to convincingly promote the new system of community participation side by side?

In spite of the serious economic difficulties developing countries are facing and the many problems and obstacles involved in primary health care implementation, we have not been deterred in our march towards health for all. We have attempted to mobilize both local and external resources. Our programme, as a result, is gaining local acceptance and support by our people. We have begun the development and implementation of primary health care activities in six of our 11 regions on a large scale and in two regions on a lesser scale. External support for our efforts has also been generated among multilateral and bilateral agencies.

Primary health care is integrated in our rural development programmes. These programmes are encouraged to include health, sanitation and water development components so that primary health care is integrated in regional development programmes. Through bilateral and multilateral collaboration, we are strengthening our expanded programme for immunization and the control of our childhood diseases, including malaria and diarrhoea. The promotion of breast-feeding continues to be supported and advanced daily by mass media and organized breast-feeding promoters' groups. We are aware of the importance of adequately trained manpower in the management and implementation of primary health care. In order to ensure that an appropriately trained manpower is available for our primary health care, we have reviewed our training, deployment and remuneration policies with the aim of adapting to meet current primary health care trends.

The role of women in health is very important, since mothers and their children bear a disproportionate amount of the suffering resulting from the lack of health and other services in our country. We have therefore been making efforts to involve our women in integrated developments efforts, thus affording them the opportunity to define the problems and participate in working out the appropriate solutions. In our pilot area, the women's group operates a day-care programme, a mini-pharmacy and a community garden in addition to other activities in collaboration with the men of the village.

Mr President, the road ahead appears difficult and our tasks awesome, but our challenge and our resolve remain steadfast. Primary health care must remain a national and social objective.

Mr LEHLOENYA (Lesotho):

Mr President, distinguished ministers, delegates, ladies and gentlemen, I am happy to have the opportunity to address this Assembly. Please allow me to join previous speakers in congratulating the President on his election to the chair. I would also like to thank Dr Mahler, the Director-General, through you, Mr President, for presenting us with a lucid and thought-provoking report on the work of the World Health Organization. His report is challenging and, as usual, gives direction towards the attainment of goals to which we have committed ourselves as countries. He has pointed out that intensive work is required of governments and WHO to achieve the global goal.

Mr President, the same dedication with which we started and accepted the Strategy for Health for All by the Year 2000 must be shown by translating theory into practice and policies into action. We are thankful that with the assistance of the Regional Office for Africa the review of progress in implementing the strategies for health for all was undertaken in Lesotho. This review revealed that the road ahead is much longer and steeper than what has been covered since we commmitted ourselves to the Global Strategy. In other words, it looks as though we no longer have to walk on this path towards attainment of the goal of health for all, but must run. My Government remains committed to the Strategy, but a number of obstacles impede progress. It is these obstacles which I would like to highlight to this Assembly in the hope that some solutions will be found.

First, there are problems of manpower in various forms such as: lack of qualified nationals to man our primary health care programmes; lack of financial resources to absorb and retain the manpower which is being trained both locally and abroad; the need to orient the staff in post more and more towards their role in the implementation of the Strategy. These are some of the main problems facing us in the area of manpower development and deployment. The second major constraint facing us is that of logistic support for primary health care. We have tried to restructure and decentralize the management of the health care delivery system; but lack of transport, supplies and equipment, availability and distribution of essential drugs, communications, especially with the peripheral facilities - these are some of the logistic problems which impede progress. Another problem is that of weak managerial capabilities within our systems. This bottleneck impedes progress, even when meaningful programmes and projects have been conceived and initiated. Therefore our people at all levels require intensive training in management skills. Other supportive areas which require strengthening are the health information and health education sectors.

Permit me, Mr President, to register our appreciation to our many friends who have generously supported us financially. This includes bilateral and multilateral donors, United Nations agencies, and nongovernmental organizations. Without their help we would not have been able to reach our present level of achievement. However, we still have many outstanding problems which have financial implications.

Finally, I wish to indicate that recently a country resource utilization document has been compiled for Lesotho with the support of WHO. It spells out our needs in the area of primary health care. This document, we trust, will enable us to initiate meaningful dialogue with donors. I wish to convey my heartfelt thanks to Dr Mahler, Dr Quenum, our Regional Director, and all their staff for their support and continued encouragement in our effort to achieve good health for the people of Lesotho.

Dr KAMYAR (Afghanistan):

Mr President, Mr Director-General, distinguished delegates it is a great pleasure and privilege for me to congratulate the President on his election on behalf of the delegation of the Democratic Republic of Afghanistan. Furthermore, I would like to express thanks to the Director-General, Dr Mahler, for his excellent report highlighting the most important aspects of the monitoring of progress in the implementation of strategies for health for all by the year 2000 and the ways of improving the use of WHO resources for that praiseworthy goal.

Allow me to post the World Health Assembly in the developments and achievements of the past year in my country. The revolutionary social and economic transformations have been taking place under hard and complex conditions and circumstances. The party and Government of the Democratic Republic of Afghanistan believe that it is essential to work out the socioeconomic and scientific transformations and the task to be implemented. Therefore water and land reforms are persistently being carried out and the state sector, especially in industry and transport, is expanding and deepening. Tremendous efforts have been made for the eradication of illiteracy, growth of education, culture and public health in particular.

During the last year, in spite of the very difficult situation, the fulfilment of the plan in all fields was successful. In the health sector, a demanded programme was adopted which in the provinces is oriented mainly towards the reconstruction of the damaged and destroyed health facilities, and in Kabul city and Kabul province towards the building up of several new health centres and polyclinics and a new blood bank, and also towards the enlargement of some in-patient facilities.

The major gain of the April Revolution in 1978 is a new type of the state power. The organs of the revolutionary power have been created in the capital, provinces and most of the districts and subdistricts, and are functioning under the leadership of the People's Democratic Party of Afghanistan in close contact with the party and social organizations, governmental organs, and local branches of the ministries and offices. They are organs which can deal with and solve all problems of a local character and significance, including the growth of public health and improvement of the conditions of life and work for all groups of the working people. In addition to the organs of the state powers, the new political system includes also the National Fatherland Front, which unites in its ranks the representatives of the various national democratic classes, the trade unions, youth and women, and other social organizations.

