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OF THE
WORLD HEALTH ORGANIZATION
No. 233

TWENTY-NINTH
WORLD HEALTH
ASSEMBLY
GENEVA, 3-21 MAY 1976

PART I
RESOLUTIONS AND DECISIONS
ANNEXES

WORLD HEALTH ORGANIZATION
GENEVA
1976
The following abbreviations are used in volumes of the *Official Records of the World Health Organization*:

- **ACABQ** — Advisory Committee on Administrative and Budgetary Questions
- **ACAST** — Advisory Committee on the Application of Science and Technology to Development
- **ACC** — Administrative Committee on Coordination
- **CIDA** — Canadian International Development Agency
- **CIOMS** — Council for International Organizations of Medical Sciences
- **DANIDA** — Danish International Development Agency
- **ECA** — Economic Commission for Africa
- **ECE** — Economic Commission for Europe
- **ECLAL** — Economic Commission for Latin America
- **ECWA** — Economic Commission for Western Asia
- **ESCAP** — Economic and Social Commission for Asia and the Pacific
- **FAO** — Food and Agriculture Organization of the United Nations
- **IAEA** — International Atomic Energy Agency
- **IARC** — International Agency for Research on Cancer
- **IBRD** — International Bank for Reconstruction and Development
- **ICAO** — International Civil Aviation Organization
- **ILO** — International Labour Organisation (Office)
- **IMCO** — Inter-Governmental Maritime Consultative Organization
- **ITU** — International Telecommunication Union
- **OAU** — Organization of African Unity
- **PAHO** — Pan American Health Organization
- **PASB** — Pan American Sanitary Bureau
- **SIDA** — Swedish International Development Authority
- **UNCTAD** — United Nations Conference on Trade and Development
- **UNDP** — United Nations Development Programme
- **UNDRO** — Office of the Disaster Relief Coordinator
- **UNEP** — United Nations Environment Programme
- **UNESCO** — United Nations Educational, Scientific and Cultural Organization
- **UNFDAC** — United Nations Fund for Drug Abuse Control
- **UNFPA** — United Nations Fund for Population Activities
- **UNHCR** — Office of the United Nations High Commissioner for Refugees
- **UNICEF** — United Nations Children’s Fund
- **UNIDO** — United Nations Industrial Development Organization
- **UNITAR** — United Nations Institute for Training and Research
- **UNRWA** — United Nations Relief and Works Agency for Palestine Refugees in the Near East
- **UNSCEAR** — United Nations Scientific Committee on the Effects of Atomic Radiation
- **USAID** — United States Agency for International Development
- **WFP** — World Food Programme
- **WHO** — World Health Organization
- **WIPO** — World Intellectual Property Organization
- **WMO** — World Meteorological Organization

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities or areas.

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The Twenty-ninth World Health Assembly, held at the Palais des Nations, Geneva, from 3 to 21 May 1976, was convened in accordance with resolution EB56.R13 of the Executive Board (fifty-sixth session).

The proceedings of the Twenty-ninth World Health Assembly are being published in two parts. The resolutions, with annexes, are contained in this volume. The records of plenary and committee meetings will be published, along with the list of participants, agenda and other material, in Official Records No. 234.
In this volume the resolutions appear in the order in which they were adopted. In the table of contents, however, they have been grouped under the subject headings of the *Handbook of Resolutions and Decisions*, Volumes I and II (first edition), which together contain most of the resolutions adopted between 1948 and 1974 (i.e., up to and including the Twenty-seventh World Health Assembly and the fifty-fourth session of the Executive Board). In addition, each resolution in the present volume has been cross-referenced to the relevant volume and section of the *Handbook*.

The resolution symbols used at the various sessions, and the *Official Records* volumes in which the resolutions were originally published, are shown below.

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WHA29.1 Admission of a new Member: People's Republic of Angola

The Twenty-ninth World Health Assembly

ADMENTS the People's Republic of Angola as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution.

Handb. Res., Vol. II, 6.2.1.1

Third plenary meeting, 4 May 1976

WHA29.2 Annual report of the Director-General for 1975

The Twenty-ninth World Health Assembly,

Having reviewed the report of the Director-General on the work of the World Health Organization during 1975,¹

1. NOTES with satisfaction the manner in which the programme was planned and carried out in 1975, in accordance with the established policies of the Organization;

2. COMMENDS the Director-General for the work accomplished.

Handb. Res., Vol. II, 1.3.1

Seventh plenary meeting, 6 May 1976

WHA29.3 Financial report on the accounts of WHO for 1975 and report of the External Auditor

The Twenty-ninth World Health Assembly,

Having examined the Financial Report of the Director-General for the period 1 January to 31 December 1975 and the report of the External Auditor for the same financial period, as contained in Official Records No. 230;

Having considered the report of the Ad Hoc Committee of the Executive Board ² on its examination of these reports;

ACCEPTS the Director-General's financial report and the report of the External Auditor for the financial year 1975.

Handb. Res., Vol. II, 7.1.11.3

Eighth plenary meeting, 11 May 1976

(Committee B, first report)

WHA29.4 Status of collection of annual contributions and of advances to the Working Capital Fund

The Twenty-ninth World Health Assembly

1. NOTES the status, as at 30 April 1976, of the collection of annual contributions and of advances to the Working Capital Fund, as reported by the Director-General;

² See Annex 1.
2. **CALLS THE ATTENTION** of Members to the importance of paying their annual contributions as early as possible in the Organization's financial year, in order that the approved annual programme can be carried out as planned;

3. **URGES** Members in arrears to make special efforts to liquidate their arrears during 1976;

4. **REQUESTS** the Director-General to communicate this resolution to Members in arrears and to draw their attention to the fact that continued delay in payment could have serious financial implications for the Organization.

**WHA29.5 Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution**

The Twenty-ninth World Health Assembly,

Having considered the report of the Ad Hoc Committee of the Executive Board\(^1\) on Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution;

Having noted that Bolivia and the Dominican Republic are in arrears to such an extent that it is necessary for the Assembly to consider, in accordance with Article 7 of the Constitution, whether or not the voting privileges of these Members should be suspended;

Noting that Bolivia and the Dominican Republic have made payments in 1975 and/or 1976;

Recognizing the efforts made by those two countries to reduce their arrears;

1. **DECIDES** not to suspend the voting privileges of Bolivia and the Dominican Republic at the Twenty-ninth World Health Assembly;

2. **URGES** Bolivia and the Dominican Republic to intensify the efforts now being made in order to achieve at the earliest possible date the regularization of their position;

3. **REQUESTS** the Director-General to communicate this resolution to the Members concerned.

**WHA29.6 Assessment for 1975 and future years of the Comoros**

The Twenty-ninth World Health Assembly,

Noting that the Comoros, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 9 December 1975;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission;

\(^1\) See Annex 2.
DECIDES:

(1) that the Comoros shall be assessed for 1975 and future years at a rate to be fixed by the World Health Assembly, as and when the assessment rate for this country has been established by the United Nations General Assembly;

(2) that the Comoros shall be assessed at the provisional rate of 0.02% for 1975 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly;

(3) that the assessment for 1975 shall be reduced to one-ninth of 0.02%.

Handb. Res., Vol. II, 7.1.2.2  
Eighth plenary meeting, 11 May 1976  
(Committee B, first report)

WHA29.7 Assessment for 1976 and future years of Cape Verde

The Twenty-ninth World Health Assembly,

Noting that Cape Verde, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 5 January 1976;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission;

DECIDES:

(1) that Cape Verde shall be assessed for 1976 and future years at a rate to be fixed by the World Health Assembly, as and when the assessment rate for this country has been established by the United Nations General Assembly;

(2) that Cape Verde shall be assessed at the provisional rate of 0.02% for 1976 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly.

Handb. Res., Vol. II, 7.1.2.2  
Eighth plenary meeting, 11 May 1976  
(Committee B, first report)

WHA29.8 Assessment for 1976 and future years of Sao Tome and Principe

The Twenty-ninth World Health Assembly,

Noting that Sao Tome and Principe, a Member of the United Nations, became a Member of the World Health Organization by depositing with the Secretary-General of the United Nations a formal instrument of acceptance of the WHO Constitution on 23 March 1976;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission;

DECIDES:

(1) that Sao Tome and Principe shall be assessed for 1976 and future years at a rate to be fixed by the World Health Assembly, as and when the assessment rate for this country has been established by the United Nations General Assembly;
(2) that Sao Tome and Principe shall be assessed as the provisional rate of 0.02% for 1976 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly;
(3) that the assessment for 1976 shall be reduced to one-third of 0.02%.
WHA29.11  Assessment for 1976 and future years of Angola

The Twenty-ninth World Health Assembly,

Noting the admission of the People’s Republic of Angola to membership in the Organization on 4 May 1976;

Recalling that the Twenty-second World Health Assembly, in resolution WHA22.6, decided that from 1968 new Members shall be assessed in accordance with the practice followed by the United Nations in assessing new Members for their year of admission;

DEcides:

(1) that the People’s Republic of Angola shall be assessed for 1976 and future years at a rate to be fixed by the World Health Assembly, as and when an assessment rate for this country has been established by the United Nations Committee on Contributions;

(2) that the People’s Republic of Angola shall be assessed at the provisional rate of 0.02% for 1976 and future years, to be adjusted to the definitive assessment rate when established by the World Health Assembly;

(3) that the assessment for 1976 shall be reduced to one-third of 0.02%.

Handb. Res., Vol. II, 7.1.2.2  Eighth plenary meeting, 11 May 1976 (Committee B, first report)

WHA29.12  Assessment of the Republic of South Viet-Nam

The Twenty-ninth World Health Assembly,

Having considered the recommendations of the Executive Board\(^1\) on the assessment of the Republic of South Viet-Nam,

1. DECIDES:

(1) to reduce the rate of assessment for the Republic of South Viet-Nam for the years 1975, 1976 and 1977 to 0.02%, pending a review of its assessment by the United Nations Committee on Contributions;

(2) that in consequence the contributions of the Republic of South Viet-Nam for the years 1975 and 1976 shall be reduced by the following amounts:

\[
\begin{array}{c|c}
\text{US $} & \\
1975 & 46 140 \\
1976 & 54 800 \\
\hline
& 100 940
\end{array}
\]

(3) to appropriate from available casual income the sum of US $100 940 required for those adjustments;

2. AUTHORIZES the deferment of the payment of the contribution of the Republic of South Viet-Nam for the year 1975 pending a decision on this matter by the Thirtieth World Health Assembly.

Handb. Res., Vol. II, 7.1.2.2  Eighth plenary meeting, 11 May 1976 (Committee B, first report)

\(^{1}\) Resolution EB57.R13.
WHA29.13 Assessment of Namibia

The Twenty-ninth World Health Assembly,

Having considered the recommendations of the Executive Board 1 on the assessment of Namibia,

1. Expresses its full and continuing support to the objective of the attainment by Namibia of self-determination and independence so vital for the health of its people and reaffirms its intention to collaborate fully with United Nations programmes of assistance to the Namibian people;

2. Confirms the assessment of Namibia as established in resolutions WHA27.39 and WHA27.9;

3. Urges the United Nations to make continuing provision for payment of the assessed contributions of Namibia.

Handb. Res., Vol. II, 7.1.2.3

WHA29.14 Assessment of Bangladesh

The Twenty-ninth World Health Assembly,

Having considered the recommendations of the Executive Board 2 on the assessment of Bangladesh,

Decides:

(1) to revise the rate of assessment for Bangladesh as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>0.07</td>
</tr>
<tr>
<td>1975, 1976 and 1977</td>
<td>0.08</td>
</tr>
</tbody>
</table>

(2) that the contribution of Bangladesh for the year 1976 shall be reduced by the following amounts:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
<td>64,300</td>
</tr>
<tr>
<td>1975</td>
<td>23,070</td>
</tr>
<tr>
<td>1976</td>
<td>27,400</td>
</tr>
</tbody>
</table>

(3) to appropriate from available casual income the sum of US $114,770 required for those adjustments

Handb. Res., Vol. II, 7.1.2.2

WHA29.15 Assessment of Grenada, Guinea-Bissau, and Tonga

The Twenty-ninth World Health Assembly,

Recalling that the World Health Assembly, in resolutions WHA28.12, WHA27.38 and WHA28.13, fixed provisional assessments for Grenada, Guinea-Bissau and Tonga, to be adjusted to the definitive assessment rates when established;

1 Resolution EB57.R14.
2 Resolution EB57.R12.
Noting that the United Nations General Assembly, in resolution 3371 (XXX), established the assessments of:

(a) Grenada and Guinea-Bissau at the rate of 0.02% for the years 1974, 1975 and 1976; and

(b) Tonga at the rate of 0.04% for the year 1973 and at the rate of 0.02% for the years 1974, 1975 and 1976;

Recalling the principle established in resolution WHA8.5, and confirmed in resolution WHA24.12, that the latest available United Nations scale of assessment should be used as a basis for determining the scale of assessment to be used by WHO;

Recalling further that the Twenty-sixth World Health Assembly, in resolution WHA26.21, affirmed its belief that the scale of assessment in WHO should follow as closely as possible that of the United Nations;

**Decides** that Grenada, Guinea-Bissau and Tonga shall be assessed as follows:

<table>
<thead>
<tr>
<th>Country</th>
<th>Scale (percentage)</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grenada</td>
<td>0.04%</td>
<td>1974</td>
</tr>
<tr>
<td>Guinea-Bissau</td>
<td>0.04%</td>
<td>1975, 1976 and 1977</td>
</tr>
<tr>
<td>Tonga</td>
<td>0.02%</td>
<td>1974</td>
</tr>
</tbody>
</table>

Handb. Res., Vol. II, 7.1.2.2

---

**WHA29.16 Scale of assessment for 1977**

The Twenty-ninth World Health Assembly

1. **Decides** that the scale of assessment for 1977 shall, subject to the provisions of paragraph 2 below, be as follows:

<table>
<thead>
<tr>
<th>Member</th>
<th>Scale (percentage)</th>
<th>Member</th>
<th>Scale (percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
<td>0.02</td>
<td>Cuba</td>
<td>0.11</td>
</tr>
<tr>
<td>Albania</td>
<td>0.02</td>
<td>Cyprus</td>
<td>0.02</td>
</tr>
<tr>
<td>Algeria</td>
<td>0.08</td>
<td>Czechoslovakia</td>
<td>0.87</td>
</tr>
<tr>
<td>Angola</td>
<td>0.02</td>
<td>Democratic Kampuchea</td>
<td>0.02</td>
</tr>
<tr>
<td>Argentina</td>
<td>0.81</td>
<td>Democratic People's Republic of Korea</td>
<td>0.07</td>
</tr>
<tr>
<td>Australia</td>
<td>1.41</td>
<td>Democratic Republic of Viet-Nam</td>
<td>0.02</td>
</tr>
<tr>
<td>Austria</td>
<td>0.54</td>
<td>Democratic Yemen</td>
<td>0.02</td>
</tr>
<tr>
<td>Bahamas</td>
<td>0.02</td>
<td>Denmark</td>
<td>0.61</td>
</tr>
<tr>
<td>Bahrain</td>
<td>0.02</td>
<td>Dominican Republic</td>
<td>0.02</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>0.08</td>
<td>Ecuador</td>
<td>0.02</td>
</tr>
<tr>
<td>Barbados</td>
<td>0.02</td>
<td>Egypt</td>
<td>0.12</td>
</tr>
<tr>
<td>Belgium</td>
<td>1.02</td>
<td>El Salvador</td>
<td>0.02</td>
</tr>
<tr>
<td>Benin</td>
<td>0.02</td>
<td>Ethiopia</td>
<td>0.02</td>
</tr>
<tr>
<td>Bolivia</td>
<td>0.02</td>
<td>Fiji</td>
<td>0.02</td>
</tr>
<tr>
<td>Botswana</td>
<td>0.02</td>
<td>Finland</td>
<td>0.42</td>
</tr>
<tr>
<td>Brazil</td>
<td>0.76</td>
<td>France</td>
<td>5.74</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>0.14</td>
<td>Gabon</td>
<td>0.02</td>
</tr>
<tr>
<td>Burma</td>
<td>0.03</td>
<td>Gambia</td>
<td>0.02</td>
</tr>
<tr>
<td>Burundi</td>
<td>0.02</td>
<td>German Democratic Republic</td>
<td>1.19</td>
</tr>
<tr>
<td>Byelorussian SSR</td>
<td>0.46</td>
<td>Ghana</td>
<td>0.04</td>
</tr>
<tr>
<td>Canada</td>
<td>2.67</td>
<td>Greece</td>
<td>0.31</td>
</tr>
<tr>
<td>Cape Verde</td>
<td>0.02</td>
<td>Grenada</td>
<td>0.02</td>
</tr>
<tr>
<td>Central African Republic</td>
<td>0.02</td>
<td>Guatemala</td>
<td>0.03</td>
</tr>
<tr>
<td>Chad</td>
<td>0.02</td>
<td>Guinea</td>
<td>0.02</td>
</tr>
<tr>
<td>Chile</td>
<td>0.14</td>
<td>Guinea-Bissau</td>
<td>0.02</td>
</tr>
<tr>
<td>China</td>
<td>5.40</td>
<td>Guyana</td>
<td>0.02</td>
</tr>
<tr>
<td>Colombia</td>
<td>0.16</td>
<td>Haiti</td>
<td>0.02</td>
</tr>
<tr>
<td>Comoros</td>
<td>0.02</td>
<td>Honduras</td>
<td>0.02</td>
</tr>
<tr>
<td>Congo</td>
<td>0.02</td>
<td>Hungary</td>
<td>0.33</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>0.02</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2. REQUESTS the Director-General, in the event that assessments are fixed provisionally or definitively by the present Health Assembly for any new Members, to adjust the scale as set forth in paragraph 1 above in accordance with the provisions of resolutions WHA26.21 and WHA27.9.