The endorsement of this law is a great historical, principled decision of the Revolutionary Council, realizing the rule of the people throughout the country. The party committees, community clubs, farmers' cooperatives, women's and youth centres, voluntary agencies as well as others have received their specific tasks and roles to play. Workers' syndicates help in the participation of industrial workers in the work of the local organs of state power. Among the duties and responsibilities of the local organs is also the concrete implementation of the already approved and generally accepted national strategies for health for all by the year 2000, now projected to the local levels. This organizational, planning and implementation infrastructure will enable us to develop an efficient national integrated community health development programme with the active participation of all sectors involved, under the coordinating guidance of the State Planning Committee. The main emphasis and attention will remain on all elements of primary health care and on the first-level referral system. These local organs of state power form a solid legal basis for involving communities in planning and carrying out the national health strategy, with the aim of strengthening and promotion of the health of the people by changing their living habits and accepting health education, particularly the principles of hygiene, maintenance of safe drinking-water supplies, construction of low-cost basic sanitation facilities, the fight against various vectors, and more intensive utilization of available preventive and prophylactic measures.

As far as the health sector itself is concerned, the developments and achievements during the past year can also be rated as successful with respect to the implementation of the national strategy for health for all by the year 2000. The main orientation was towards the reconstruction and revitalization of damaged and destroyed basic health centres and other health facilities in the provinces and the strengthening of health manpower training activities. A low coverage of the population, mainly in rural areas, by primary health care is still to be overcome, the provision of mostly curative-based health services to be reoriented, and the attitude of medical personnel changed in favour of prevention and a transition from in-patient facilities in towns to out-patient care provided at the periphery. Also, the management of health services must be improved at all levels and effective arrangements made for regular and adequate delivery of medical supplies and equipment level as well as for the maintenance of buildings and devices. The organization and performance of MCH care, immunization, and the control of major endemic diseases (such as diarrhoeal diseases, malaria, leishmaniasis and tuberculosis) must be improved, and the necessary gradual integration of all programmes that were previously vertically run into one comprehensive primary health care approach at the village level must be borne in mind.

For what I have mentioned it is very clear that my Government follows fully the philosophy and guidelines of WHO for health for all by the year 2000, and understands well that the health of the people has to be attained in a continually evolving setting of political, economic, social, cultural, scientific, technological and psychological factors, superimposed on the geophysical environment. The national policy and the strategy in both the economic and the social field is directed towards meeting all people's rights and social justice. The social sector, including health, enjoys high priority in the socioeconomic development plans of the Government.

I would like to take this opportunity to express my thanks to the Regional Director, Dr Gezairy and his staff participating in the joint Government/WHO programme review mission for their effective and successful collaboration with the responsible national team members and corresponding national authorities during this exercise, which took place in Kabul in November 1983. Discussions held during this mission have permitted the clarification of some procedural and administrative matters related to future Government/WHO cooperation.

In conclusion, on behalf of my delegation, I would like to reassure the World Health Assembly that my Government is fully committed to fulfil gradually all the goals of health for all by the year 2000 in spite of still existing unfavourable conditions in the country and in the health sector itself.

Le Dr OKIAS (Gabon) :

Monsieur le Président de la Trente-Septième Assemblée mondiale de la Santé, Madame le Président du Conseil exécutif, Monsieur le Directeur général de l'OMS, honorables délégués, Mesdames et Messieurs, en ma qualité de chef de délégation du Gabon, mon pays, je voudrais avant toute chose m'acquitter de l'agréable devoir de féliciter M. le Président, pour sa brillante élection à la présidence de notre Trente-Septième Assemblée mondiale de la Santé. Ses qualités éminentes, ainsi que sa parfaite connaissance des problèmes de santé du monde, sont pour nous un gage qu'il saura mener à bien nos travaux. Mes sincères et vifs compliments vont également aux autres hautes personnalités élues membres du bureau, à qui incombe la lourde tâche de soutenir les efforts du Président dans ses hautes fonctions.

La présentation du rapport du Conseil exécutif sur ses deux dernières sessions et l'examen du rapport du Directeur général sur l'activité de l'OMS nous donnent, comme chaque année, l'occasion d'une fructueuse réflexion sur les étapes passées et le chemin encore à parcourir dans la mise en oeuvre de la stratégie de la santé pour tous. A cet égard, je voudrais réitérer, après d'autres, la sagesse, le courage et la maturité dont les Etats Membres ont fait montre en acceptant le principe de la surveillance de leurs efforts et de leur progression dans cette voie, excluant ainsi toute complaisance dans l'appréciation. Pour ma part, j'ai noté la dualité entre les idéaux et les difficultés de leur mise en oeuvre dans les pays, en raison des nombreuses contraintes qui se dressent encore sur le chemin de notre juste combat contre l'ignorance, la pauvreté et la maladie. En mettant ainsi ces obstacles en lumière, les pays se donnent incontestablement les moyens d'une action éclairée axée sur des mesures d'appui, de développement et de réajustement propres à assurer une progression plus rapide vers la santé pour tous.

L'organisation, dans mon pays, du troisième colloque des directeurs provinciaux de la santé, qui a regroupé les principaux responsables nationaux concernés par l'action sanitaire, a relevé tout particulièrement la nécessité d'un renforcement des capacités gestionnaires de notre système de santé, sous-tendu par un dispositif informationnel adapté. C'est ainsi qu'en juillet de cette année se tiendra à Libreville, avec le concours bienveillant de l'OMS, une conférence-atelier sur le développement de la gestion sanitaire destinée aux cadres supérieurs du secteur sanitaire et de l'université. Ce rappel, Monsieur le Directeur général, me permet de faire remarquer la pertinence des analyses et l'opportunité des recommandations contenues dans le rapport que vous avez soumis à notre examen, au nombre desquelles il me paraît important de souligner la nécessité de renforcer les capacités nationales et régionales de recherche et d'étude sur les systèmes de santé.

L'accroissement des ressources budgétaires décidé en faveur des activités concernant l'abus de l'alcool, les infections respiratoires aiguës, l'hépatite virale et les coronaropathies, ainsi que la poursuite des efforts déployés par l'Organisation pour renforcer la recherche sur les maladies tropicales et la reproduction humaine paraissent relever du plus haut intérêt. Cette auguste Assemblée me donnera l'occasion de renouveler la volonté de mon pays de voir le Centre international des Recherches médicales de Franceville érigé en centre collaborateur de l'OMS dans le domaine de la reproduction humaine et de la lutte contre l'hypofécondité.

La santé des enfants et le rôle des femmes dans le développement socio-sanitaire sont une préoccupation constante du Président de la République gabonaise, S.E. El Hadj Omar Bongo, et du Gouvernement de la Rénovation. C'est pourquoi le thème de la Journée mondiale de la Santé "La santé des enfants : richesse du futur" a non seulement été célébrée dans la joie et la ferveur, mais a offert l'occasion d'une profonde réflexion sur les moyens de renforcer encore davantage les actions nombreuses déjà entreprises par le Gouvernement de la Rénovation en faveur de l'enfance, dans un contexte multisectoriel. L'exaltation du rôle de la femme dans le processus de développement socio-sanitaire a mobilisé l'opinion au cours de notre journée nationale de la santé. S'il est vrai que l'ignorance conspire contre la santé des individus et des peuples, il est encore plus vrai de citer ces paroles d'un sage : "Apprenez à une mère de famille à être bien portante, elle l'apprendra au reste de l'humanité".

La formation, dénominateur commun des recommandations de notre récent colloque, demeure pour mon pays une priorité majeure. Nous nous sommes engagés dans un processus de planification

et de développement des personnels de santé. L'on comprendra dès lors que le choix du thème des discussions techniques nous paraisse particulièrement heureux. L'université doit en effet jouer un rôle fondamental dans la réalisation de l'objectif de la santé pour tous, pour autant qu'elle retrouve l'une de ses missions fondamentales, à savoir fournir des services dans le cadre d'une interaction constante avec la communauté.

Avant de terminer mon propos, je voudrais, au nom du Président de la République, chef de l'Etat, Secrétaire général fondateur du Parti démocratique gabonais, S.E. El Hadj Omar Bongo, de son Gouvernement, de son Parti et du peuple gabonais tout entier, souhaiter plein succès aux travaux de la présente session, étape importante dans la réalisation de cette harmonie de l'homme avec l'homme et avec son environnement, et que nous appelons au Gabon de tous nos voeux.

Le Dr TSHIBASSU MUBIAY (Zaïre) :

Monsieur le Président, honorables délégués, permettez-moi, au nom de ma délégation et en mon nom personnel, de me joindre aux orateurs précédents pour vous faire part de mes sincères félicitations pour votre brillante élection à la présidence de cette auguste Assemblée.

Les rapports du Conseil exécutif et du Directeur général ont fait état des progrès réalisés dans la mise en oeuvre de la stratégie mondiale de la santé pour tous d'ici l'an 2000 ainsi que de nombreuses contraintes et inquiétudes observées dans la surveillance de cette démarche. Comme vous le savez, le Zaïre a fait siens l'objectif de la santé pour tous d'ici l'an 2000 et la stratégie des soins de santé primaires. Il les a adoptés à toutes les instances politiques nationales, et c'est en vue de traduire cette volonté politique en réalité qu'il a opté pour une planification à moyen terme pour une période de cinq ans. La programmation budgétaire de chaque année doit en concrétiser les réalisations pratiques sur le terrain. En janvier 1982, le Département de la Santé publique - Ministère de la Santé - a présenté au Conseil exécutif du Zaïre - Gouvernement de mon pays - le plan quinquennal 1982-1986. Ce plan de travail pour une période déterminée fait ressortir des objectifs clairs et identifie un certain nombre d'actions à entreprendre en vue de rendre les soins de santé primaires accessibles à l'ensemble de notre population. Il prévoit également des mécanismes de surveillance des progrès réalisés ainsi que des critères et des indicateurs d'évaluation continue.

La planification au Zaïre est basée sur une approche de médecine intégrée avec des actions promotionnelles, préventives, curatives et réadaptatives. L'unité de planification sur le terrain est la zone de santé. Par zone de santé, il faut entendre l'ensemble des structures hiérarchisées capables de prendre en charge l'état sanitaire d'une population déterminée dans une aire géographique viable et bien définie. Elle comprend obligatoirement un hôpital de référence et une constellation de centres de santé qui constituent le premier point d'entrée du service de santé organisé. Au niveau du village, nous avons des animateurs de santé communautaire qui constituent le prolongement de l'action sanitaire au niveau des individus et des familles. Dans le plan d'action 1982-1986, il est prévu l'implantation de 146 zones de santé et, à l'horizon 1990, nous prévoyons 250 zones de santé estimées nécessaires pour couvrir l'ensemble du territoire national.

Tous les secteurs en rapport direct avec la santé, tels l'assainissement, le logement, la nutrition et l'éducation, travaillent en étroite collaboration avec celui de la santé dans un cadre institutionnel dénommé "Conseil national de la Santé et du Bien-être". La collaboration de ces secteurs nous permet d'envisager la promotion et le développement des équipes polyvalentes qui sont chargées du développement socio-économique intégré basé sur une programmation multisectorielle harmonisée dans un cadre décentralisé appelé la zone de santé. Au niveau de cette zone, les membres de la communauté assument davantage la responsabilité de leur propre santé en participant à la planification, la mise en oeuvre et la gestion de toutes les activités sanitaires. De l'attitude d'éternelles assistées, les collectivités prennent résolument en charge leur propre destinée dans un esprit d'autoresponsabilité et d'autogestion. C'est dans ce sens que notre planification prévoit, au niveau des zones de santé, des conseils d'administration des zones et, au niveau des centres de santé, des comités de santé. Ces instances vont constituer des organes de délibération et de décision d'une valeur irremplaçable. Il en est de même en matière de financement, la participation de la communauté tant en ce qui concerne l'investissement que le fonctionnement constituant un des points fondamentaux qui garantit la pérennité des soins de santé primaires.