Handb. Res., Vol. II, 7.1.2.1

Eighth plenary meeting, 11 May 1976
(Committee B, first report)
WHA29.17  Use of Chinese as a working language of the World Health Assembly and of the Executive Board

The Twenty-ninth World Health Assembly,
Having considered a report by the Director-General,¹

1. NOTES with approval the report;
2. REQUESTS the Director-General to report any new developments to the World Health Assembly.

Handb. Res., Vol. I, 4.1.5; 4.2   Eighth plenary meeting, 11 May 1976 (Committee B, first report)

WHA29.18  Award of the Dr A. T. Shousha Foundation Medal and Prize

The Twenty-ninth World Health Assembly

1. NOTES the reports of the Dr A. T. Shousha Foundation Committee; ²
2. ENDORSES the proposal of the Committee for the award of the Dr A. T. Shousha Foundation Medal and Prize for 1976;
3. AWARDS the Medal and Prize to Dr N. Ramzi;
4. PAYS TRIBUTE to Dr N. Ramzi for his most significant contribution to public health in the geographical area in which Dr A. T. Shousha served the World Health Organization.


WHA29.19  International Conference on Primary Health Care: cosponsorship by UNICEF and WHO

The Twenty-ninth World Health Assembly,

Having listened with interest to the report of the representative of the Executive Board on the steps taken to implement the decision of the Twenty-eighth World Health Assembly ³ regarding the holding under WHO auspices of an international conference on the development of primary health care as part of national health services;

Having heard with equal interest the statement made by the representative of the United Nations Children's Fund;

1. NOTES with appreciation the arrangements made for the International Conference on Primary Health Care, which will be held in the Union of Soviet Socialist Republics during the second half of 1978;
2. WELCOMES the possibility of the United Nations Children's Fund cosponsoring the International Conference on Primary Health Care.

Handb. Res., Vol. II, 1.5; 8.1.5   Ninth plenary meeting, 13 May 1976

WHA29.20  Sixth General Programme of Work covering a specific period: 1978-1983

The Twenty-ninth World Health Assembly,

Having reviewed, in accordance with Article 28 (g) of the Constitution, the draft of the Sixth General Programme of Work covering the specific period 1978-1983 inclusive ⁴ submitted by the Executive Board;

¹ See Annex 3.
² See Annex 4 for the financial report.
³ Resolution WHA28.88.
⁴ See Annex 7.
Believing that the Programme provides an appropriate policy framework for the formulation of medium-term programmes and programme budgets within the period covered;

Recognizing that there is a continuous evolution of the Organization's programme;

1. APPROVES the Sixth General Programme of Work;

2. REQUESTS the Executive Board:

(1) to carry out annual reviews of the Sixth General Programme of Work, taking into consideration events that occur subsequent to its adoption;

(2) to carry out in-depth studies and evaluation of particular programmes, as necessary, to ensure that the overall work of the Organization is proceeding in conformity with the Sixth General Programme of Work;

(3) to continue the study of long-term trends as reflected in the Sixth General Programme of Work for a specific period and their implication for the Organization's future programmes.

Ninth plenary meeting, 13 May 1976
(Committee A, first report)

WHA29.21 Psychosocial factors and health

The Twenty-ninth World Health Assembly,

Noting with satisfaction the report of the Director-General on psychosocial factors and health;

Considering the proposals made in the report to be of direct relevance to health needs at country level;

Confirming the importance of the relationship between psychosocial factors and health, and their importance for health services;

1. REQUESTS the Director-General, in cooperation, where appropriate, with other organizations of the United Nations system and the intergovernmental and nongovernmental organizations concerned, to implement the proposals in the report for a multidisciplinary programme on psychosocial factors and health, with the aim of:

(1) applying existing knowledge in the psychosocial field to improve health care, particularly for those most in need;

(2) developing methods in collaboration with countries, so that relevant psychosocial information can be made available to health planners;

(3) acquiring new knowledge on which health action can be based, particularly concerning the needs of uprooted people and changes in family functioning under conditions of rapid social change;

2. REQUESTS the Director-General to report to a subsequent Health Assembly on the developments in this field.

Ninth plenary meeting, 13 May 1976
(Committee A, first report)

WHA29.22 Report on the world health situation

The Twenty-ninth World Health Assembly,

Having considered the report of the Director-General on the report on the world health situation;

Reiterating the need for the Organization to publish, in conformity with resolution WHA23.59, an analysis and evaluation of information on the state of health of the world population and on environmental health;

Recalling resolution WHA27.60, in which mention was made of the need to rationalize the collection and presentation of information on the health situation in the world and in individual countries;

Recognizing the need to improve the analytical content, coverage and timeliness of the report on the world health situation;

Mindful of the importance of discussion of the world health situation among Member States;

Concurring in the Executive Board's recommendations as contained in resolution EB57.R46;

1. **RECOMMENDS** that the future reports on the world health situation:

   (1) should comprise a global analysis along with country reviews, published by headquarters, as in the previous reports;

   (2) should be published every six years, in accordance with the major programme cycle of the Organization, namely, the General Programme of Work, with the exception of the sixth report which should cover the five years 1973-1977, corresponding to the Fifth General Programme of Work;

   (3) should be published in Arabic, Chinese, English, French, Russian and Spanish, without prior review by the World Health Assembly;

   (4) should, at a subsequent Health Assembly, be the subject of discussion bearing particularly on their methodology and content;

2. **RECOMMENDS** further that the other proposals contained in the report of the Director-General be implemented, particularly with respect to the mechanism for the preparation of the report on the world health situation;

3. **INVITES** the Director-General to consider every possible means of assisting Member States in improving the quality and accuracy of the answers to the questionnaire addressed to them for the preparation of the report;

4. **REQUESTS** the Director-General to prepare the future reports on the world health situation accordingly and taking into account the discussions at the Twenty-ninth World Health Assembly.

Handb. Res., Vol. II, 1.3.4; Vol. I, 1.1.1

WHA29.23 Assistance to newly independent and emerging States in Africa

The Twenty-ninth World Health Assembly,

Having considered the Director-General's report, submitted in accordance with resolutions WHA28.78 and EB57.R55, on assistance to newly independent and emerging States in Africa;

Noting that several projects and programmes of assistance to newly independent and emerging States have not been implemented, mainly due to delays and inaction on the part of the United Nations Development Programme;

1. **TAKES NOTE** of the state of implementation of projects to assist such States in accordance with resolution WHA28.78 and resolution 3294 (XXIX) of the United Nations General Assembly;

2. **URGES** the Director-General to intensify his efforts of collaboration with the United Nations Development Programme, the United Nations Children's Fund and other organizations to secure funds for new programmes and those not yet implemented;

3. **THANKS** those Member States that have generously responded to the Health Assembly's appeal for contributions to assist in the development of health services in these countries and calls upon those Member States that have not already done so to support this emergency operation;
4. REQUESTS the Director-General:
   (1) to intensify his efforts to assist newly independent States in Africa in cooperation with other organ-
   izations within the United Nations system;
   (2) to continue exploring possibilities of financial resources from budgetary and extrabudgetary funds for
   accelerating and intensifying the provision of health assistance to national liberation movements recog-
   nized by the Organization of African Unity;
   (3) to report to the fifty-ninth session of the Executive Board and the Thirtieth World Health Assembly
   on the implementation of the present resolution.

Handb. Res., Vol. II, 8.1.4.3

Ninth plenary meeting, 13 May 1976
(Committee B, second report)

WHA29.24 Special assistance to Cambodia, the Democratic Republic of Viet-Nam, the Lao People’s Democratic
Republic, and the Republic of South Viet-Nam

The Twenty-ninth World Health Assembly,

Bearing in mind resolution WHA28.79, on special assistance to Cambodia, the Democratic Republic
of Viet-Nam and the Republic of South Viet-Nam;

Having examined the report of the Director-General on the implementation of this resolution;

Considering resolution EB57.R56, in which the Executive Board recommended, inter alia, that the Lao
People’s Democratic Republic be added to the countries authorized to receive special assistance under
resolution WHA28.79;

Concerned at the urgency with which immediate, effective and large-scale assistance is required for the
reconstruction of health services in these countries, and at the slowness with which assistance has so far been
forthcoming;

1. TAKES NOTE of the report;

2. DECIDES that the Lao People’s Democratic Republic be one of the countries to receive special assistance
under resolution WHA28.79;

3. REQUESTS the Director-General:
   (1) to intensify his efforts to provide all forms of assistance in the most expeditious and flexible way
through simplified procedures without obligations for and the impositions of financial participation
of governments concerned;
   (2) to implement without delay the plans of assistance prepared with the governments concerned;
   (3) to consult Member States as to the voluntary contributions they are in a position to provide for
this operation;

4. REITERATES its appeal to all Member States to make voluntary contributions for this exceptional
operation;

5. REQUESTS the Director-General to report to the fifty-ninth session of the Executive Board and the Thirtieth
World Health Assembly on the assistance provided to these countries.

Handb. Res., Vol. II, 8.1

Ninth plenary meeting, 13 May 1976
(Committee B, second report)

WHA29.25 Supplementary budget for 1976

The Twenty-ninth World Health Assembly,

Having considered the Director-General’s proposals ¹ concerning the supplementary budget for 1976
and the additional budgetary requirements for 1975 and 1977 relating to unforeseen costs resulting from the

¹ See Annex 5,
recent adjustment in the salaries and allowances of the general-service-category staff in Geneva by the organizations which apply the United Nations common system of salaries and allowances;

Believing that the guiding principles and methodology applied in the determination of the salaries and allowances of the general-service-category staff need to be reviewed as soon as possible by the International Civil Service Commission;

Aware that under Article 12 of its Statute the International Civil Service Commission has been given the functions of establishing the relevant facts for, and making recommendations as to, the salary scales of staff in the general-service and other locally recruited categories at the headquarters duty stations and such other stations as may from time to time be added at the request of the Administrative Committee on Coordination, but that the Commission has not yet assumed these functions;

Concerned over the implications which the recent increase in the salaries and allowances of the general-service-category staff in Geneva has for WHO's programme budget, and in particular for the headquarters component thereof;

1. CONCURS in the recommendation of the Director-General concerning the financing of the additional costs relating to the year 1975 through savings on “unliquidated obligations” or—if not sufficient—through other savings within the 1976 budget;

2. APPROVES the supplementary budget for 1976;

3. DECIDES to amend the Appropriation Resolution for the financial year 1976 (resolution WHA28.86) by

   (1) increasing the relevant appropriation sections by the following amounts:

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>General management and coordination</td>
<td>168 600</td>
</tr>
<tr>
<td>3</td>
<td>Strengthening of health services</td>
<td>82 700</td>
</tr>
<tr>
<td>4</td>
<td>Health manpower development</td>
<td>48 300</td>
</tr>
<tr>
<td>5</td>
<td>Disease prevention and control</td>
<td>265 400</td>
</tr>
<tr>
<td>6</td>
<td>Promotion of environmental health</td>
<td>64 400</td>
</tr>
<tr>
<td>7</td>
<td>Health information and literature</td>
<td>187 500</td>
</tr>
<tr>
<td>8</td>
<td>General service and support programmes</td>
<td>993 100</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 810 000</td>
</tr>
</tbody>
</table>

   (2) amending paragraph D of that resolution by increasing the amount appropriated under subparagraph (ii) by US $1 810 000;

4. REQUESTS the Director-General to convey to the International Civil Service Commission the view that the Commission should assume as soon as possible the functions described in paragraph 1 of Article 12 of its Statute, particularly with respect to the salary scales of staff in the general-service category in Geneva;

5. REQUESTS the Director-General to institute as soon as possible a programme of operational economies in the headquarters component of the budget, including in particular reductions in existing staff levels in the most appropriate sections, which will produce within the period from now to the end of 1978 financial savings in real terms at least equal on an annual basis to the cost of the supplementary budget for 1976 or of any expenditure approved for the same purpose in 1977;

6. REQUESTS the Director-General to report to the fifty-ninth session of the Executive Board and the Thirtieth World Health Assembly on the implementation of this resolution.
WHA29.26 Use of Arabic as a working language of the World Health Assembly and of the Executive Board

The Twenty-ninth World Health Assembly,

Having considered resolution EB57.R41 adopted by the Executive Board at its fifty-seventh session on the basis of a report submitted by the Director-General,

1. ENDORSES the Executive Board's resolution;
2. REQUESTS the Director-General to pursue his efforts along the same lines.

Handb. Res., Vol. I, 4.1.5; 4.2 Ninth plenary meeting, 13 May 1976 (Committee B, second report)

WHA29.27 Review of the Working Capital Fund

The Twenty-ninth World Health Assembly,

Having considered the recommendations of the Executive Board on the Working Capital Fund,

1. AUTHORIZES the Director-General to borrow cash set aside for payment of unliquidated obligations in respect of prior years and other funds not used for the financing of programme activities, provided that:
   (1) cash is borrowed only upon depletion of the cash balance of the Working Capital Fund and when necessary to maintain the level of activities included in the regular programme budget pending the receipt of contributions;
   (2) internal borrowings are limited to cash set aside to meet unliquidated obligations in respect of prior financial periods and other funds not used for the financing of programme activities;
   (3) such funds are borrowed only if they are not immediately required for their designated purposes;
   (4) repayment of any such loans is a first priority charge on contributions received;
   (5) any balances of such internal loans outstanding at the end of the financial period are reported to the Executive Board;
2. CALLS UPON all Members and Associate Members to take the necessary steps to ensure that their annual contributions are paid in full and as early in the year as possible in order to avoid depletion of the Working Capital Fund, thus precluding the necessity of borrowing from other funds;
3. DECIDES to amend Financial Regulations 5.1 and 6.3 to read as follows:
   "5.1 The appropriations, subject to the adjustments effected in accordance with the provisions of regulation 5.2, shall be financed by contributions from Members, according to the scale of assessments determined by the Health Assembly. Pending the receipt of such contributions, the appropriations may be financed from the Working Capital Fund or, if the cash balance of the Working Capital Fund is inadequate for such interim financing, by internal borrowing from other available cash resources of the Organization, excluding Trust Funds. Any balances of such internal loans outstanding at the end of the financial period shall be reported to the Executive Board."
   "6.3 Amounts borrowed internally or advances made from the Working Capital Fund to finance budgetary appropriations during a financial period shall be reimbursed as soon as and to the extent that income is available for that purpose, first priority being accorded to reimbursement of internal borrowings."

Handb. Res., Vol. II, 7.1.3; 7.1.2.4 Ninth plenary meeting, 13 May 1976 (Committee B, second report)

1 Resolution EB57.R36.
WHA29.28  Real Estate Fund

The Twenty-ninth World Health Assembly,

Having considered resolution EB57.R35 and the Director-General's report on the status of the projects financed from the Real Estate Fund and the estimated requirements of the Fund for the period 1 June 1976-31 May 1977;¹

Recognizing that certain estimates in that report must necessarily remain provisional because of the continuing fluctuation in exchange rates;

Noting in particular that it is now necessary to undertake an extension to the building of the Regional Office for the Western Pacific;

1. AUTHORIZES the financing from the Real Estate Fund of the projects envisaged in the Director-General's report at the following estimated costs:

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension of the building of the Regional Office for the Western Pacific</td>
<td>$460,000</td>
</tr>
<tr>
<td>Construction of eight offices and storage space in the Regional Office for the Eastern Mediterranean</td>
<td>$45,000</td>
</tr>
<tr>
<td>Installation of a new telephone exchange in the Regional Office for Europe</td>
<td>$100,000</td>
</tr>
<tr>
<td>Additional repairs to the property purchased by the Government of Denmark and to be leased to the Regional Office for Europe</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

2. APPROPRIATES to the Real Estate Fund, from casual income, the sum of US $310,000.

Handb. Res., Vol. II, 7.1.7; 5.2


WHA29.29  Use of the Executive Board Special Fund

The Twenty-ninth World Health Assembly,

Recalling resolutions WHA7.24 and EB15.R59;

Noting that the amount of US $100,000, being the established level of the Executive Board Special Fund, has been expended for the purchase of supplies and equipment urgently required for the provision of safe water supply for the victims of the Guatemala earthquake;

1. CONCURS in the Director-General's recommendation to bring the Executive Board Special Fund to its established level of US $100,000 by transferring this amount from casual income available at 31 December 1975;

2. AUTHORIZES the Director-General to transfer US $100,000 from casual income available at 31 December 1975 to the Executive Board Special Fund to reimburse the Fund for the expenditure incurred for the purchase of supplies and equipment to be used towards restoring a safe water supply for the victims of the Guatemala earthquake in 1976, thereby bringing the credit in the Fund to its established amount of US $100,000.


Ninth plenary meeting, 13 May 1976
(Committee B, second report)
WHA29.30  Election of Members entitled to designate a person to serve on the Executive Board

The Twenty-ninth World Health Assembly,

Having considered the nominations of the General Committee,¹

1. ELECTS the following as Members entitled to designate a person to serve on the Executive Board: Czechoslovakia, Fiji, Greece, Honduras, Pakistan, Peru, Philippines, Qatar, United Kingdom of Great Britain and Northern Ireland, and Zambia;

2. REQUESTS the Members so elected to pay due regard to the provisions of Article 24 of the Constitution when appointing a person to serve on the Board.

Handb. Res., Vol. II, 4.2.1  
Ninth plenary meeting, 13 May 1976

WHA29.31  Voluntary Fund for Health Promotion

The Twenty-ninth World Health Assembly,

Appreciating the role which the Voluntary Fund for Health Promotion is playing in the promotion of health activities;

Having considered the structure and procedures of, and the reporting system for, the Voluntary Fund for Health Promotion;

Desirous of further improving the functioning of the Fund and of consolidating the various decisions taken until now on the functioning of the Fund;

1. CONFIRMS the establishment of a Voluntary Fund for Health Promotion;

2. DECIDES:

(1) that the Voluntary Fund for Health Promotion shall include the following subaccounts:

- (a) General Account for Undesignated Contributions
- (b) Special Account for Smallpox Eradication
- (c) Special Account for Medical Research
- (d) Special Account for Community Water Supply
- (e) Malaria Special Account
- (f) Special Account for the Leprosy Programme
- (g) Special Account for the Yaws Programme
- (h) Special Account for the Cholera Programme
- (i) Special Account for Assistance to the Least Developed among Developing Countries
- (j) Special Account for the Expanded Programme on Immunization
- (k) Special Account for Disasters and Natural Catastrophes
- (l) Special Account for Miscellaneous Designated Contributions
- (m) Any other special accounts that may be placed in the Fund by the Executive Board or the Health Assembly;

(2) that any of the above subaccounts of the Fund shall be credited with:

- (a) voluntary contributions received in any usable currency;
- (b) the value of contributions in kind and services;
- (c) interest earned on moneys in the Fund;

(3) that resources may not be transferred between subaccounts, except that resources which accrue in the General Account referred to in subparagraph (1) (a) above may be transferred to another subaccount or be utilized for other purposes, as proposed by the Director-General and approved by the Chairman of the Executive Board; and that the unexpended balance(s) of the Fund shall be carried forward from one financial period to the next;

that those activities planned in the programme budget to be financed from the Fund shall be so identified; and that in accordance with Financial Regulation 11.2 the Fund shall be maintained as a separate account, and its operations shall be presented separately in the Director-General’s financial report;

3. ACCEPTS future contributions to any of the subaccounts of the Fund pursuant to Article 57 of the Constitution, provided that the Director-General has determined that such contributions can be utilized and that any conditions which may be attached to them are consistent with the objective and policies of the Organization;

4. CONFIRMS resolution WHA26.24 requesting the Director-General to report annually to the Executive Board on the contributions to the Voluntary Fund, the financial status of the Fund, and action taken to obtain increased support for the Fund;


Handb. Res., Vol. II, 7.1.10.1

Tenth plenary meeting, 17 May 1976
(Committee B, third report)

WHA29.32 Organizational study on the planning for and impact of extrabudgetary resources on WHO’s programmes and policy

The Twenty-ninth World Health Assembly,

Having considered the organizational study prepared by the Executive Board on the planning for and impact of extrabudgetary resources on WHO’s programmes and policy,¹

1. AGREES that the study has far-reaching implications for furthering the work of the Organization and that it constitutes a suitable basis for the fulfilment of WHO’s constitutional mandate as the directing and coordinating authority on international health work;

2. NOTES with appreciation the contributions already obtained by or pledged to the Organization and to developing countries for activities in the health field;

3. URGES that all existing and potential sources of extrabudgetary funds should provide the Organization with increased support for the expansion of its efforts in the health field;

4. REQUESTS the Director-General, within the established policies of the Organization:

   (1) to take particularly into account the promotion of those planned health programmes that could attract additional resources for the benefit of the developing countries;

   (2) to continue to develop appropriate mechanisms for attracting and coordinating an increased volume of bilateral and multilateral aid for health purposes;

   (3) to continue his efforts on an interagency basis to harmonize programme budget cycles and planning and operational procedures of the major United Nations funding agencies with those applied to the regular programmes of the organizations in the United Nations system.

Handb. Res., Vol. II, 7.4

Tenth plenary meeting, 17 May 1976
(Committee B, third report)

WHA29.33  Future organizational study by the Executive Board

The Twenty-ninth World Health Assembly,

Having considered the recommendation of the Executive Board on the subject of its next organizational study,¹
1. DECIDES that the next subject of study shall be "WHO's role at the country level, particularly the role of the WHO representatives";
2. REQUESTS the Executive Board to report on this study to the Thirtieth World Health Assembly.

Handb. Res., Vol. II, 7.4

Tenth plenary meeting, 17 May 1976
(Committee B, third report)

WHA29.34  Ninth revision of the International Classification of Diseases

The Twenty-ninth World Health Assembly,

Having considered the report of the International Conference for the Ninth Revision of the International Classification of Diseases,
1. ADOPTS the detailed list of three-digit categories and optional four-digit subcategories recommended by the Conference as the Ninth Revision of the International Classification of Diseases, to come into effect as from 1 January 1979;
2. ADOPTS the rules recommended by the Conference for the selection of a single cause in morbidity statistics;
3. ADOPTS the recommendations of the Conference regarding statistics of perinatal and maternal mortality, including a special certificate of cause of perinatal death for use where practicable;


Tenth plenary meeting, 17 May 1976
(Committee B, third report)

WHA29.35  Activities related to the International Classification of Diseases

The Twenty-ninth World Health Assembly,

Noting the recommendations of the International Conference for the Ninth Revision of the International Classification of Diseases in respect of activities related to the Classification,
1. APPROVES the publication, for trial purposes, of supplementary classifications of Impairments and Handicaps and of Procedures in Medicine as supplements to, but not as integral parts of, the International Classification of Diseases;
2. ENDORSES the recommendation of the Conference concerning assistance to developing countries in their endeavour to establish or expand the system of collection of morbidity and mortality statistics through lay or paramedical personnel;
3. ENDORSES the request made by the Executive Board in resolution EB57.R34 to the Director-General that he investigate the possibility of preparing an International Nomenclature of Diseases as an improvement to the Tenth Revision of the International Classification of Diseases.


Tenth plenary meeting, 17 May 1976
(Committee B, third report)

¹ Resolution EB57.R31.
WHA29.36  Annual reporting by the Director-General and other documents on the work of WHO

The Twenty-ninth World Health Assembly,

Having considered the report of the Director-General on the subject of annual reporting by him and other documents on the work of WHO, and the recommendations of the Executive Board thereon;¹

Considering that an improvement in documentation is one of the basic prerequisites for effective performance of the functions of both the Organization and the Member States;

Believing that a rationalization of the Organization's documents and of the work of the Health Assembly would be achieved by discontinuing the publication of a global project list and its submission to the Health Assembly;

1. AUTHORIZES the Director-General to discontinue publishing a report on individual projects on the understanding that the Director-General will make available to members of the Board and delegates to the Health Assembly, on request, full information on any project;

2. REQUESTS the Executive Board to conduct a comprehensive study of the documentation of the World Health Assembly and Executive Board, and to report on this matter to one of the forthcoming sessions of the World Health Assembly.

Handb. Res., Vol. II, 1.3.1  Tenth plenary meeting, 17 May 1976  (Committee B, third report)

WHA29.37  Amendments to the Rules of Procedure of the World Health Assembly

The Twenty-ninth World Health Assembly

ADOPTS the following amendments and supplements to its Rules of Procedure:

To follow Rule 36, add new Rule as follows:

"To facilitate the conduct of its business, a main committee may designate an additional vice-chairman ad interim if its chairman or vice-chairman is not available."

Rule 57. Add footnote as follows:

"For description of the concept of a point of order see page ..."

Insert second appendix to Rules of Procedure as follows:

"Description of the concept of a point of order:

(a) A point of order is basically an intervention directed to the presiding officer, requesting him to make use of some power inherent in his office or specifically given him under the Rules of Procedure. It may, for example, relate to the manner in which the debate is conducted, to the maintenance of order, to the observance of the Rules of Procedure, or to the way in which presiding officers exercise the powers conferred upon them by the Rules. Under a point of order, a delegate or a representative of an Associate Member may request the presiding officer to apply a certain Rule of Procedure or he may question the way in which the officer applies the Rule. Thus, within the scope of the Rules of Procedure, delegates or representatives are enabled to direct the attention of the presiding officer to violations or misapplications of the Rules by other delegates or representatives or by the presiding officer himself. A point of order has precedence over any other matter, including procedural motions (Rules 57 and 62).

(b) Points of order raised under Rule 57 involve questions necessitating a ruling by the presiding officer, subject to possible appeal. They are therefore distinct from the procedural motions provided for in Rules 59 to 62, which can be decided only by a vote and on which more than one motion may be

entertained at the same time, Rule 62 laying down the precedence of such motions. They are also distinct from requests for information or clarification, or from remarks relating to material arrangements (seating, interpretation system, temperature of the room), documents, translations, etc., which—while they may have to be dealt with by the presiding officer—do not require rulings from him. However, in established practice, a delegate or a representative of an Associate Member intending to submit a procedural motion or to seek information or clarification often rises to “a point of order” as a means of obtaining the floor. The latter usage, which is based on practical grounds, should not be confused with the raising of points of order under Rule 57.

(c) Under Rule 57, a point of order must be immediately decided by the presiding officer in accordance with the Rules of Procedure; any appeal arising therefrom must also be put immediately to the vote. It follows that, as a general rule:

(i) Neither a point of order, nor any appeal arising from a ruling thereon, is debatable;

(ii) No point of order on the same or a different subject can be permitted until the initial point of order and any appeal arising therefrom have been disposed of.

Nevertheless, both the presiding officer and delegations may request information or clarification regarding a point of order. In addition, the presiding officer may, if he considers it necessary, request an expression of views from delegations on a point of order before giving his ruling; in the exceptional cases in which this practice is resorted to, the presiding officer should terminate the exchange of views and give his ruling as soon as he is ready to announce that ruling.

(d) Rule 57 provides that a delegate or a representative of an Associate Member rising to a point of order may not speak on the substance of the matter under discussion. Consequently, the purely procedural nature of points of order calls for brevity. The presiding officer is responsible for ensuring that statements made on a point of order are in conformity with the present description.”

To follow Rule 57, add new Rule as follows:

“ The right of reply shall be accorded by the President to any delegate or representative of an Associate Member who requests it. Delegates and representatives of Associate Members should in exercising this right attempt to be as brief as possible and preferably deliver their statements at the end of the meeting at which this right is requested.”

To follow Rule 74, add new Rule as follows:

“ Before the voting has begun or after the voting has been completed, a delegate or representative of an Associate Member may make a brief statement, consisting solely of an explanation of vote. A sponsor of a proposal shall not speak in explanation of vote thereon, except if it has been amended.”

Rule 77. Replace by the following:

“ Elections shall normally be held by secret ballot. Subject to the provisions of Rule 107, and in the absence of any objection, the Health Assembly may decide to proceed without taking a ballot on an agreed candidate or list of candidates. Where a ballot is required, two tellers appointed by the President from among the delegations present shall assist in the counting of votes.”

Rules 84 to 88, title heading. Add to existing footnote the following:

“ The Twenty-eighth World Health Assembly, in resolution WHA28.33, decided to consider the progressive implementation of the use of Chinese as a working language of the Health Assembly and the Executive Board.”

Rule 84. Replace by the following:

“ Arabic, Chinese, English, French, Russian and Spanish shall be both the official and the working languages of the Health Assembly.”


Tenth plenary meeting, 17 May 1976 (Committee B, third report)
WHA29.38 Amendments to Articles 24 and 25 of the Constitution

The Twenty-ninth World Health Assembly

1. ADOPTS the following amendments to Articles 24 and 25 of the Constitution, the texts in the Chinese, English, French, Russian and Spanish languages being equally authentic:

CHINESE TEXT

第二十四条

删去并代之以

执委会由三十一个会员国各指派一人组成。卫生大会应考虑到均衡的地区分配，选出有权指派一人参加执委会的会员国，但根据第二十四条而设立的区域组织各自应至少有三个会员国当选。这些会员国应各指派一名具有卫生方面专业资历的人员参加执委会，该人员可由副代表及顾问随同参加。

第二十五条

删去并代之以

这些成员国当选任期为三年，并可连选连任，但在执委人数由三十人增至三十一人的组织法修正案生效后举行的第一次卫生大会上所选出的十一名成员中，所增选的一名成员在必要时，其任期将有所缩短，以便各区域组织每年至少有一个成员国当选。

ENGLISH TEXT

Article 24 — Delete and replace by

Article 24

The Board shall consist of thirty-one persons designated by as many Members. The Health Assembly, taking into account an equitable geographical distribution, shall elect the Members entitled to designate a person to serve on the Board, provided that, of such Members, not less than three shall be elected from each of the regional organizations established pursuant to Article 44. Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers.

Article 25 — Delete and replace by

Article 25

These Members shall be elected for three years and may be re-elected, provided that of the eleven members elected at the first session of the Health Assembly held after the coming into force of the amendment to this Constitution increasing the membership of the Board from thirty to thirty-one the term of office of the additional Member elected shall, insofar as may be necessary, be of such lesser duration as shall facilitate the election of at least one Member from each regional organization in each year.
Article 24 — Remplacer par le texte suivant

Article 24

Le Conseil est composé de trente et une personnes, désignées par autant d’Etats Membres. L’Assemblée de la Santé choisit, compte tenu d’une répartition géographique équitable, les États appelés à désigner un délégué au Conseil, étant entendu qu’au moins trois de ces Membres doivent être élus parmi chacune des organisations régionales établies en application de l’article 44. Chacun de ces États enverra au Conseil une personnalité, techniquement qualifiée dans le domaine de la santé, qui pourra être accompagnée de suppléants et de conseillers.

Article 25 — Remplacer par le texte suivant

Article 25

Ces Membres sont élus pour trois ans et sont rééligibles; cependant, parmi les onze Membres élus lors de la première session de l’Assemblée de la Santé qui suivra l’entrée en vigueur de l’amendement à la présente Constitution portant le nombre des membres du Conseil de trente à trente et un, le mandat du Membre supplémentaire élu sera, s’il y a lieu, réduit d’autant qu’il le faudra pour faciliter l’élection d’au moins un Membre de chaque organisation régionale chaque année.