Au cours de la période biennale 1982-1983, le Conseil exécutif du Zaïre a mis l'accent sur les réformes structurelles qu'il faut apporter au système sanitaire actuel afin de le faire évoluer dans un sens conforme aux orientations et décisions de notre Parti national, et ceci

dans le contexte de l'application du plan sanitaire 1982-1986 fondé sur les soins de santé primaires. La période écoulée a donc donné aux soins de santé primaires et à leurs structures d'appui une place de choix, avec une insistance sur le fait que les soins de santé primaires ne constituent pas un système parallèle, mais une porte d'entrée obligée dans le système sanitaire qui est conçu comme un tout unifié. Les réformes législatives en cours devront donner à toutes les instances d'exécution des soins de santé primaires la capacité d'agir afin de jouer pleinement leur rôle.

Au mois de mars 1983, le Département de la Santé publique a formulé un plan de travail. Ce plan d'action sanitaire 1983 était une exécution annuelle du plan à moyen terme 1982-1986 élaboré en janvier 1982. Il concrétisait sur le terrain l'application pratique de la stratégie des soins de santé primaires en milieu rural et urbain. Pour l'année 1983, aux termes du plan, le Département de la Santé publique s'était proposé de créer 6 zones de santé urbaines et 18 zones de santé rurales dans les sous-régions de l'intérieur du pays. Le coût de ce projet était estimé à 20 millions de zaïres. Il est à noter que, dans sa phase opérationnelle, l'exécution de ce plan devait amorcer le dégorgement des hôpitaux et permettre une meilleure prise en charge de la santé des populations desservies. En dépit des difficultés financières, nous pouvons retenir, à l'actif de 1983, 20 zones de santé opérationnelles sur les 24 prévues. Nous avons pu ainsi réaliser, à la fin de l'exercice 1983, 78 zones de santé sur les 146 prévues au 31 décembre 1986.

D'autre part, au cours de la période biennale considérée, les activités de formation du personnel chargé de l'exécution des soins de santé primaires se sont poursuivies. Au total, 80 médecins chefs de zone et 55 infirmiers superviseurs ont suivi un séminaire de planification et de gestion des soins de santé primaires. Bien plus, au moment où je vous parle, le Département de la Santé publique, en collaboration avec le Bureau national des Oeuvres médicales catholiques, organise un séminaire à l'intention de 25 médecins chefs de zone, et les mêmes activités se déroulent du côté de l'Eglise du Christ au Zaïre - l'Eglise protestante - et de l'Eglise kimbanguiste. Au mois d'août 1984, il est prévu un séminaire du même genre qui sera organisé pour 30 médecins chefs de zone. Au total d'ici fin 1984, le Département de la Santé publique aura formé 130 médecins chefs de zone. Nous aurons ainsi, à la fin de l'exercice en cours, au moins 120 zones de santé qui auront planifié et mis en oeuvre les activités de soins de santé primaires. Nos universités contribuent à cette formation et prennent de plus en plus une part active dans la promotion des soins de santé. Les programmes de formation sont en cours de révision de façon à assurer une formation susceptible de répondre aux exigences du terrain.

Dans le domaine de la recherche biomédicale et de la recherche sur les services de santé, le Zaïre, afin de répondre aux besoins des collectivités à un coût acceptable. a senti la nécessité d'identifier les techniques et technologies appropriées et a adopté une liste de médicaments essentiels. Le Zaïre croit néanmoins que si, pour le lancement du programme, le support technique basé sur les connaissances actuelles de la science et de la technologie semble satisfaisant, il reste toujours vrai qu'il faut encourager la recherche de technologies nouvelles. Car - nous avons eu l'occasion de le constater - il n'y a pas de sentier tracé pour les soins de santé primaires et encore moins de prêt-à-porter. D'où la nécessité de poursuivre la recherche d'outils mieux appropriés en vue de résoudre des problèmes spécifiques dans le contexte géographique et écologique qui nous est propre.

Monsieur le Président, après avoir résumé succinctement la démarche zaïroise vers la santé pour tous et l'état des progrès réalisés à ce jour, vous me permettrez de ne pas terminer sans dire que tout cela ne pouvait être possible sans la coopération bien comprise des organismes de financement bilatéral et multilatéral et sans l'appui des organismes non gouvernementaux. C'est pourquoi, du haut de cette tribune, je leur adresse au nom du Mouvement populaire de la Révolution, notre Parti national, et de son guide bien-aimé nos remerciements les plus sincères.

Mr TAMBATAMBA (Zambia):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, I am delighted and deeply honoured to address this august Assembly this afternoon. This in a sense is a special occasion for me because it is the first time I am participating in the proceedings of the Assembly as Minister of Health for Zambia. I have brought with me greetings and best wishes for a successful Assembly from my President, Dr Kenneth David Kaunda, and the people of Zambia. My delegation wishes to convey hearty congratulations on their elections to the President and the five Vice-Presidents.

In contributing to the debate on the reports of the Executive Board and the Director-General, I wish to highlight some of the programmes my Government has been actively engaged in with great difficulty regarding our struggle towards the goal of health for all by the year 2000. For the past two decades my Government has pursued the policy of taking power to the people in all fields of human endeavour - that is, political and legal, economic and financial, defence and security, social and cultural - so that they could plan and implement all their own programmes, including health. The mobilization of our people down to the grass-root level of health development has been an important aspect of our strategy. More and more communities are forming health committees at village and other local community levels. This exercise necessitated community reorientation. Consequently, seminars and workshops were organized throughout the country during the period 1981-1984. The result has been the formation of health management teams at provincial and district levels. The enthusiasm shown by the local community health leaders has been most encouraging.