SPANISH TEXT

Artículo 24 — Sustitúyase por

Artículo 24

El Consejo estará integrado por treinta y una personas, designadas por igual número de Miembros. La Asamblea de la Salud, teniendo en cuenta una distribución geográfica equitativa, elegirá a los Miembros que tengan derecho a designar a una persona para integrar el Consejo, quedando entendido que no podrá elegirse a menos de tres Miembros de cada una de las organizaciones regionales establecidas en cumplimiento del Artículo 44. Cada uno de los Miembros debe nombrar para el Consejo una persona técnicamente capacitada en el campo de la salubridad, que podrá ser acompañada por suplentes y asesores.
Los Miembros serán elegidos por un período de tres años y podrán ser reelegidos, con la salvedad de que entre los once elegidos en la primera reunión que celebre la Asamblea de la Salud después de entrar en vigor la presente reforma de la Constitución, que aumenta de treinta a treinta y uno el número de puestos del Consejo, la duración del mandato del Miembro suplementario se reducirá, si fuese menester, en la medida necesaria para facilitar la elección anual de un Miembro, por lo menos, de cada una de las organizaciones regionales.

2. DECIDES that two copies of this resolution shall be authenticated by the signatures of the President of the Twenty-ninth World Health Assembly and the Director-General of the World Health Organization, of which one copy shall be transmitted to the Secretary-General of the United Nations, depositary of the Constitution, and one copy retained in the archives of the World Health Organization;

3. DECIDES that the notification of acceptance of these amendments by Members in accordance with the provisions of Article 73 of the Constitution shall be effected by the deposit of a formal instrument with the Secretary-General of the United Nations, as required for acceptance of the Constitution by Article 79(b) of the Constitution.


Tenth plenary meeting, 17 May 1976
(Committee B, fourth report)

WH A29.39 Aid to the Sudano-Saharan populations

The Twenty-ninth World Health Assembly,

Noting the annual report of the Director-General on the work of WHO in 1975; ¹

Recalling:

(1) resolution 1797 (LV) adopted by the United Nations Economic and Social Council under the title “Aid to the Sudano-Saharan populations threatened with famine”, at its fifty-fifth session;

(2) resolution 1918 (LVIII) adopted by the United Nations Economic and Social Council under the title “Measures to be taken for recovery and rehabilitation of the Sudano-Saharan region stricken by drought” at its fifty-eighth session;

(3) resolution 3253 (XXIX) adopted by the United Nations General Assembly on 4 December 1974 under the title “Consideration of the economic and social situation in the Sudano-Saharan region stricken by drought and measures to be taken for the benefit of that region”;

(4) resolution WHA28.48 entitled “Drought in the Sahelian zone” and adopted by the Twenty-eighth World Health Assembly at its twelfth plenary meeting on 28 May 1975;

Noting with satisfaction the constitution of the “Friends of the Sahel Club”, which testifies to a common will to give the countries of the Sahel important aid to enable them to make the best of their potentialities;

Noting also the decision to set up a working group, which, under the auspices of the Coordinator of the Permanent Inter-State Committee on Drought Control in the Sahel, is going to contribute to the drawing up of a medium- and long-term economic and social development strategy by the member countries of the Permanent Inter-State Committee;

Realizing that, despite the efforts made by governments and international organizations, the Sahel subregion is still confronted with serious health care problems due to shortage of human, material and financial resources;

1. INVITES WHO, in addition to what it is doing at present, to prepare a short- and medium-term plan with a view to participating in correcting the effects of the drought in the countries of the Sahel;

2. REQUESTS the Director-General to direct this participation by WHO into the fields of nutrition, communicable disease control and the strengthening of infrastructures by the improvement of health care services;

3. REQUESTS the Director-General to present a report to the Thirtieth World Health Assembly on all the measures taken for the promotion of health in the countries of the Sahel.

Handb. Res., Vol. II, 8.1.3.1; 1.1.6

WHA29.40 Health and medical assistance to Lebanon

The Twenty-ninth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;

Taking into consideration the appeal made by Dr Kurt Waldheim, Secretary-General of the United Nations, to the international community on 26 February 1976 requesting that assistance be provided to Lebanon and urging the Member States to contribute generously to alleviate the results of the current conflict in Lebanon;

Noting the resolution adopted by the Regional Committee for the Eastern Mediterranean (Sub-Committee A) in October 1975 inviting the international community to increase its assistance to Lebanon;

Noting the assistance given by WHO, in cooperation with the Office of the United Nations High Commissioner for Refugees, to Lebanon in the field of health within the overall framework of the efforts of the United Nations, its programmes and specialized agencies;

Noting that, notwithstanding this assistance, there still remains an urgent need for more assistance on account of the aggravation of the situation in Lebanon, of the increasing number of injured, mutilated and handicapped persons, and of the fact that many of the inhabitants are being forced to flee from battle areas;

Expressing its thanks and appreciation to the Secretary-General of the United Nations and the Director-General of WHO for their efforts in favour of Lebanon;

REQUESTS the Director-General to explore ways and means of increasing the volume and kinds of assistance made available by WHO so as to provide more services to the afflicted displaced persons and to secure for that purpose the necessary funds within the availability of various WHO financial resources as well as from extrabudgetary sources, and to report to the Thirtieth World Health Assembly on such assistance.

Handb. Res., Vol. II, 8.1.3.1; 1.1.6

WHA29.41 Coordination within the United Nations system : general matters

The Twenty-ninth World Health Assembly,

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

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

Re-emphasizing the importance of resolution 3362 (S-VII), on development and international economic cooperation, adopted by the Seventh Special Session of the United Nations General Assembly, and the need for the World Health Organization to contribute fully to the implementation of that resolution, in collaboration with the United Nations and other organizations of the United Nations system;
Recognizing that the activities of the World Health Organization, in meeting the health needs of populations, are intrinsically related to the major issues of concern to the Economic and Social Council and the United Nations General Assembly;

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

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

3. REQUESTS the Director-General:

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

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

WHA29.42  UNDP-supported activities: financial situation

The Twenty-ninth World Health Assembly,

Having considered the Director-General’s report on the current financial situation of the United Nations Development Programme (UNDP);

Noting the terms of resolution EB57.R49 adopted by the Executive Board at its fifty-seventh session after consideration of these problems and their possible effect on WHO’s programme of technical cooperation with the developing countries;

Noting further the measures decided by the UNDP Governing Council at its twenty-first session, held in January 1976, to mitigate the effects of the liquidity crisis on the operational programme;

Recalling that the Governing Council will again review the situation at its twenty-second session, in June 1976;

1. EXPRESSES deep concern over the financial problems that the UNDP is facing and the impact these may have on the United Nations development system’s support of the developing countries’ efforts towards self-reliance within the overall framework of the New International Economic Order;

2. ENCOURAGES Member States experiencing reductions in the expenditure level of UNDP assistance to make special temporary arrangements through their health administrations to mitigate major disruptive effects that the current financial situation of UNDP may have on the ongoing internationally-assisted health programme in their countries through recourse to such measures as partial self-financing or cost-sharing, enlarged use of national staff and institutions, and judicious reprogramming with other available sources of funds;

3. REQUESTS the Director-General to continue his full collaboration with the Administrator of UNDP in order to ensure a systematic consultation at all levels between the governments concerned, UNDP and WHO with a view to safeguarding essential projects and components in the programme of health and related fields;

4. REQUESTS the Director-General to keep the situation of UNDP-financed activities executed by WHO under constant review and to report on further developments to the fifty-ninth session of the Executive Board.
WHA29.43  International Women’s Year

The Twenty-ninth World Health Assembly,

Noting with appreciation the report of the Director-General on the participation of women in health and development;

Noting further that the World Conference of the International Women’s Year, the General Assembly and other United Nations bodies and conferences have recognized that the improvement of the status of women constitutes a basic element in any national socioeconomic developmental process, and that the major factors impeding the full participation of women in development stem from the insufficient access of women to education, and to health and other social services;

Aware that the full integration of women into the development process requires a strong commitment on the part of society, and a change of attitudes;

1. URGES Member States:
   (1) to initiate and strengthen measures, including legislation as required, for the provision of social services that will enable women to contribute to development without detriment to their own health and welfare and those of their children;
   (2) to strengthen their national health care systems, giving special attention to the health care needs of women, especially when fulfilling a maternal role;
   (3) to encourage greater participation by women at all levels in the health sector by expanding policies of training, recruitment and promotion of women health workers, by eliminating discrimination against women, where it exists, and by promoting the active participation of women in the activities of WHO, including the constitutional bodies of the Organization;

2. REQUESTS the Director-General:
   (1) to maintain liaison with other agencies of the United Nations system in ensuring the coordination of programmes directed to the promotion of the role of women in development;
   (2) to cooperate with countries, together with the relevant organizations of the United Nations system, in developing intersectoral programmes and activities for women and children;
   (3) to promote the active involvement of women in the planning, decision-making and developmental processes of health service systems (particularly primary health care);
   (4) to strengthen WHO’s programmes directed to the specific problems of women as regards reproductive health and other areas indicated in the report of the Director-General, particularly in maternal and child health care;
   (5) to review WHO’s current and planned programmes with a view to identifying and strengthening those elements that will affect women as participants in and beneficiaries of the activities designed to improve health;
   (6) to take active steps to apply the above principles in WHO, including measures for increasing the recruitment, promotion and training of women in the Organization, and to report on the progress being made in implementing this programme to the fifty-ninth session of the Executive Board.

Handb. Res., Vol. II, 8.1.1; 1.6.1  
Tenth plenary meeting, 17 May 1976  
(Committee B, fourth report)

WHA29.44  Health assistance to refugees and displaced persons in Cyprus

The Twenty-ninth World Health Assembly,

Mindful of the principle that the health of all peoples is fundamental to the attainment of peace and security;
Recalling resolution WHA28.47;
Noting all relevant General Assembly and Security Council resolutions on Cyprus;
Considering that the continuing health problems of refugees and displaced persons in Cyprus call for further assistance;
Noting the report of the Director-General and expressing appreciation for health assistance to refugees and displaced persons in Cyprus by WHO;
1. reaffirms resolution WHA28.47;
2. further requests the Director-General to continue and intensify health assistance to refugees and displaced persons in Cyprus in addition to any assistance made available within the framework of the efforts of the Coordinator of United Nations Humanitarian Assistance in Cyprus and to report to the Thirtieth World Health Assembly on such assistance.

Handb. Res., Vol. II, 8.1.3; 1.1.6

Tenth plenary meeting, 17 May 1976
(Committee B, fourth report)

WHA29.45 WHO’s human health and environment programme

The Twenty-ninth World Health Assembly,
Having considered the report of the Director-General on WHO’s human health and environment programme;
Recalling resolutions WHA26.58, WHA27.49, WHA27.50 and WHA28.63;
Considering that progress in improving the conditions of the human environment as they affect health is too slow, and that present efforts by all concerned require intensification;
Emphasizing that the improvement of environmental conditions should be seen as part of the total health and development effort;
Stressing the particular priority to be given to environmental sanitation in the developing countries, especially to the provision of adequate and potable water and the disposal of wastes;
Recognizing, however, that all countries must pay increasing attention to the prevention of adverse effects on health resulting from conditions in various environments to which man is exposed;
Reaffirming the priority of health in the context of environmental programmes and the need for close cooperation in this field;
1. thanks the Director-General for his report, and endorses the approach to the future development and implementation of the programme;
2. reiterates that WHO should collaborate with governments in the development of their environmental health services and infrastructures;
3. urges governments:
   (1) to make environmental health programmes an integral part of their national health and development efforts, particular attention being given to the most needy sectors of the population;
   (2) to allocate adequate resources to environmental health;
4. requests the Director-General:
   (1) to plan and implement the programme on the basis of the proposals made in his report and taking into account resolutions WHA26.58, WHA27.49, WHA27.50 and WHA28.63;
   (2) to continue to follow a multidisciplinary approach and to integrate the various programme areas into a comprehensive programme, as proposed in his report;
(3) to continue collaboration and coordination within the United Nations system, especially with the United Nations Environment Programme, and with other intergovernmental and nongovernmental agencies concerned with environmental matters, with a view to:

(a) maintaining WHO's leading role in respect of activities to promote human health;

(b) increasing the availability of resources in addition to the regular budget of the Organization; and

(c) making the Organization's contribution to environmental programmes as effective as possible;

(4) to continue to give high priority to collaboration with governments in the implementation of this programme;

(5) to report to a subsequent World Health Assembly on the impact of the implementation of this resolution on the work of the Organization.

WHA29.46 Health aspects of human settlements

The Twenty-ninth World Health Assembly,

Having considered WHO's human health and environment programme and the mid-decade progress report of the Director-General on community water supply and wastewater disposal on which it has adopted resolutions;

Noting the statement presented to the Health Assembly by the Secretary-General of Habitat: United Nations Conference on Human Settlements, which will take place in Vancouver from 31 May to 11 June 1976;

Having also considered the report on the Technical Discussions on the health aspects of human settlements;

Considering that the World Health Organization, by virtue of its Constitution, is the specialized agency concerned with the safeguarding and promotion of health and environmental conditions in human settlements;

Aware of the unprecedented growth rate of population, of the surge of rural populations into urban areas, and continued lack of tangible improvements in rural areas, particularly in developing countries, which is exacerbating the health and environmental problems of human settlements;

1. EMPHASIZES the vital need to take into consideration health and environmental aspects in the planning and development of human settlements, using a comprehensive and multidisciplinary approach;

2. RECOMMENDS that governments:

(1) ensure that health authorities at central and local levels have scientific and technical competence and sufficient breadth of responsibility in relation to environmental health and preventive medicine to influence the hygienic features of human settlements which are fundamentally important to health, including water supply, hygienic wastes disposal, adequate nutrition and decent shelter;

(2) promote full cooperation between health and other central and local government departments as well as the voluntary agencies and the community in order that health considerations should be taken into account ab initio in the planning and development of human settlements; an important aspect of this is the education of decision-makers in the planning, architectural, economic and social fields as to the importance of the potential health contributions to life in human settlements;

(3) undertake the study of health aspirations and needs of populations in human settlements and those conditions of the environment predisposing to ill health; determine the respective priorities of these needs; and, as far as is practicable, allocate resources for their resolution and for the continuing monitoring of the situation;
(4) undertake the evaluation of the administrative, organizational and legislative structure of their health services in terms of fulfilling the health responsibilities within the framework of national policies for human settlements and revising them where appropriate, bearing in mind the importance of flexibility in such matters;

3. REQUESTS the Director-General:

   (1) to give an appropriately high priority to collaboration with Member States on programmes aimed at studying and solving population growth, health and environmental problems in human settlements in a comprehensive manner;

   (2) to study carefully the implications of the recommendations which will ensue from Habitat: United Nations Conference on Human Settlements and, thereafter, to study ways and means of providing increased technical collaboration to Member countries;

   (3) to promote, strengthen and coordinate research on the effects on health of the physical and social environment of human settlements, and to endeavour to develop suitable scientific methodology applicable to resolving health problems of human settlements under varying geographical and climatic conditions;

   (4) to prepare appropriate environmental health criteria pertaining to housing, the residential environment, and human settlements;

   (5) to build up an information system, based on information from Member States, on all health aspects of human settlements;

   (6) to further strengthen WHO's collaboration with the United Nations and the United Nations agencies and programmes;

   (7) to evaluate the work of the Organization in the field of health aspects of human settlements and report to a subsequent World Health Assembly on the progress which has been made and on his conclusions and recommendations for future work;

   (8) to draw the attention of Habitat: United Nations Conference on Human Settlements to this resolution.