The health centre network in Zambia is the very backbone of our national health care system, and as such must provide the basis for the development of primary health care. Therefore the construction of new rural health centres and the upgrading of old ones has been one of my Government's strategies and, resources allowing, will continue to be sustained. In 1979 there were 675 health care facilities, including hospitals and rural health centres. By 1982 this number had increased to 923. These efforts will continue in order to provide substantial increases in the physical infrastructure of health care services. Parallel to this development, my Government embarked on a training programme for community health workers. Between 1981 and 1983, 1500 received basic training provided by the Ministry of Health. As far as the expanded programme on immunization is concerned, the coverage of children under the age of five years has been steadily increasing. Hopefully, this will continue, particularly with the assistance that Zambia continues to receive from WHO and other cooperating agencies and countries. Because of the same assistance Zambia is making some progress in other areas, such as the maternal and child health services, control of diarrhoeal diseases, environmental health, as well as control of tropical communicable diseases. This is an ongoing programme requiring continual support and assistance.

In undertaking all these activities, my Government has been mindful of the need to look back and see how far the programme has gone. Thus in March and April this year Zambia undertook a comprehensive evaluation of the primary health care programme, including maternal and child health care and the expanded programme on immunization in Zambia. Lessons learned from this exercise will help us readjust our course. In all these activities WHO has been one of our closest allies. For this, I wish to pay special tribute to the Director-General of WHO, Dr H. Mahler, and his staff and to the Regional Director for Africa, Dr Quenum, and his staff, through whom it has been possible to accomplish some of these tasks.

What I have enumerated may appear to be unduly optimistic. In carrying out these programmes the Party and its Government have met many obstacles, which include lack of managerial capabilities at all levels of the primary health care delivery system. Inadequate information flow, which is so vital to the success of primary health care, and financial constraints have hampered logistical support to the programme, especially transport and essential drugs. This vicious circle has been compounded by other unprecedented factors completely beyond our control - for as I speak here Zambia is experiencing its third consecutive year of drought. This has led to a number of new health problems, including malnutrition and other water-related diseases.

Many of you are familiar with the refugee problem in our Region resulting from political problems in South Africa and Namibia. The situation is deteriorating day by day. Mr President, it is unrealistic for me to pretend that Zambia can cope with this situation single-handed, or indeed through the frontline States alone. I am therefore appealing through you to WHO and other organizations and countries to come to our assistance. With this kind of help forthcoming, I am confident that Zambia will be able to find some solutions to these problems in order to enhance its efforts towards the noble goal of health for all by the year 2000.

In conclusion, Mr President, I would like to appeal for unity, peace and justice within WHO.

Dr NKWASIBWE (Uganda):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, on behalf of his Excellency the President, Dr Appollo Milton Obote, and the Governement of the Republic of Uganda, which I have the honour to represent, and on behalf of my delegation, I wish to congratulate you, Mr President, and the Vice-Presidents on your election to guide the deliberations of this august body.

Since the adoption of the plan of action for implementing the strategy of health for all at the Thirty-fifth World Health Assembly, Uganda has attempted six definitive measures aimed at realizing these objectives. Bearing in mind the prevailing social and economic problems that still beset my country, the Government has tried to select health programmes which are affordable and which will affect the greatest social change. I wish to reiterate what has been observed by the Director-General and the Executive Board, that there is unquestionable national political goodwill towards the attainment of health for all. This is equally true for Uganda. However, due to financial constraints, progress has been rather slow. The UPC Government inherited a collapsed economy, and the first priority was to take bold corrective measures that would quickly revive it. The first government priorities were therefore geared towards productive sectors. This was a necessary prerequisite for realization of the resources needed for reviving the social services. In the first recovery programme launched in 1982, emphasis was laid on economic recovery projects, while in the revised recovery programme launched last year a reasonable share has been shifted towards recovery of social services. In the health sector the greatest emphasis has been put upon primary health care projects aimed at the realization of the goal of health for all. These include the expanded programme on immunization, improvement of nutrition including the support and encouragement of breast-feeding, control of diarrhoeal diseases including the use of oral rehydration therapy, child growth monitoring and improvement of water supply and sanitation.

In October 1983 his Excellency the President launched the accelerated childhood survival programme, which puts emphasis on the expanded programme on immunization, child nutrition and the control of diarrhoeal diseases. A comprehensive document detailing the plan of action for this progremme has been completed. The government has appointed a full-time programme team which has already started work. The whole country has been surveyed for an immunization campaign, including the assessment of the cold-chain facilities, logistics and base-line data necessary for monitoring and evaluation of the programme. Actual immunization work has already commenced in eight districts and the whole country is expected to be covered within five years. The target is to protect up to 80% of the children under one year by the time the whole country is covered. Also in 1983, there was a special immunization campaign against measles, a disease which has claimed many children's lives. As a result, this has drastically reduced the incidence of the disease and mortality from it. Mr President, allow me to register my heartfelt gratitude to UNICEF and the Save the Children Fund for the great assistance they have rendered to this project and the great interest they have put in to ensure that it succeeds.

As regards nutrition programmes, these are being executed through a multisectoral committee, the National Food and Nutrition Council. This calls for changes in the traditional attitudes of individual ministries or sectors towards programme coordination and collaboration. In the meantime, the various nutrition units scattered over the country continue to function. Diarrhoeal diseases remain one of the top three diseases causing high morbidity and mortality in Uganda. Because of the seriousness of these diseases among children, a programme on control of diarrhoeal diseases was one of those launched by His Excellency the President last October. The essential components are effective case management including the use of oral hydration salts, improved epidemic surveillance, health education, an improved water supply and sanitation. In order to minimize on expenses, this programme shares some of the facilities of the current expanded programme on immunization, such as transport, storage, distribution and personnel. We are grateful to the Government of the United States of America and to UNICEF for the financial and material support for this programme.

The importance of a sound infrastructure has been highlighted by the Executive Board and the Director-General. My delegation has on several occasions in the past stressed its importance in the effective delivery of health care. Health services in Uganda have already been decentralized to the district level. Parliament is soon to debate on legislation which will further decentralize responsibilities to the communities or grass-roots levels and will include formation of health committees. Hence the importance of a sound infrastructure down to the periphery. So far, a number of health centres have been rehabilitated. The existing staff in some of the peripheral units have been retrained and reoriented in the primary health care concept. Primary health care workers have also been training in various but scattered parts of the country. In realization of the importance of in-service training for the personnel needed to run the infrastructure of our health services, the Ministry has established one centre specifically for continuing education among the various cadres of health workers.

Continuous availability of essential drugs and the health care delivery system is desirable for both proper functioning and creditability of health services. There is also evidence to the effect that improved curative care promotes and enhances the utilization of

preventive and promotive health measures. Despite steps so far taken by the World Health Organization, the drug situation in a number of developing countries remains unsatisfactory. Apart from quantities, which are restricted by limited foreign exchange, there is also a precarious problem of the quality of drugs. We urge WHO to push for measures directed at curbing the dumping of irrational harmful drugs to developing countries. We further urge WHO to strengthen the capabilities of its programmes dealing specifically with quality control so that such services are readily available to Member States. Because of economic and social considerations, my Government is developing a programme for the supply of essential drugs in collaboration with UNICEF. The first step which has been accomplished is the establishment of an essential drug list for primary, secondary and tertiary care. Appropriate emphasis has been placed on the peripheral level and a hundred health centres benefited from the programme last year. Currently, plans are being worked out to widen the scope of this activity which we believe should also be coupled with a list of essential diagnostic reagents and procedures. Once again I wish to accord my gratitude to UNICEF for the drugs that have been supplied to the health centres. The theme for the Technical Discussions this year is most appropriate. I would like to make reference to our National Medical School at Makerere, one of the oldest medical schools in Africa. I report wth satisfaction that despite the many problems we have gone through, recovery progress continues to be registered at Makerere Medical School. However, there still remain some problems which need to be tackled to accelerate this recovery. About 80 doctors graduate every year from this school, and we would be approaching self-sufficiency in the field of doctors had it not been for the relatively high brain drain within and outside the country. We believe that this development is only temporary. I wish to report that the University has now taken broad measures to reorient its programmes towards the health for all strategy. The students are now sensitized to primary health care by undertaking work in local rural communities before they qualify.

In conclusion I wish to thank the Executive Board and the Director-General, Dr Mahler, for the excellent work of the Organization. I also wish to record my Government's appreciation for this year's theme for World Health Day - "Children's health - tomorrow's wealth" - as indeed today's children are the future nation, particularly in view of the global strategy of health for all.

Professor Soberón Acevedo (Mexico), President, resumed the presidential chair.
Le Professeur Soberón Acevedo (Mexique), Président de l'Assemblée, reprend la présidence.
Проф. Soberón Acevedo (Мексика), Председатель, занимает председательское место.
El Profesor Soberón Acevedo (México), Presidente, vuelve a ocupar el sillón presidencial.
الأستاذ سوبيرون أثيفيدو (المكسيك)، رئيس الجمعية استأنف الرئاسة .
索伯朗·阿赛维多教授(墨西哥),主席,重行主席职位。

Mr PURRYAG (Mauritius):

Mr President, Mr Director-General, your excellencies, distinguished delegates, it is a great pleasure and privilege for us to be present here to represent the Government of Mauritius at this Assembly. My delegation joins previous speakers in expressing its warm congratulations to you, Mr President, on your election to this high office. We also extend our congratulations to the Vice-Presidents and the Chairmen of committees. My delegation has much pleasure too in welcoming the new members who have been admitted to the Assembly.

We have read with special interest the report of the Director-General for 1982-1983 and we wish to offer our full appreciation to the Director-General and his staff, and also to the Regional Director for Africa and his staff, for the excellent work done by them during the period under review. Following the theme of World Health Day last year, the countdown has begun. My Government has taken all possible measures to implement the eight essential components of primary health care, which are laid down in the Alma-Ata Declaration. At the opening of the Thirty-seventh World Health Assembly, the Director-General gratified us with a remarkable speech in which he made a realistic assessment of the general health situation in the world. We congratulate him on his speech. We fully support his views that we must all adopt a pragmatic and concerted plan of action to mobilize our resources towards achieving our goal of health for all by the year 2000. Despite the serious economic constraints of Mauritius, we have continued to move forward with determination to achieve this goal.

In keeping with this objective, we have set up a comprehensive programme to integrate at the first contact level our dispensary service, our family planning and maternal and child health care services and our public health activities, while at the same time making them

more readily accessible to the people. We have thus set up health centres and primary care centres at various points, particularly in rural areas, and we can claim that today, at primary health care level, we have achieved practically complete coverage through our network of primary care units and health centres. We shall continue to set up additional units as and where needed. In the context of upgrading the quality of health care at all levels, to meet a serious need which has been felt for some time, we propose to set up a regional hospital in the south of the country with the generous help of the Government of India in order to cater for the rural population. We are at the same time upgrading our existing regional hospitals to enable them to cope with increasing demands. There is one vital element which is a prerequisite to the successful implementation of any primary care programme: this is transport. It is precisely in this sector that we need to make a special effort in Mauritius, as we have not been able so far to strengthen our transport fleet to the appropriate level.

The question of drugs has been a matter of serious concern by many developing countries and by WHO itself. We have to make full efforts to ensure that drugs of the appropriate standard are available for patients at reasonable cost. In this connection, we hope that the project for bulk purchasing of drugs does get under way. Also, we must envisage the production of drugs under proper control in the developing countries. We in Mauritius already have a small enterprise for the manufacture of essential drugs and we are planning to assist in the development of this enterprise, which could help to supply drugs at a reasonable price not only in our country but also to other neighbouring countries. In this connection, it is absolutely necessary, in order to build up confidence both in the public at large and amongst professionals, to have recourse to independent quality control tests for all drugs produced; such facilities, however, are scarce in developing countries. We consider that WHO should assist in establishing quality control laboratories on a regional or sub-regional basis.

Recognizing the importance of health information and education and the significant role it can play in the promotion of better health in the years to come, my Government has taken the decision to strengthen further our existing health education unit and to make full use of other sectors such as education, information and other relevant institutions in order that the best results may be obtained through the extensive propagation of health education. My Government is fully conscious that without the participation of the community at grass-roots level the aim of achieving the goal of health for all by the year 2000 will not be attained; we have therefore in that respect already taken all necessary steps to bring about more effective community development, involvement and participation.