Handb. Res., Vol. II, 1.11.2.2; 8.1.1

Tenth plenary meeting, 17 May 1976
(Committee B, fifth report)

WHAC.47 Community water supply and excreta disposal

The Twenty-ninth World Health Assembly,

Having considered the mid-decade progress report of the Director-General on community water supply and wastewater disposal;

Noting that, while the progress achieved in the first half of this decade by Member States through their own efforts and through international collaboration is encouraging, even more sustained efforts are required;

Stressing that potable community water supply and sanitary disposal of human and animal excreta are basic services for the control of major communicable diseases and contribute to socioeconomic development, and to the improvement of the quality of life;

1. ENDORSES the regional targets proposed by the Director-General for community water supply and excreta disposal in the developing countries to be strived for as a minimum by the end of the Second United Nations Development Decade;

2. EMPHASIZES the vital need for ensuring that the water reaching the consumer meets the highest possible hygienic requirements—however, at the very least is free from pathogenic organisms and recognized toxic substances;
3. EMPHASIZES also that arrangements for sanitary disposal should accompany, or closely follow, the provision of community water supplies;

4. RECOMMENDS that Member States:
   (1) further develop plans for and implementation of community water supply and excreta disposal services within the context of overall socioeconomic development planning through interagency collaboration;
   (2) give greater priority to the least privileged sections of the population living in rural and congested urban and fringe areas;
   (3) secure greater participation of communities and the adoption of appropriate technologies;
   (4) establish, and periodically review, feasible programme targets in community water supply and excreta disposal;
   (5) intensify education of the public in health implications of community water supply and excreta disposal;
   (6) strengthen the role of national health agencies so that planning in this field takes full account of the health priorities and needs;

5. REQUESTS the Director-General to continue to accord high priority to collaboration with Member States in national planning of services for the provision of community water supply and excreta disposal as outlined in the Sixth General Programme of Work and WHO’s human health and environment programme, and in so doing:
   (1) to study ways and means of providing increased technical collaboration at country level, particularly in those countries with the greatest needs;
   (2) while continuing to emphasize the health aspects, to interrelate them with the other aspects through collaboration with national health services and other ministries, agencies or departments directly concerned with the planning and implementation of community water supply and excreta disposal;
   (3) to continue leadership in health aspects in cooperating with other international and bilateral agencies, including the United Nations Children’s Fund, the United Nations Development Programme, the United Nations Environment Programme, the Food and Agriculture Organization of the United Nations, the International Bank for Reconstruction and Development, and the regional development banks;
   (4) to arrange for a review of the status of community water supply and excreta disposal in terms of quality, quantity, services and other relevant factors, both at the regional committees in 1980 and globally at the Thirty-fourth World Health Assembly in 1981; and at the same time to report on the implementation of the Organization’s programme, giving emphasis to all the health aspects involved.

Handb. Res., Vol. II, 1.11.2.1

Tenth plenary meeting, 17 May 1976
(Committee B, fifth report)

WHA29.48 Programme budget policy

The Twenty-ninth World Health Assembly,

Aware of the solemnly proclaimed determination of the United Nations to intensify international cooperation for the solution of the socioeconomic problems of the developing world;

Concerned with the gap between the health levels of the developed and developing countries;

Recalling resolution WHA28.76 on programme budget policy with regard to technical assistance to developing countries;
RESOLUTIONS AND DECISIONS

Considering the action initiated for its implementation in 1976 and 1977 and the relevant comments of the Executive Board at its fifty-seventh session;

Aware of the crucial role the programme budget and technical cooperation play in the achievement of this goal;

Aware of the necessity of continued collaboration with the United Nations Development Programme as well as with other funds providing extrabudgetary resources for health activities;

Noting with deep concern the increasing allocation of resources of the Organization towards establishment and administrative costs;

1. REQUESTS the Director-General:
   (1) to reorient the working of the Organization with a view to ensuring that allocations of the regular programme budget reach the level of at least 60% in real terms towards technical cooperation and provision of services by 1980, by:
      (a) cutting down all avoidable and non-essential expenditure on establishment and administration, both at headquarters and in the regional offices;
      (b) streamlining the professional and administrative cadres;
      (c) phasing out projects which have outlived their utility;
      (d) making optimum use of the technical and administrative resources available in the individual developing countries;
   (2) to submit a report to the Thirtieth World Health Assembly on the progress made in implementing this resolution and resolution WHA28.76, and to ensure that this is reflected in the proposed programme budget for 1978-79;

2. REQUESTS the Executive Board in its future reviews of programme budgets to pay special attention to the reorientation of programme budget policy necessary to give full effect to resolution WHA28.76 and this resolution.

Handb. Res., Vol. II, 2; 8.1.3; 1.1.5

Tenth plenary meeting, 17 May 1976
(Committee A, second report)

WHА29.49 Cardiovascular diseases

The Twenty-ninth World Health Assembly,

Recognizing the importance of cardiovascular diseases as causes of both morbidity and mortality in virtually all industrialized countries of the world;

Recalling resolutions WHA19.38 and WHA25.44, which request the Director-General to explore possibilities of extending and strengthening the activities in the field of cardiovascular diseases;

Realizing that cardiovascular diseases are emerging both in relative and absolute terms as a public health problem also in developing countries;

Anticipating that in connexion with overall socioeconomic development an increase in the toll of cardiovascular disease is likely to follow;

Emphasizing that with adequate research and intervention such trends of untoward health consequences as experienced in the now industrialized societies could be avoided;

1. INVITES the Director-General to prepare a long-term programme of the Organization in the cardiovascular diseases field with special emphasis on:
   (1) promoting research on prevention, etiology, early diagnosis, treatment and rehabilitation;
(2) coordination of international cooperative activities in this field;

2. URGES Member States to implement programmes of control and prevention of cardiovascular diseases wherever necessary and feasible;

3. REQUESTS the Director-General to report to the World Health Assembly periodically on the progress achieved.


WHA29.50 Birth defect surveillance

The Twenty-ninth World Health Assembly,
Noting that:

(a) birth defects are a significant cause of morbidity and mortality in the perinatal period and of handicap for the rest of life, and also create psychological and socioeconomic problems, in all countries and in some countries surpass that caused by infectious disease;

(b) epidemics of birth defects have occurred caused by infectious agents, toxic substances and drugs not previously recognized as hazardous;

(c) although epidemiological surveillance of birth defects is being undertaken in some countries, there is need for coordination of information, standardization of terminology and techniques, and provision of technical assistance;

Recognizing that the Organization has developed networks of collaborating centres in other disease areas that very effectively serve the purposes mentioned above at minimal expense to the Organization;

REQUESTS the Director-General:

(1) to examine the feasibility of:
   (a) assisting in the standardization of methods of detecting and recording birth defects;
   (b) designating certain relevant organizations as collaborating centres for birth defect surveillance;
   (c) coordinating information from these centres;

(2) to report his findings to a subsequent Health Assembly.

Handb. Res., Vol. II, 1.9

WHA29.51 Award of the Léon Bernard Foundation Medal and Prize

The Twenty-ninth World Health Assembly

1. NOTES the reports of the Léon Bernard Foundation Committee; ¹

2. ENDORSES the proposal of the Committee for the award of the Léon Bernard Foundation Medal and Prize for 1976;

3. AWARDS the Medal and Prize to Professor V. Ramalingaswami;

4. PAYS TRIBUTE to Professor V. Ramalingaswami for his outstanding contribution to public health and social medicine.


¹ See Annex 6 for the financial report.
WHA29.52  Effective working budget and budget level for 1977

The Twenty-ninth World Health Assembly

DECEDES that:

(1) the effective working budget for 1977 shall be US $147,184,000;

(2) the budget level shall be established in an amount equal to the effective working budget as provided in paragraph (1) above, plus staff assessment and the assessments represented by the Undistributed Reserve; and

(3) the budget for 1977 shall be financed by assessments on Members after deduction of the following:

   (i) the amount of US $2,600,000, representing estimated reimbursement of programme support costs for activities financed from extrabudgetary funds;

   (ii) the amount of US $2,000,000 available as casual income for 1977.


WHA29.53  Appropriation resolution for the financial year 1977

The Twenty-ninth World Health Assembly

RESOLVES to appropriate for the financial year 1977 an amount of US $166,719,020 as follows:

A.  

<table>
<thead>
<tr>
<th>Appropriation section</th>
<th>Purpose of appropriation</th>
<th>Amount US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Policy organs</td>
<td>2,252,940</td>
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<tr>
<td>2</td>
<td>General management and coordination</td>
<td>7,887,441</td>
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<tr>
<td>3</td>
<td>Strengthening of health services</td>
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<td>4</td>
<td>Health manpower development</td>
<td>19,693,803</td>
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<td>5</td>
<td>Disease prevention and control</td>
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<td>6</td>
<td>Promotion of environmental health</td>
<td>8,276,827</td>
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<td>7</td>
<td>Health information and literature</td>
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<td>8</td>
<td>General service and support programmes</td>
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<td>9</td>
<td>Support to regional programmes</td>
<td>16,339,701</td>
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<tr>
<td>10</td>
<td>Transfer to Tax Equalization Fund</td>
<td>15,608,540</td>
</tr>
<tr>
<td>11</td>
<td>Undistributed reserve</td>
<td>3,926,480</td>
</tr>
</tbody>
</table>

   Effective working budget 147,184,000

   Total 166,719,020

B. Amounts not exceeding the appropriations voted under paragraph A shall be available for the payment of obligations incurred during the period 1 January to 31 December 1977, in accordance with the provisions of the Financial Regulations. Notwithstanding the provisions of the present paragraph, the Director-General shall limit the obligations to be incurred during the financial year 1977 to Sections 1-10.

C. Notwithstanding the provisions of Financial Regulation 4.5, the Director-General is authorized to make transfers between those appropriation sections that constitute the effective working budget up to an amount not exceeding 10% of the amount appropriated for the section from which the transfer is made, this percentage being established in respect of Section 2 exclusive of the provision made for the Director-General's and Regional Directors' Development Programmes. The Director-General is also authorized to apply amounts not exceeding the provision for the Director-General's and Regional Directors' Development Programmes
to those sections of the effective working budget under which the programme expenditure will be incurred. Any other transfers required shall be made in accordance with the provisions of Financial Regulation 4.5. All transfers between sections shall be reported to the Executive Board at its next session.

D. The appropriations voted under paragraph A shall be financed by assessments on Members after deduction of the following:

   (i) estimated reimbursement of programme support costs for activities financed from extrabudgetary funds ........................................ US $2,600,000
   (ii) casual income in the amount of ........................................... US $2,000,000

   **Total** ................................................................. US $4,600,000

thus resulting in assessments against Members of US $162,119,020. In establishing the amounts of contributions to be paid by individual Members, their assessments shall be reduced further by the amount standing to their credit in the Tax Equalization Fund, except that the credits of those Members that require staff members of WHO to pay taxes on their WHO emoluments shall be reduced by the estimated amounts of such tax reimbursements to be made by the Organization.


Eleventh plenary meeting, 18 May 1976
(Committee A, third report)

**WHA29.54 Smallpox eradication programme**

The Twenty-ninth World Health Assembly,

Having considered the Director-General’s report on the smallpox eradication programme;

Noting with satisfaction that smallpox is now restricted to only a few remote villages of a single country and that interruption of smallpox transmission is believed to be imminent;

Bearing in mind the importance of completing the eradication of smallpox in the shortest possible period of time and of ensuring confidence in the achievement by using international groups of experts to confirm the eradication two years or more after the last known case;

Recognizing the need for all laboratories which retain stocks of variola virus to take maximum precautions to prevent accidental infection;

Appreciating the importance of continued surveillance and research to provide further assurance that there is no animal or other natural reservoir of the virus;

Noting that the risk of smallpox importations by persons travelling by sea or air has so diminished that no such importations have occurred during the past 17 months;

Noting also that, as supplies of vaccine now being produced are more than sufficient in quantity to meet all current needs, an accumulation by WHO of vaccine stocks for use in the event of an unforeseen emergency could be established;

1. **CONGRATULATES** the many countries which have made and are making such a successful and determined effort to eradicate smallpox;

2. **EXTENDS** special congratulations to the 15 countries of western Africa where smallpox eradication was certified on 15 April 1976 and to Bangladesh, India and Nepal, which interrupted smallpox transmission during the past year;

3. **THANKS** all governments, organizations and individuals who have contributed to the implementation of the programme and requests that they continue to contribute generously to the programme until global eradication can be certified;

4. **ENDORSES** the procedures developed by the Director-General in the use of groups of international experts in the certification of eradication and asks for the full cooperation of all countries concerned in carrying out
these procedures, so that countries throughout the world may have confidence that eradication has been achieved;

5. **URGES** that all governments continue to conduct surveillance for smallpox-like illnesses and to inform the Organization promptly should any such cases be discovered;

6. **REQUESTS** all governments and laboratories to cooperate fully in preparing an international registry of laboratories retaining stocks of variola virus but, at the same time, urges all laboratories which do not require such stocks of variola virus to destroy them;

7. **URGES** all governments to restrict their requests for International Certificates of Smallpox Vaccination to travellers who, within the preceding 14 days, have visited a smallpox-infected country as reflected in the WHO Weekly Epidemiological Record;

8. **REQUESTS** Member countries to continue to donate vaccine to the Voluntary Fund for Health Promotion so that a reserve supply of 4 million vials of vaccine (sufficient to vaccinate 200 to 300 million persons) may be accumulated which could be made available to Member countries in the event of unforeseen emergencies;

9. **REQUESTS** the Director-General to obtain expert advice, through the Committee on International Surveillance of Communicable Diseases or by other means, on questions such as the need for retention of variola virus in laboratories and, if necessary, to make recommendations on the number and distribution of such laboratories and on the precise precautions which should be taken to prevent accidental infection;

10. **REQUESTS** further the Director-General to undertake a study of the organization of a world conference on the problems of eradicated smallpox and to report on the subject to the Executive Board and to the Thirtieth World Health Assembly.

Handb. Res., Vol. II, 1.8.6; 1.8.1; 7.1.10

Twelfth plenary meeting, 19 May 1976
(Committee A, fourth report)

**WHA29.55 Smoking and health**

The Twenty-ninth World Health Assembly,

Recalling resolutions EB45.R9, WHA23.32, EB47.R42 and WHA24.48 concerning the health hazards of smoking and ways towards its limitation;

Noting with satisfaction that the recent WHO Expert Committee report on smoking and its effects on health, prepared in accordance with resolution EB53.R31 and reviewed favourably by the Executive Board at its fifty-seventh session, provides a thorough and authoritative summary of current knowledge in the field and contains a number of important recommendations for WHO and the Member States;

Considering that the results of the Third World Conference on Smoking and Health, held in New York in June 1975, gave further support to the evidence and proposals presented by the WHO Expert Committee;

Recognizing the indisputable scientific evidence showing that tobacco smoking is a major cause of chronic bronchitis, emphysema and lung cancer as well as a major risk factor for myocardial infarction, certain pregnancy-related and neonatal disorders and a number of other serious health problems, and also has harmful effects on those who are involuntarily exposed to tobacco smoke;

Seriously concerned about the alarming worldwide trends in smoking-related mortality and morbidity and the rapidly increasing consumption of tobacco, especially in cigarettes, in countries in which it was not previously widespread, and about the growing number of young people and women who are now smoking;

Recognizing that an effective strategy to tackle the problem requires a concerted effort consisting of educational, restrictive and legislative measures, combined with coherent taxation and price policies, and supported by continuous research and evaluation on a multidisciplinary basis;

---

Noting that very few countries have thus far taken effective steps to combat smoking;

Believing that no organization devoted to the promotion of health can be indifferent in this matter, and that WHO has an important role to play in promoting effective policies against smoking, as envisaged in the Sixth General Programme of Work of WHO covering the period 1978-1983;

1. **URGES** governments of Member States to identify the actual or anticipated health problems associated with smoking in their countries;

2. **RECOMMENDS** governments of Member States:
   
   (1) to create and to develop effective machinery to coordinate and supervise programmes for control and prevention of smoking on a planned, continuous and long-term basis;
   
   (2) to strengthen health education concerning smoking, as a part of general health education and through close collaboration with health and school authorities, mass media, voluntary organizations, employers' and employees' organizations and other relevant agencies, taking into account the different needs of various target groups, laying emphasis on the positive aspects of non-smoking, and supporting individuals wishing to stop smoking;
   
   (3) to consider steps which can be taken towards ensuring that non-smokers receive protection, to which they are entitled, from an environment polluted by tobacco smoke;
   
   (4) to give serious consideration to the legislative and other measures suggested by the WHO Expert Committee in its recent report on smoking and its effects on health;

3. **REQUESTS** the Director-General:
   
   (1) to continue, and intensify, WHO's antismoking activities;
   
   (2) to collate and disseminate information on smoking habits, smoking-related health problems and smoking control activities in Member States;
   
   (3) to give assistance and encouragement to research in smoking and health, with particular emphasis on studies that are directly relevant to the assessment and improvement of the effectiveness of anti-smoking activities;
   
   (4) to promote the standardization of:
      
      (a) definitions, measurement methods and statistics concerning smoking behaviour, tobacco consumption and the occurrence of smoking-related morbidity and mortality;
      
      (b) laboratory techniques used for the quantitative analysis of the harmful substances in tobacco products;
   
   (5) to give assistance, upon request, to governments in the formulation, implementation and evaluation of their policies and programmes to combat smoking;
   
   (6) to continue, in cooperation with the United Nations, the specialized agencies and appropriate nongovernmental organizations, to make all efforts deemed necessary to reduce smoking; and particularly to work out with the Food and Agriculture Organization of the United Nations and with the United Nations a joint strategy for crop-diversification in tobacco-growing areas with a view to avoiding the anticipated economic consequences of reducing tobacco consumption in the world as a whole for public health reasons;
   
   (7) to convene an expert committee in 1977 or 1978 to review and evaluate the world situation in regard to smoking control;
   
   (8) to report to a future Health Assembly on developments in this field.