The provision of safe drinking-water has been one of the top priorities of my Government in its development plan and we have been able to lay down the infrastructure to enable almost every household in Mauritius to have access to safe potable water. But we still have developed the same infrastructure in adjacent territories of Mauritius where there is no safe drinking water. We have also embarked on a programme of better sanitation by improvement of the sewerage systems in housing states. We are also paying special attention to the workers' health. We have set up an occupational health laboratory equipped to monitor the environmental conditions of workplaces and the health of workers. We can thus determine the factors which could adversely affect the health of workers and take appropriate measures to minimize their health risks.

Conscious of the serious public health problem posed by both communicable and noncommunicable diseases, my Government is making maximum efforts with available resources to establish control measures, laying special emphasis on appropriate methods of prevention. We have for the past few years been struggling to bring such diseases under control and we are intensifying our campaign to reach desirable results more rapidly still. In this connection, we have to express our full gratitude to WHO for its close and constant guidance and generous assistance, without which we would not have achieved our target. We are also aware of the importance of food and nutrition in primary health care. We can claim that there has been a gradual improvement in nutritional status of the population over the past decade, as reflected by the improvements in infant and child mortality and increased birth weights. We are intensifying our efforts towards the production of more food by improvement of production techniques and also by investing heavily in irrigation works aimed at maximizing our agricultural production. We are also increasing fish production by the development of fish farming and greater exploitation of our sea resources.

The motto for 1984 is "Children's health is tomorrow's wealth". In this context, my Government is starting a comprehensive programme of family health education in all schools, which will cover all aspects of prevention, particularly the primary prevention of noncommunicable diseases such as cardiovascular disease and diabetes. We have launched a programme of immunization of pregnant mothers against neonatal tetanus. A national

breastfeeding campaign has already been started, as a result of a national breastfeeding survey carried out by my Government with the help of UNICEF and WHO.

There is one point which this Assembly has to consider, and this is the field of research. There is an urgent need for discovering ways of treating patients at reduced cost because of the inflationary trends in the world and the difficult financial situation in which many countries find themselves. Developing countries especially need to have health technology more adapted to their needs than the sophisticated equipment which developed countries use but which developing countries cannot use, either because it is too expensive or is difficult to operate and very often cannot be properly maintained. We consider therefore that we must strive for such research to be done and, for this purpose, it will be necessary to have recourse to regional cooperation. The universities too will probably have a significant contribution to make by reorienting their activities towards achieving this goal.

Before I conclude, I wish to thank WHO for providing, in collaboration with UNFPA, continuing assistance to the WHO regional training centre in family health in Mauritius. My Government is also grateful to WHO for having agreed to set up a WHO collaborating centre for health information systems in Mauritius, which will cater for the needs not only of Mauritius but also of the other Indian Ocean countries. We hope that nations all over the world will cooperate by sharing their experience and knowledge in order that the goal of health for all by the year 2000 may really be achieved. We sincerely hope that the deliberations of this Assembly will be fruitful and productive.

Mr MAKGEKGENENE (Botswana):[1]

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, may I associate myself with previous speakers in congratulating you and other officers of this Assembly on your election. I would like to briefly outline Botswana's efforts in implementing the Strategy for Health for All. But before I do so, may I take this opportunity to thank the representative of the Executive Board for her succinct report and to endorse the clear picture painted in the Director-General's biennial report for the years 1982-1983.

Over the past two years my Government has been engaged in a massive organization and methods (O & M) review of the ministerial set-up with the objective of bringing about performance improvement and increasing productivity within the public service. I am glad to say that the first Ministry to be examined was that of Health. The result of this O & M review was to clearly define the objectives and functions of the Ministry of Health and to evolve an organizational and management structure based on primary health care, which would strengthen the overall national health system and enable my Ministry to give direction, coordination and overall professional supervision and guidance to our health care system at the district and local levels.

This reorganization has also led to the division of the Ministry of Health into the following five Departments: (a) Department of Hospital Services; (b) Department of Primary Health Care Services; (c) Department of Technical Support Services; (d) Department of Manpower Development and Utilization; (e) Department of Administration and Finance. It is my sincere hope that this reorganization will enable us to develop the necessary managerial processes required for policy formulation, programme planning and development, implementation, monitoring, evaluation, and information support.

We agree with the Director-General's report that effective health system infrastructure based on primary health care is dependent on the availability of reliable information on the health situation and trends. In this regard, we have created a National Health Research Unit and formed a National Health Research Standing Committee to develop and establish national research capbility. Our health status research programme is looking at the health status of underserved populations, as well as the implementation of primary health care in general. Factors like intersectoral coordination and community participation are being examined in depth with the cooperation of the Norwegian Agency for International Development (NORAD). Botswana has submitted a primary health care monitoring report using the 12 indicators and following the common format recommended by the Regional Office for Africa. We have completed an expanded programme on immunization/maternal and child health (EPI/MCH) programme review and are now preparing for two primary health care reviews to be undertaken in conjunction with WHO. One of these reviews is part of a regular meeting of six African countries, and the other one is being initiated by WHO.

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[1] The text that follows was submitted by the delegation of Botswana for inclusion in the verbatim record in accordance with resolution WHA20.2.

Significant progress had been made in the protection of specific population groups. Our maternal and child health/family planning programme is being consolidated with the cooperation of WHO, UNICEF, UNFPA, the World Bank and USAID. As a result of the third consecutive year of drought declared by the President of Botswana in February 1984 we have intensified our nutritional rehabilitative measures and established an Inter-Ministerial Drought Committee. Steady progress is being made concerning the protection of various working populations and the establishment of occupational health care delivery based on primary health care and in cooperation with other sectors like industry, agriculture and labour.

With regard to the action programme on essential drugs and vaccines for the financial year 1984-1985, a sum of Pula 3 million has been allocated for the purchase of drugs and vaccines. In allocating this sum of money to the Ministry of Health, Parliament wanted to ensure that a regular supply of safe and effective drugs and vaccines of acceptable quality at the lowest possible cost and in support of primary health care reached our people. The National Standing Committee on Drugs has produced a national drug catalogue as a first attempt to formulate an official drug treatment policy and to provide guidelines on diagnosis and treatment of common diseases in Botswana. The treatment regimens are based on strict cost/benefit considerations and aim at rational use of drugs.

In conclusion, Mr President, may I place on record our sincere gratitude to the Director-General and the Regional Director for Africa for their generous assistance to front-line States and the liberation movements recognized by OAU in their struggle against apartheid and the minority regime of South Africa.

El PRESIDENTE:

Ahora damos la palabra al delegado del Afganistán, quien ha pedido ejercer el derecho de réplica, de conformidad con lo dispuesto en el Artículo 59 del Reglamento Interior de la Asamblea. Le ruego que formule su intervención y que sea breve en la misma. Tiene la palabra el delegado del Afganistán.

Le Dr KAMYAR (Afghanistan) :

Monsieur le Président, la délégation de la République démocratique d'Afghanistan s'excuse de reprendre la parole. Elle a demandé la parole parce que le délégué du Pakistan, au cours des débats de ce matin, a fait mention de soi-disant "réfugiés afghans". Monsieur le Président, ce n'est peut-être pas la première fois que le délégué du Pakistan fait allusion aux prétendus réfugiés afghans. Quant à ceci, la République démocratique d'Afghanistan a déjà clarifié sa prise de position dans ses déclarations publiées dans le document des Nations Unies sous les cotes A/35/154, le 26 mars 1980, A/35/238 et S/139.51, le 19 mai de la même année, et A/36/77, le 21 janvier 1981, ainsi que A/38/559, le 3 novembre 1983. Ma délégation a également donné à maintes reprises les précisions nécessaires en la matière. Les chiffres mentionnés par le délégué du Pakistan ont été délibérément et absurdement multipliés pour obtenir de plus en plus de fonds en provenance de sources internationales.

Ma délégation réaffirme que la majorité des personnes recensées comme "réfugiés" sont des nomades qui tout au long de leur histoire, ignorant les frontières, effectuent des migrations saisonnières et poursuivent ainsi leur mode de vie nomade, se rendant chaque année dans les territoires des Pachtous et des Baloutchs. Ces nomades ne sauraient donc pas être assimilés à des réfugiés, comme voudraient le faire croire les ennemis de la Révolution. Il y a également des travailleurs saisonniers qui avaient quitté le pays pour chercher du travail dans les pays voisins bien avant la Révolution d'avril. De même, parmi la population locale appartenant aux mêmes groupes tribaux et ethniques ... que ceux résidant de l'autre côté de la frontière, nombreux sont ceux qui sont enregistrés en tant que réfugiés. Par ailleurs, au cours de ces dernières années, un grand nombre d'Afghans sont rentrés dans leurs villes et villages, mais leur nom figure encore sur la liste de ceux qui sont censés recevoir une assistance internationale. Ainsi, le nombre des réfugiés est considérablement moins important et plus limité. Et cela ne constitue pas un problème : ils peuvent revenir librement chez eux, lorsqu'ils le souhaiteront.

Ma délégation réaffirme que le Gouvernement de la République démocratique d'Afghanistan a annoncé une amnistie générale pour tous les Afghans qui se trouvent provisoirement hors du pays en raison d'une propagande mensongère des ennemis de notre révolution. Elle leur a demandé de regagner leur foyer et leur patrie, et de reprendre leur vie normale et pacifique, en bénéficiant de l'amnistie générale accordée par le Gouvernement afghan à tous ceux dont les mains

ne sont pas tachées du sang de leurs compatriotes. A cet égard, des mesures législatives spéciales ont déjà été adoptées, en vertu desquelles ceux qui reviennent dans leur patrie se voient assurer la sécurité, la liberté, et toutes autres conditions nécessaires leur permettant de participer à la vie économique et politique du pays. A ce propos, je voudrais appeler l'attention des distingués délégués sur un message du Président du Conseil révolutionnaire de la République démocratique d'Afghanistan adressé aux Afghans vivant provisoirement encore à l'étranger, qui a été publié en tant que document officiel de l'Assemblée générale des Nations Unies sous la cote A/37/438. Ce document, encore une fois, confirme la protection des droits, de la liberté, des biens et de la vie privée des personnes, et tous les droits approuvés par le décret du 18 juin 1981 sur l'amnistie générale. Monsieur le Président, répondant à cet appel, des milliers de ces Afghans sont rentrés dans leur foyer et ont retrouvé une vie normale. Le nombre de ces Afghans aurait été encore plus grand si certaines barrières et certains obstacles artificiels n'avaient pas été créés par certains pays voisins. Ma délégation souhaite une fois de plus que le Pakistan cesse de dresser des obstacles. Certes une telle action servira non seulement à résoudre le prétendu problème des réfugiés, mais permettra également de consolider la paix dans la région, d'écarter une situation créée et maintenue dans la région frontalière, et exercera une influence positive et décisive sur le processus de la détente et l'amélioration de l'atmosphère de relations internationales. Ma délégation est d'avis que le problème des réfugiés, qui tient à diverses causes, doit être considéré sous un angle purement humanitaire et ne pas être exploité à des fins politiques. Et l'aide humanitaire ne doit pas servir à encourager les mercenaires et des éléments contre-révolutionnaires ou à porter atteinte à la paix et à la stabilité dans la région.

El PRESIDENTE:

Gracias señor delegado. Antes de levantar la sesión, quisiera recordar a los miembros de la Mesa de la Asamblea que a las 17.30 habrá una sesión en la Sala VII.

La próxima sesión plenaria se celebrará mañana a las 9 horas. Damos por terminada la reunión de hoy.

The meeting rose at 17h30.
La séance est levée à 17h.30.
Заседание заканчивается в 17 ч. 30 м.
Se levanta la sesión a las 17.30 horas.
رفعت الجلسة في الساعة ١٧٫٣٠ ٠
会议于17时30分休会。

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