*Handb. Res., Vol. II, 1.9*
Establishment of a WHO collaborating centre for the International Classification of Diseases in Portuguese

The Twenty-ninth World Health Assembly,

Considering the interest of the countries of Portuguese language in the existence of an international centre of the Portuguese language for the International Classification of Diseases, such as those already in existence for the working languages of WHO;

Taking into consideration the establishment, in the near future, of a Brazilian centre for the translation and application of the International Classification of Diseases in Portuguese in the University of São Paulo, Brazil;

RECOMMENDS:

(1) that the Brazilian centre for the translation and application of the International Classification of Diseases in Portuguese, in the University of São Paulo, Brazil, be recognized by WHO as the centre for the International Classification of Diseases in Portuguese;

(2) that the indispensable liaison and cooperation be established between this centre and the Portuguese-speaking nations;

(3) that WHO give all the necessary technical support to this centre and the Portuguese-speaking countries for the translation into Portuguese of the Ninth Revision of the International Classification of Diseases and of its supplementary classifications so that they can be used with equal effectiveness by all the countries of Portuguese language.


Twelfth plenary meeting, 19 May 1976
(Committee A, fourth report)

Occupational health programme

The Twenty-ninth World Health Assembly,

Having considered the report by the Director-General on the occupational health programme, and bearing in mind earlier resolutions on the subject by the Health Assembly and the Executive Board;

Reaffirming that occupational health is a component of public health that should be closely coordinated with or integrated into national health and industrial development programmes;

Aware of the pressing demands for adequate occupational health services in a large number of Member States;

Conscious that there is a lack of information on the type and magnitude of the health problems of workers in developing countries;

Stressing the fact that, despite the outstanding need for Member States to develop effective occupational health programmes, WHO has so far played a rather limited role in this field;

Alarmed by the fact that there are large numbers of working populations throughout the world, including workers in agriculture, transportation, construction work, services in small industries, and office work, who are left without preventive occupational health care to control their various health problems;

Emphasizing the need to improve the present knowledge of the preventive aspects of occupational health, particularly where new industrial technologies are being introduced;

1. URGES Member States:

(1) to promote and carry out field investigations of the health problems of workers in different occupations as a guide for the planning and implementation of comprehensive health programmes for workers;
(2) to consider the health of the working population an integral part of public health, particularly when developing country health programmes or establishing new industries;

(3) in developing occupational health manpower, to take into account the needs of those groups of workers to whom health services are not available, and in such circumstances to utilize health personnel in industry for carrying out comprehensive health care services for the working population;

(4) wherever possible, to undertake monitoring of the work environment and workers' health with a view to instituting control measures and evaluating the effectiveness of such measures;

(5) to give special attention to vulnerable groups of the working population such as young, female, elderly and handicapped workers, workers affected by communicable diseases and simultaneously exposed to work hazards, migrant workers, miners, and transport workers, especially seafarers;

(6) to report annually on occupational diseases and sickness absenteeism within the framework of health statistics in a standardized health reporting system;

2. REQUESTS the Director-General:

(1) to implement the programme in his report and to introduce the new elements it contains into the medium-term activities of the Organization;

(2) to give occupational health a high priority and the new orientation recommended in his report, particularly in areas emphasizing collaboration with countries that are rapidly being industrialized and in the development of applied research in preventive health care for workers;

(3) to assist Member States in acquiring systematic information on the health problems of the working population and in promoting and organizing occupational health monitoring;

(4) to collaborate with countries in developing the appropriate services, legislation and institutions concerned with workers' health, and in intensifying training in occupational health, reporting on progress of this programme to the Thirty-second World Health Assembly;

(5) to maintain close coordination with the International Labour Organisation and all other international agencies and regional organizations concerned with occupational health;

(6) to account for this development in occupational health in the programme of the Organization in preparing the programme budget proposals for 1978-79 and to seek and encourage extrabudgetary contributions for developing this programme;

3. REQUESTS the Regional Committees to discuss in 1977 or 1978 the subject of occupational health, with a view to active implementation of regional programmes of work in occupational health at both the country and intercountry levels, based on the needs of each country.

Handb. Res., Vol. II, 1.11.5

Twelfth plenary meeting, 19 May 1976 (Committee A, fourth report)

WHA29.58 Schistosomiasis

The Twenty-ninth World Health Assembly,

Noting with satisfaction the Director-General's report on schistosomiasis, prepared in accordance with resolution WHA28.53, and the activities undertaken so far;

Noting also with concern the spread of schistosomiasis in areas where water resources schemes are being planned or implemented;

Recognizing that considerable resources would be required in terms of finance and manpower for effective large-scale control programmes;
Realizing that the control of schistosomiasis requires further basic and applied research to develop new tools and operational methodology compatible with the financial resources of Member States;

1. **RECOMMENDS** that Member States promote, within the framework of their health programmes, the acquisition of scientific knowledge on all aspects of this disease and the organization of appropriate services, and that they establish the priority to be given to the control of schistosomiasis in accordance with the importance this disease presents as a public health problem;

2. **URGES** Member States in which schistosomiasis is or could become endemic to take into account the epidemiological aspects of this disease when planning and implementing water management schemes, and to undertake specific measures to prevent the spread of the disease into new areas and neighbouring countries;

3. **REQUESTS** the Director-General:
   - (1) to expand the activities of the Organization in the field of schistosomiasis;
   - (2) to further promote research on diagnosis, control methods of the disease, including its chemotherapy, and on methods for the elimination of snail intermediate hosts;
   - (3) to take all necessary steps to harness international support for prevention of the disease in water management schemes.

**WHA29.59  Mycotic infections**

The Twenty-ninth World Health Assembly,

Thanking the Director-General for his report on mycotic diseases, submitted in pursuance of resolution WHA28.55;

Noting with appreciation the contribution of governments in reporting on mycotic diseases in their respective countries;

Realizing the important place these diseases have in human pathology, in spite of the scarcity of data regarding their prevalence and incidence;

Stressing the fact that the control of some mycotic infections is feasible with the tools now available;

1. **RECOMMENDS** that Member States:
   - (1) build up specialized expertise within their health services to enable an adequate assessment to be made of the prevalence and incidence of mycotic diseases and, subsequently, of their public health importance;
   - (2) encourage teaching of health personnel in the field of mycoses at medical schools and other appropriate institutions;

2. **REQUESTS** the Director-General:
   - (1) to assist Member States in training technical personnel for the application of available diagnostic and treatment procedures;
   - (2) to promote the establishment of an up-to-date nomenclature of mycotic disorders;
   - (3) to stimulate research on mycotic infections with particular emphasis on simple diagnostic techniques and chemotherapy.
WHA29.60 Annual report of the United Nations Joint Staff Pension Board for 1974

The Twenty-ninth World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by its annual report for the year 1974 and as reported by the Director-General.

Handb. Res., Vol. II, 7.2.7.1  
Twelfth plenary meeting, 19 May 1976 (Committee B, sixth report)

WHA29.61 Appointment of representatives to the WHO Staff Pension Committee

The Twenty-ninth World Health Assembly

RESOLVES that Dr. A. Sauter be appointed as member of the WHO Staff Pension Committee for a period of three years and that the member of the Executive Board designated by the Government of Pakistan be appointed as alternate member for a period of three years.

Handb. Res., Vol. II, 7.2.7.2  
Twelfth plenary meeting, 19 May 1976 (Committee B, sixth report)

WHA29.62 Reports of the Executive Board on its fifty-sixth and fifty-seventh sessions

The Twenty-ninth World Health Assembly,

Having reviewed the reports of the Executive Board on its fifty-sixth and fifty-seventh sessions;

Recognizing the progressive trend towards a more effective role of the Executive Board in policy-making and assistance to the work of the World Health Assembly;

1. COMMEMDS the Board on the work it has performed;

2. REQUESTS the President of the Twenty-ninth World Health Assembly to convey the thanks of the Assembly to those members of the Executive Board who will be completing their terms of office immediately after the closure of the current session of the Health Assembly.

Handb. Res., Vol. I, 4.2.5.2  
Twelfth plenary meeting, 19 May 1976

WHA29.63 Expanded programme on immunization

The Twenty-ninth World Health Assembly,

Having considered the Director-General’s progress report on the expanded programme on immunization,

1. NOTES with satisfaction the efforts made to develop the programme in pursuance of resolution WHA27.57 and the first progress accomplished;

2. EMPHASIZES again the high priority to be given to the programme with a view to ensuring its rapid expansion and meeting the needs of the Member States and their national immunization programmes;

3. RECORDS its appreciation of the important role that the United Nations Children’s Fund is playing, jointly with WHO, in supporting national immunization programmes;

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4. THANKS the governments and the agencies that have already contributed to the programme and urges those that are in a position to do so to contribute funds, or their equivalent in equipment and supplies, to the Voluntary Fund for Health Promotion (Special Account for the Expanded Programme on Immunization), or to make sufficiently long-term contributions on a bilateral basis;

5. COMMENDS the Director-General's intention of merging the smallpox eradication programme and the expanded programme on immunization during the next two years with a view to using the many years' experience of smallpox control and at the same time taking into account the considerable differences, peculiarities and complexities of immunization against other infections;

6. RECOMMENDS to the Director-General the carrying-out of special research to evaluate the effectiveness of immunization in countries with differing climatic and socioeconomic conditions, to develop qualitatively new, more effective and heat-stable vaccines against the six diseases included in the programme and also other diseases against which vaccines have not yet been developed, and to study the validity of currently accepted contraindications to vaccinations;

7. INVITES the Director-General to work out a strategy for a detailed immunization programme on a sound scientific basis which would be in harmony with the aims of WHO's Sixth and subsequent General Programmes of Work and have the prospect of being implemented by Member States continuously over a long period, particular account being taken of the programmes on primary health care;

8. REQUESTS the Director-General to keep the World Health Assembly regularly informed of the progress made.

Handb. Res., Vol. II, 1.8; 7.1.10.1

WHA29.64 Development and coordination of biomedical research

The Twenty-ninth World Health Assembly,

Having considered the Director-General's report on WHO's role in the development and coordination of biomedical and health services research;

Noting with satisfaction the intensification of WHO's research-coordination activities in pursuance of resolution WHA25.60 and subsequent resolutions of the Health Assembly and the Executive Board;

Noting with satisfaction also the increased activity of the Advisory Committee on Medical Research, the establishment of regional advisory committees on medical research, and the beginning of the development of coordinated research programmes on such subjects as health services, health manpower training, environmental health, cancer, tropical and parasitic diseases including schistosomiasis and onchocerciasis, cardiovascular diseases, and virus and other diseases;

Considering that the principal objectives of WHO's research activities are to provide guidance for effective coordination of national research efforts, to strengthen national research capabilities, particularly in developing countries, and to promote the application of existing and new scientific knowledge and research methodology on problems related to the stated priorities and programmes of the Organization;

Considering that the importance of information, methodological and ethical problems will grow with the further development of biomedical and health services research;

Considering the results already achieved by the institutes and centres already established in the African and other regions for the control of the major endemic diseases, in the field both of epidemiological surveillance and of applied and basic research;

1. CONFIRMS the need for the drawing-up of a comprehensive long-term programme for the development and coordination of biomedical and health services research, which should reflect WHO's attitude in regard to defining priorities in scientific and organizational research, the methodology, coordination of international research programmes, the improvement of research information systems, a review of the system of collaborating centres, and the collation of scientific biomedical and organizational forecasts;
2. **INVITES** the Director-General to prepare a comprehensive report containing an analysis and evaluation of WHO’s research-coordinating activities, including a report on the implementation of the relevant Executive Board and Health Assembly resolutions and proposals for further improvements in those activities and formulating WHO research policy, including possible ethical and other recommendations, and to submit the report to the Executive Board at its fifty-ninth session and to the Thirtieth World Health Assembly;

3. **REQUESTS** the Director-General to keep a reasonable balance between the strengthening of existing research institutions and the establishment of new centres, the latter measure to be envisaged only in exceptional cases where no host institution exists that is capable of carrying out the projected studies.

Handb. Res., Vol. II, 1.4

**WHA29.65** Système international d'Unités: use of SI units in medicine

The Twenty-ninth World Health Assembly,

Having considered the valuable contribution of international organizations to the unification of standards for measurement in all branches of science;

Recognizing the importance of uniform standards and terminology for scientific communication and the international exchange of information;

Welcoming the current move to greater uniformity of standards and units of measurement throughout the world;

Mindful nevertheless of the difficulties that might arise through too precipitate introduction into medical practice of certain units of the Système international d’Unités (SI), such as the substitution of the pascal for the millimetre of mercury in the measurement of blood pressure;

**REQUESTS** the Director-General:

(1) to study this matter, and the possible effects of the proposed changes on the international exchange of health information, together with other international organizations as may be appropriate;

(2) to report thereon to the Thirtieth World Health Assembly.

Handb. Res., Vol. II

**WHA29.66** Rheumatic diseases

The Twenty-ninth World Health Assembly,

Having considered the Director-General’s report on rheumatic diseases;

Taking into account the importance of such diseases as a cause of long-term disablement and their serious socioeconomic consequences;

1. **IS OF THE OPINION** that the prevention and control of rheumatic diseases should constitute an integral part of national health programmes, and that greater efforts are required to provide appropriate services within those programmes;

2. **NOTES** with satisfaction the work of the International League against Rheumatism in having 1977 designated as World Rheumatism Year, which will provide an opportunity for close cooperation between the various organizations concerned with the fight against rheumatic diseases;
3. **RECOMMENDS** that the World Health Organization should continue to assist governments, on their request, in promoting services for the prevention and control of rheumatic diseases, research in this field, and the training of rheumatologists.

*Handb. Res., Vol. I, 1.9.3*

*Thirteenth plenary meeting, 20 May 1976 (Committee B, seventh report)*

**WHA29.67**  The need for laboratory animals (nonhuman primates) for the control of biological products and the establishment of breeding colonies

The Twenty-ninth World Health Assembly,

Recalling resolution WHA28.83;

Having considered the report of the Director-General on the need for laboratory animals for the control of biological products and the establishment of breeding colonies;

Recognizing that there is an increasing shortage of suitable nonhuman primates for biomedical purposes, for both research and the quality control of biological products, and that this could lead to a lowering of the standards of safety of drugs and vaccines, as well as handicapping medical research in several disciplines;

Conscious of the urgent need for the Organization to take active steps to assist in the improvement of the supply of nonhuman primates for biomedical purposes;

Believing that such important problems can be solved only by international collaboration among all countries concerned;

1. **URGES** Member States:
   
   (1) to strengthen the development of this resource in countries with wild populations of nonhuman primates, with a view to promoting the rational conservation and utilization of these animals considered as a renewable natural resource;
   
   (2) to give increasing support for the initiation and operation of nonhuman primate production programmes, whether in breeding stations or in special reserves;
   
   (3) to exchange breeding stock with other interested countries in order to establish a number of sources of each species of nonhuman primate, thereby assisting the conservation of the animals in the wild;

2. **REQUESTS** the Director-General:

   (1) to encourage and facilitate international collaboration where appropriate in the development and implementation of simian breeding programmes;

   (2) to facilitate the exchange of both resources and technology between all countries concerned and, with the help of other interested international organizations as appropriate, to make expert advice available to countries, at their request, on the conservation, breeding, supply and utilization of nonhuman primates;

   (3) to provide leadership in the preparation of standards, criteria and international guidelines on the supply and use of nonhuman primates for biomedical purposes;

   (4) to promote research on the possibilities of replacing nonhuman primates by other animal species.

*Handb. Res., Vol. II, 1.10.5; 1.4*  

*Thirteenth plenary meeting, 20 May 1976 (Committee B, seventh report)*
WHA29.68 Disability prevention and rehabilitation

The Twenty-ninth World Health Assembly,
Recalling resolution WHA19.37;
Having considered the report of the Director-General on disability prevention and rehabilitation;
Having considered the great medical, economic, social and psychological impact caused by disability to millions of people throughout the world;
Recognizing that the existing services are costly and the coverage inadequate, and that an extension of the present pattern of services is unlikely to meet the needs of most countries;

1. THANKS the Director-General for his report;
2. RECOMMENDS that the WHO policy on disability prevention and rehabilitation be oriented to:
   (1) the promotion of effective measures for the prevention of disability;
   (2) the encouragement of the application of effective approaches and appropriate technologies to prevent disability while integrating disability prevention and rehabilitation into health programmes at all levels, including into primary health care;
   (3) emphasis on those problems of disability that can be solved most efficiently and effectively and in a manner acceptable to the populations;
   (4) the inclusion of the appropriate disability prevention and rehabilitation methods into the training of all relevant health manpower;
3. DRAWS THE ATTENTION of Member States to the importance of disability prevention and rehabilitation as an integral part of health and social services and to the need for collaboration between all agencies concerned with health promotion, including social welfare services;
4. REQUESTS the Director-General:
   (1) to encourage the application of these new policies;
   (2) to seek the cooperation of other organizations of the United Nations system and of nongovernmental organizations in their implementation.

Handb. Res., Vol. I, 1.5.1.4
Thirteenth plenary meeting, 20 May 1976 (Committee B, seventh report)

WHA29.69 Health assistance to refugees and displaced persons in the Middle East

The Twenty-ninth World Health Assembly,
Recalling resolution WHA28.35 on the health conditions of the refugees and displaced persons in the Middle East as well as the population of the occupied Arab territories;

Having considered the Director-General’s reports on the health assistance to refugees and displaced persons in the Middle East;

Mindful of the principle that the health of all peoples is fundamental to the attainment of a just peace and security;

1 Documents A29/WP/1 and A29/33.
Deeply concerned at the following Israeli practices, such as:

(a) the eviction, deportation and expulsion of the Arab population;
(b) the displacement of the Arab inhabitants of the occupied territories;
(c) destruction and demolition of Arab houses and the confiscation and expropriation of Arab lands and properties;
(d) the continued establishment of Israeli settlements;
(e) mass arrests, administrative detention and ill-treatment of the Arab population;

Convinced that the above-mentioned practices gravely affect the physical and mental health of the Arab inhabitants of the occupied territories and further aggravate the health and living conditions of the Arabs under Israeli occupation;

1. CALLS UPON Israel to desist forthwith from such practices;
2. REITERATES its call upon Israel to immediately implement the relevant World Health Assembly resolutions calling for the immediate return of the Palestinian people and displaced persons to their homes as well as the full implementation of the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War, of August 1949;
3. REQUESTS the Director-General to continue to allocate appropriate funds to be devoted to the improvement of the health conditions of the population of the occupied Arab territories;
4. FURTHER REQUESTS the Director-General to ensure that the above-mentioned funds be spent under the direct supervision of WHO and through the provision of representatives in the occupied Arab territories;

B

Bearing in mind resolution WHA26.56, which established the Special Committee of Experts to study the health conditions of the inhabitants of the occupied territories in the Middle East, and resolution WHA28.35, which condemns the refusal of Israel to cooperate with the Special Committee and calls upon its Government to cooperate with it and particularly to facilitate its free movement in the occupied Arab territories;

Reaffirming resolution WHA24.33 and the relevant provisions of the Constitution of WHO concerning the failure of Members to meet their obligations to the Organization;
1. CONDEMNS the refusal of Israel to receive the Special Committee as such and calls once again upon its Government to ensure the free movement of the Special Committee to all parts of the occupied Arab territories;
2. REQUESTS the Special Committee as such to visit the occupied Arab territories and to carry out its mandate under resolution WHA26.56 and in particular to achieve the following:
   (a) to investigate the physical, mental and social conditions of the Arab population in all the occupied territories;
   (b) to investigate the physical and mental conditions of the administrative detainees and prisoners;
   (c) to contact directly the Arab population under Israeli occupation, their social representatives and their humanitarian societies in order to collect first-hand information on the health conditions of the said population, and to be informed about their health and requirements;
3. REQUESTS the Special Committee as such to remain in close consultation with the Arab States directly concerned and the PLO (Palestine Liberation Organization) for the implementation of this resolution;

C

Having considered the Director-General's report on health assistance to refugees and displaced persons in the Middle East,²

² Document A29/33.
THIRTEENTH plenary meeting, 20 May 1976  
(Committee B, seventh report)

WHA29.70  Leprosy control

The Twenty-ninth World Health Assembly,

Recalling resolution WHA28.56;

Realizing the seriousness of the present situation in regard to leprosy in the world and the danger of its further aggravation;

Recognizing the need for urgent action to control the disease;

Noting the Organization's activities in this field;

1. URGES the Director-General to strengthen the programme for the control of leprosy;

2. REQUESTS the Director-General:

   (1) to assist the countries most affected to develop effective programmes for early detection and closely supervised treatment of infectious cases and for health education;

   (2) to intensify coordination with other international organizations and with bilateral and multilateral agencies with a view to mobilizing the necessary resources in support of leprosy control programmes in the countries in urgent need of assistance in this respect;

   (3) to encourage individual countries to conduct operational studies and other research activities on various aspects of leprosy, and particularly on means of immunization against the disease;

   (4) to assist countries, in cooperation with the United Nations Children's Fund and other organizations, in the production and procurement of antileprosy drugs and in the rehabilitation of leprosy patients;

   (5) to stress the importance of psychosocial factors in leprosy;

   (6) to report to the Thirtieth World Health Assembly on the progress made.

FOURTEENTH plenary meeting, 21 May 1976  
(Committee A, sixth report)

WHA29.71  Intensification of research on parasitic and other communicable and tropical diseases

The Twenty-ninth World Health Assembly,

Having examined the progress report submitted by the Director-General describing the present status of planning and pilot operations of the special programme for research and training in tropical diseases, in accordance with resolution WHA27.52;

Recalling also resolutions WHA28.51, WHA28.66 and WHA28.71;

Taking note of the discussions at the fifty-seventh session of the Executive Board and of resolution EB57.R20, endorsing the steps taken and envisaged to intensify research on parasitic, other communicable and tropical diseases;

Realizing the need to mobilize all possible resources, including particularly the potential from the pharmaceutical sector, as part of the role of WHO in coordinating and accelerating the important special programme for research and training in tropical diseases;
1. **THANKS the Director-General for his report;**

2. **APPROVES the development so far of the special programme for research and training in tropical diseases;**

3. **APPROVES the strategy of the development of scientific aspects of the research through scientific working groups (task forces) of eminent scientists brought together for the purpose by WHO, and the progress already made in establishing these groups and in their work which should best focus the available resources on correct priorities particularly in developing new pharmaceutical—e.g., chemotherapeutic and immunological—tools for disease control;**

4. **THANKS those governments and voluntary agencies which have contributed financially to the development of programme planning and pilot projects in this field;**

5. **URGES that all Member States participate as fully as possible in the work of the special programme by offering the cooperation of their researchers, and by donations of funds and the provision of facilities, in order to further the research and training activities planned;**

6. **REQUESTS the Director-General:**
   
   (1) to enlarge the network of WHO national scientific collaborating centres and institutions in order to enhance their contribution to this programme;
   
   (2) to establish contacts with universities, appropriate research institutions and the pharmaceutical sector for the development of new methods of controlling tropical diseases and evolving new preventive and therapeutic substances;
   
   (3) to report to the fifty-ninth session of the Executive Board and Thirtieth World Health Assembly on the progress made.

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**Handb. Res., Vol. II, 1.8; 1.4**

**Fourteenth plenary meeting, 21 May 1976 (Committee A, sixth report)**

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**WHA29.72 Health manpower development**

The Twenty-ninth World Health Assembly,

Having considered the report of the Director-General on health manpower development;

Reaffirming the main principles contained in resolutions WHA24.59, WHA25.42, and WHA27.31;

Recalling that assistance in promoting the training of national health personnel is a constitutional function of WHO;

Considering that the absolute and relative shortage of health manpower and the often inadequate and irrelevant training of such manpower have been important factors impeding health coverage of populations;

Recognizing that the remedy to these long-standing problems requires a new and vigorous effort involving the concept of the unity of medical science and health activities and a systematic and integrated approach to health manpower planning, production and management directly related to the assessed needs of populations;

1. **ENDORSES the programme proposals of the Director-General as contained in his report;**

2. **REQUESTS the Director-General:**
   
   (1) to assist Member States in the formulation of national health manpower policies that are responsive to health service requirements and consistent with policy in other sectors;
   
   (2) to intensify efforts to develop the concept of integrated health services and manpower development so as to promote manpower systems that are responsive to health needs, and to collaborate with Member States in introducing a permanent mechanism for the application of the concept and in adapting it to the requirements of each individual country;
(3) to collaborate with Member States in strengthening health manpower planning as an integral part of overall health planning in the context of their socioeconomic conditions;

(4) to encourage the development of health teams trained to meet the health needs of populations, including health workers for primary health care, and taking into account, where appropriate, the manpower reserve constituted by those practising traditional medicine;

(5) to collaborate with Member States in the development and adaptation of effective health manpower management policies, in the establishment of a continuous evaluation process to ensure the necessary changes in a dynamic and integrated system of health services and manpower development, and in the development of measures to control undesirable migration of health manpower;

(6) to establish a long-term programme of health manpower development on the basis of these proposals in all the regions, taking into account specific needs and possibilities of the countries in each region, and on the basis of this long-term programme to build medium-term health manpower development programmes with concrete aims and target indices for evaluation of the results attained, these programmes to be discussed at the regional committee meetings in 1977;

(7) to study the extent of actions taken by governments in modifying their health manpower training programmes and to assist the Member States in restructuring the curricula for all the members of the health team, especially for physicians at both undergraduate and postgraduate levels, to make them more relevant to the needs of their societies;

3. REQUESTS the Director-General:

(1) to explore ways and means of implementing the recommendations for the Organization’s future activities in health manpower development as set forth in his report;

(2) to report to a subsequent Health Assembly on the achievement in carrying out this programme.

Handb. Res., Vol. II, 1.7.2

Fourteenth plenary meeting, 21 May 1976
(Committee A, sixth report)

WHA29.73 Development of the antimalaria programme

The Twenty-ninth World Health Assembly,

Recalling resolution WHA28.87;

Having considered the Director-General’s report on the development on the antimalaria programme, and the report of the Ad Hoc Committee on Malaria 1 endorsed by the Executive Board at its fifty-seventh session;

Welcoming the particular attention given to the antimalaria programme at the fifty-seventh session of the Executive Board, culminating in the adoption of resolution EB57.R26;

Emphasizing the need for WHO to continue to accord priority to the promotion and coordination of antimalaria activities, and to related research and training, at the country, regional and global levels;

Noting with satisfaction that several governments have generously contributed to the Voluntary Fund for Health Promotion—Malaria Special Account;

1. ENDORSES resolution EB57.R26;

2. REQUESTS the Director-General:

(1) to take the necessary steps to implement the action recommended by the Executive Board in the light of discussions at the World Health Assembly;

(2) to intensify coordination with other international organizations and bilateral agencies for the mobilization of the necessary resources in support of antimalaria activities, including the production, development and availability of insecticides and antimalarial drugs in countries in need of such assistance;

(3) to assist countries in conducting operational studies and developing research facilities on various aspects of malaria, particularly concerning immunizing agents, new chemotherapeutic substances, and biological methods of control;

(4) to promote the application of bioenvironmental methods of malaria control wherever feasible;

3. REQUESTS the Executive Board to keep the development of the antimalaria programme under continuous review and to report, as appropriate, to the World Health Assembly.

Handb. Res., Vol. II, 1.8.2; 7.1.10.1

Fourteenth plenary meeting, 21 May 1976
(Committee B, eighth report)

WHA29.74 Promotion of national health services and health technology relating to primary health care and rural development

The Twenty-ninth World Health Assembly,

Having considered the reports of the Director-General on the promotion of national health services and health technology relating to primary health care and rural development, and resolution EB57.R27 of the Executive Board;

Reaffirming previous resolutions and decisions (in particular WHA23.61, WHA25.17, WHA26.35, WHA26.43, WHA27.44 and WHA28.88) concerning the need to further the health of all people within national contexts, using every appropriate method in an acceptable manner, and encouraging the provision and expansion of effective, comprehensive health care to meet the right of access to such care for all people;

Considering that WHO’s priority should be to assist countries to implement steps which will improve the health of underserved populations;

Emphasizing that health development should be considered as an essential part of socioeconomic development and that primary health care linked to community involvement is an approach which can combine health service actions with health-related actions in other sectors;

Recognizing that the development of appropriate methodologies and technologies are important support elements in the development of primary health care and rural development and as such should be considered a priority area;

1. THANKS the Director-General for his reports;

2. URGES Member States to consider their national health problems in their totality as an integral part of their socioeconomic development plans and to review their health policies and strategies taking into account:

   (1) the need to develop methods and procedures relevant to their national situations, utilizing appropriate, effective, acceptable and feasible techniques;

   (2) the priority that should be accorded to measures for improving the health of underserved populations;

   (3) the importance of relating the activities of the health services to those of other health-related sectors, especially at the level of the primary health care and rural development services;

3. CONSIDERS it necessary:

   (1) to strengthen WHO’s activities in the collection, analysis and dissemination of information between Member States on the health experience, methodologies and technologies available;

   (2) to cooperate with Member States in the adaptation and the utilization of existing technologies in the light of locally prevailing conditions;
(3) to promote research for the development of appropriate and effective methodologies and technologies;

4. REQUESTS the Director-General:

(1) to continue his efforts directed towards further developing and implementing the programme on the promotion of national health services relating to primary health care and rural development;

(2) to take adequate measures to establish and develop a programme of health technology relating to primary health care and rural development as part of the overall primary health care programme, and to stimulate health manpower training institutions to intensify their efforts for promoting and strengthening their roles in its development;

(3) to take appropriate steps to ensure that WHO takes an active part, jointly with other international agencies, in supporting national planning of rural development aimed at the relief of poverty and the improvement of the quality of life;

(4) to take further steps to encourage a dialogue on these issues within and between Member States, including all relevant sectors and levels of government and the population;

(5) to assist Member States to implement their programmes of primary health care.
PROCEDURAL DECISIONS

(i) Composition of the Committee on Credentials

The Twenty-ninth World Health Assembly appointed a Committee on Credentials consisting of delegates of the following 12 Members: Afghanistan, Bulgaria, Finland, Ireland, Malawi, Mexico, Singapore, Thailand, Togo, Trinidad and Tobago, United Arab Emirates, and United Republic of Tanzania.

First and second plenary meetings, 3 May 1976

(ii) Composition of the Committee on Nominations

The Twenty-ninth World Health Assembly appointed a Committee on Nominations consisting of delegates of the following 24 Members: Afghanistan; Argentina; Canada; Central African Republic; Chad; China; Colombia; Cuba; France; Germany, Federal Republic of; India; Indonesia; Iran; Jamaica; Kenya; Libyan Arab Republic; Mozambique; Niger; Oman; Poland; Union of Soviet Socialist Republics; United Kingdom of Great Britain and Northern Ireland; Western Samoa; and Zambia.

First plenary meeting, 3 May 1976

(iii) Verification of credentials

The Twenty-ninth World Health Assembly recognized the validity of the credentials of the following delegations:

Members:

Afghanistan; Albania; Algeria; Angola; Argentina; Australia; Austria; Bahrain; Bangladesh; Barbados; Belgium; Benin; Bolivia; Botswana; Brazil; Bulgaria; Burma; Burundi; Canada; Cape Verde; Central African Republic; Chad; Chile; China; Colombia; Comoros; Congo; Costa Rica; Cuba; Cyprus; Czechoslovakia; Democratic People's Republic of Korea; Democratic Republic of Viet-Nam; Democratic Yemen; Denmark; Ecuador; Egypt; El Salvador; Ethiopia; Fiji; Finland; France; Gabon; Gambia; German Democratic Republic; Germany, Federal Republic of; Ghana; Greece; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Honduras; Hungary; Iceland; India; Indonesia; Iran; Iraq; Ireland; Israel; Italy; Ivory Coast; Jamaica; Japan; Jordan; Kenya; Kuwait; Lao People's Democratic Republic; Lebanon; Lesotho; Liberia; Libyan Arab Republic; Luxembourg; Madagascar; Malawi; Malaysia; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Morocco; Mozambique; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Republic of South Viet-Nam; Romania; Rwanda; Sao Tome and Principe; Saudi Arabia; Senegal; Sierra Leone; Singapore; Somalia; Spain; Sri Lanka; Sudan; Surinam; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Uganda; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Cameroon; United Republic of Tanzania; United States of America; Upper Volta; Uruguay; Venezuela; Western Samoa; Yemen; Yugoslavia; Zaire; and Zambia.

Associate Member:

Namibia.

Fourth, ninth, and eleventh plenary meetings, 5, 13, and 19 May 1976

1 Credentials provisionally accepted.
(iv) Election of officers of the Twenty-ninth World Health Assembly

The Twenty-ninth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers:

President: Sir Harold Walter (Mauritius);
Vice-Presidents: Dr A. R. Al Awadi (Kuwait), Mr B. N. Jha (Nepal), Dr H. J. H. Hiddlestone (New Zealand), Mr A. C. Kirca \(^1\) (Turkey), Dr H. Weinstok (Costa Rica).

Second plenary meeting, 4 May 1976

(v) Election of officers of the main committees

The Twenty-ninth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the following officers of the main committees:

COMMITTEE A: Chairman, Professor F. Renger (German Democratic Republic);
COMMITTEE B: Chairman, Dr E. Aguilar Paz (Honduras).

Second plenary meeting, 4 May 1976

The main committees subsequently elected the following officers:

COMMITTEE A: Vice-Chairman, Dr P. Tuchinda (Thailand); Rapporteur, Professor B.-C. Sadeler (Benin).
COMMITTEE B: Vice-Chairman, Dr P. S. P. Dlamini (Swaziland); Vice-Chairman ad interim, Dr Z. M. Dlamini (Swaziland); Rapporteur, Professor K. A. Khaleque (Bangladesh).

(vi) Establishment of the General Committee

The Twenty-ninth World Health Assembly, after considering the recommendations of the Committee on Nominations, elected the delegates of the following 14 countries as members of the General Committee: Argentina, Bahrain, Botswana, China, France, Guinea-Bissau, Indonesia, Mozambique, Togo, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America, and Zambia.

Second plenary meeting, 4 May 1976

(vii) Adoption of the agenda

The Twenty-ninth World Health Assembly adopted the provisional agenda prepared by the Executive Board at its fifty-seventh session with the addition of one item and one subitem, the deletion of two subitems, and reallocation of certain items between the main committees.

Third, ninth, and twelfth plenary meetings, 4, 13, and 19 May 1976

(viii) Selection of the country in which the Thirtieth World Health Assembly will be held

The Twenty-ninth World Health Assembly, in accordance with Article 14 of the Constitution, decided that the Thirtieth World Health Assembly shall be held in Switzerland.

Twelfth plenary meeting, 19 May 1976

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\(^1\) Mr Kirca being unable to attend, Professor I. Doğramacı (Turkey) was elected Vice-President in his stead at the fourth plenary meeting (5 May 1976).
ANNEXES
Annex 1

FINANCIAL REPORT ON THE ACCOUNTS OF WHO FOR 1975 AND REPORT OF THE EXTERNAL AUDITOR

1 See resolution WHA29.3.

First Report of the Ad Hoc Committee of the Executive Board

1. At its fifty-seventh session, the Executive Board, in resolution EB57.R65, established an Ad Hoc Committee consisting of Dr. L. B. T. Jayasundara, Professor J. Kostrzewski and Dr. R. Valladares to consider, inter alia, the Financial Report of the Organization for 1975 and the report of the External Auditor, and in accordance with Financial Regulation 12.9, to submit to the Twenty-ninth World Health Assembly, on behalf of the Board, such comments as it deemed necessary.

2. The Committee met on 3 May 1976, and Professor J. Kostrzewski was elected Chairman.

3. The Committee reviewed the Financial Report of the Director-General for 1975 and the report of the External Auditor, as contained in Official Records, No. 230. The Committee was advised that the format of the Financial Report had been considerably changed with a view to meeting comments and suggestions that it should contain more relevant and informative material and be presented in a manner more understandable to the nonspecialized reader; the present version was a first step towards meeting this goal.

4. The Committee noted the slow rate at which contributions had been paid during 1975, which had made it necessary to withdraw approximately US $1.8 million from the Working Capital Fund in October in order to meet the then cash deficit; although the overall collection position had improved, at 31 December 1975 6.51% of contributions, or US $7,269,502, were still outstanding. The External Auditor had commented on this in his report, and the Committee fully shared the Auditor's concern, particularly as it was advised that this unsatisfactory situation was continuing in respect of the collection of contributions for 1976. In fact, as concerns the financing of 1976 activities, due to the low amount of collections, it had been necessary to withdraw the entire available balance of the Working Capital Fund, and to resort to internal borrowing as well, by 31 March 1976. The Committee emphasized the necessity for all Members to honour their obligation to pay contributions fully and in due time.

5. The Committee noted that obligations incurred under the regular budget totalled US $119,308,886, against the approved effective working budget of US $119,310,000. This resulted in a budget surplus of US $1114. However, at the same time, due to the shortfall in collection of contributions, there also was a cash deficit in the year's operations amounting to US $7,268,388 which had to be covered by an advance from the Working Capital Fund at the year's end. The Committee felt it should draw the particular attention of the Assembly to the fact that this large withdrawal from the Working Capital Fund, combined with outstanding balances of previous withdrawals for other authorized uses, left the available cash balance of the Working Capital Fund at the alarmingly low figure of US $2,271,542, and accordingly only approximately 20% of the Working Capital Fund was available at the start of the year 1976.

6. The Committee was advised that the one case of fraud reported on by the External Auditor involved falsification of expenditure on a short-term project with only one staff member, a short-term consultant. Steps had been taken by headquarters and the regional office concerned to tighten up financial control procedures for projects of this type. There had been no financial loss, as the Organization's insurance company had reimbursed the full amount of the defalcation; furthermore, the individual concerned had agreed to arrangements whereby he was reimbursing the insurance company through the Organization by instalments.

7. The Committee reviewed the recommendations of the External Auditor in respect of programme planning. In the view of the External Auditor planning should be more programme-oriented as distinct from project-oriented, with a clear definition of objectives.
against which evaluation could be made. The Committee noted the External Auditor's comments on this and felt that the matter should be carefully reviewed by the Executive Board. The Committee took into account the tabular material presented by the Director-General on pages 27 and 28 of the Financial Report together with the explanations preceding this, which showed a significant number of changes in project implementation compared with projects planned as shown in the programme budget document. The project changes arose for a variety of reasons, such as the inclusion of projects for new Members, changes in government priorities, delays in recruitment, and the consolidation of small projects into larger projects; the changes were, where possible, made in consultation with the governments concerned.

8. Other points noted were the significant drop in casual income in 1975 as compared with 1974, the steps taken by the Director-General to surmount the difficulties which arose during 1975 as a result of currency instabilities, and the use that had been made of the Director-General's Development Programme. It was recalled that this innovative feature had been utilized for the first time in the 1975 programme budget; its introduction had enabled the Director-General to deal with a number of urgent health problems that had arisen during 1975, particularly in the developing countries.

9. In pursuance of paragraph 2(a) of the resolution giving the Committee's terms of reference it considered the transfers between sections of the appropriation resolution for 1975 which the Director-General had made in connexion with the closure of the accounts for the financial year 1975. In response to questions, the Committee was informed that the authority for budgetary and financial decisions in WHO was highly decentralized; this involved the allocation of funds by appropriation section to each of the six Regional Directors, who in administering their allocations were required to remain within each amount allocated by appropriation section. In consequence each of the regional offices at the year's end was likely to produce small surpluses in each of the appropriation sections forming part of its regional allocation. On an Organization-wide basis these small surpluses, which had arisen in appropriation sections 1, 2, 3, 4, 7, and 8, had been used to cover urgent and priority needs, mostly in section 5 and here mainly in connexion with the Organization's smallpox eradication programme. The Committee took note of these transfers, all of which had been made within the Director-General's authority as set forth in part C of resolution WHA27.56.

Annex 2

MEMBERS IN ARREARS IN THE PAYMENT OF THEIR CONTRIBUTIONS TO AN EXTENT WHICH MAY INVOCATE THE PROVISIONS OF ARTICLE 7 OF THE CONSTITUTION

[A29/51—4 May 1976]

SECOND REPORT OF THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. At its fifty-seventh session, the Executive Board, in resolution EB57.R65, established an Ad Hoc Committee consisting of Dr L. B. T. Jayasundara, Professor J. Kostrzewski and Dr R. Valladares to consider, inter alia, the subject of "Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution".

2. The Committee met on 3 May 1976, and Professor J. Kostrzewski was elected Chairman.

3. The Committee had before it the report by the Director-General (see appendix), which indicated that three Members—Bolivia, the Dominican Republic, and Haiti—were in arrears to an extent which might invoke the provisions of Article 7 of the Constitution. In the course of its meetings a further payment of US $17,803 was received from Haiti; this payment had the effect of removing Haiti from the position whereby Article 7 of the Constitution could apply.

4. The Committee noted that the other two Members had made payments in respect of their arrears in 1975 after the closure of the Twenty-eighth World Health Assembly. The Committee also noted the action taken by the Director-General, including cables sent on 12 April 1976 requesting payment of arrears before 3 May 1976 in order that he could report the position on that date to the Ad Hoc Committee which would be
making recommendations to the Health Assembly. At the time of the Committee's meeting the further payment from Haiti was received as noted above, but no other communications had been received in direct response to these cables, although a payment was received from Bolivia on 15 April 1976. Furthermore, both Bolivia and the Dominican Republic had received credits in 1976 in respect of adjustments of their advances to the Working Capital Fund and these had been applied against their arrears.

5. Taking into account the several payments and credits applied against arrears since the last Assembly, and notably the fact that the Dominican Republic had made payment for the first time after several years, the Committee decided to recommend to the Assembly that the voting privileges of Bolivia and the Dominican Republic not be suspended at the Twenty-ninth World Health Assembly. However, in view of the Committee's concern with the timely payment of assessed contributions by Member States, it requested the Director-General to communicate by cable on its behalf with the two Governments concerned requesting that they take action prior to the closure of the Twenty-ninth World Health Assembly to pay their arrears.

Appendix

REPORT BY THE DIRECTOR-GENERAL TO THE AD HOC COMMITTEE OF THE EXECUTIVE BOARD

1. Resolutions of World Health Assemblies concerning Members in arrears

(Six resolutions, not reproduced here, were quoted in full or in part, as follows: WHA8.13, paragraph 2; WHA16.20, Part II, paragraphs 2, 3 and 4; WHA15.9, paragraph 3; WHA24.9, paragraphs 2 and 3; WHA25.6, operative paragraph; WHA28.18.)

2. Resolutions adopted by the Executive Board at its fifty-seventh session

At its fifty-seventh session the Executive Board adopted separate resolutions for each individual Member concerned at that time. The resolutions relating to those Members now concerned are EB57.R23 (Bolivia), EB57.R24 (Dominican Republic) and EB57.R25 (Haiti).

3. Members concerned

As at 26 April 1976, when this document was prepared, three Members were in arrears for amounts which equalled or exceeded their contributions for two full years prior to 1976 and/or had not fulfilled the conditions accepted by the World Health Assembly for the settlement of their arrears as set forth in the resolutions referred to in section 1 above. The countries concerned and the amounts of their arrears are shown in the following table:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dominican Republic</td>
<td></td>
<td>131 530d,e</td>
<td>25 950b</td>
<td>36 960</td>
<td>42 870</td>
<td>23 060</td>
<td>260 370</td>
</tr>
<tr>
<td>Haiti</td>
<td></td>
<td>113 145g</td>
<td>9 860b</td>
<td>42 870</td>
<td>23 060</td>
<td>188 935</td>
<td></td>
</tr>
</tbody>
</table>

a See resolution WHA15.9.
b Balance of contribution.
c See resolution WHA25.6.
d The consolidated arrears of contributions for the period 1965-70 are payable in four equal annual instalments of US $32 882.50 during the years 1972-75.
e This amount is made up as follows:

<table>
<thead>
<tr>
<th>Years</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1965</td>
<td>16 610</td>
</tr>
<tr>
<td>1966</td>
<td>17 410</td>
</tr>
<tr>
<td>1967</td>
<td>21 320</td>
</tr>
<tr>
<td>1968</td>
<td>23 170</td>
</tr>
<tr>
<td>1969</td>
<td>25 140</td>
</tr>
<tr>
<td>1970</td>
<td>27 880</td>
</tr>
<tr>
<td>Total</td>
<td>131 530</td>
</tr>
</tbody>
</table>

f See resolution WHA24.9.
g This amount, payable in 17 instalments of US $6 655.55 each during the years 1973-89, is made up as follows:

<table>
<thead>
<tr>
<th>Years</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1963</td>
<td>4 188</td>
</tr>
<tr>
<td>1964</td>
<td>13 300</td>
</tr>
<tr>
<td>1965</td>
<td>15 740</td>
</tr>
<tr>
<td>1966</td>
<td>17 410</td>
</tr>
<tr>
<td>1968</td>
<td>9 467</td>
</tr>
<tr>
<td>1969</td>
<td>25 140</td>
</tr>
<tr>
<td>1970</td>
<td>27 880</td>
</tr>
<tr>
<td>Total</td>
<td>113 145</td>
</tr>
</tbody>
</table>
4. Action taken by the Director-General

4.1 As requested by the Executive Board at its fifty-seventh session, the Director-General, in February 1976, communicated the text of resolutions EB57.R23, EB57.R24 and EB57.R25 to the Members concerned, urging them to pay their arrears or, if they were unable to do so before the opening of the Twenty-ninth World Health Assembly, to provide a statement of their intentions of payment for presentation to the Ad Hoc Committee of the Executive Board.

4.2 A further communication was sent by the Director-General in April 1976 to the Members involved. The Director-General or his representatives have also consulted with or sent personal communications to officials of the governments concerned in an effort to obtain payment of the arrears.

4.3 At the time this document was prepared no replies had been received from any of those Members.

5. Payments received since the closure of the Twenty-eighth World Health Assembly

Payments received since the closure of the Twenty-eighth World Health Assembly and credits refundable on 1 January 1976, resulting from a recomputation of advances of Members to the Working Capital Fund (reflected in the table above), have been applied as follows:

<table>
<thead>
<tr>
<th>Member</th>
<th>Date</th>
<th>Amount (US $)</th>
<th>Applied to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolivia</td>
<td>13 August 1975</td>
<td>17 000</td>
<td>1972 contribution</td>
</tr>
<tr>
<td></td>
<td>1 January 1976</td>
<td>980</td>
<td></td>
</tr>
<tr>
<td></td>
<td>15 April 1976</td>
<td>1 802</td>
<td></td>
</tr>
<tr>
<td>Dominican Republic</td>
<td>29 July 1975</td>
<td>30 280</td>
<td>1971 contribution (part)</td>
</tr>
<tr>
<td></td>
<td>29 July 1975</td>
<td>6 680</td>
<td>1972 contribution (part)</td>
</tr>
<tr>
<td></td>
<td>1 January 1976</td>
<td>980</td>
<td>1972 contribution (balance)</td>
</tr>
<tr>
<td>Haiti</td>
<td>5 August 1975</td>
<td>9 952</td>
<td>Instalment on arrears payable in 1972</td>
</tr>
<tr>
<td></td>
<td>5 August 1975</td>
<td>6 655</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5 August 1975</td>
<td>1 196</td>
<td></td>
</tr>
<tr>
<td></td>
<td>26 September 1975</td>
<td>17 803</td>
<td>1971 contribution (part)</td>
</tr>
<tr>
<td></td>
<td>1 January 1976</td>
<td>980</td>
<td>1972 contribution (part)</td>
</tr>
<tr>
<td></td>
<td>8 January 1976</td>
<td>7 121</td>
<td></td>
</tr>
</tbody>
</table>

6. Action to be taken by the Ad Hoc Committee

The Ad Hoc Committee will wish to decide what recommendations to make on behalf of the Executive Board to the Twenty-ninth World Health Assembly. The Committee could recommend that:

1. The voting rights of the Members concerned be suspended unless additional payments or satisfactory reasons for non-payment are received prior to the time this item is dealt with by the Health Assembly; or
2. These Members be given additional time in which to make payment of their arrears while retaining their voting rights at the Twenty-ninth World Health Assembly.

Annex 3

USE OF CHINESE AS A WORKING LANGUAGE OF THE WORLD HEALTH ASSEMBLY AND OF THE EXECUTIVE BOARD

Report by the Director-General

1. Introduction

Pursuant to resolution WHA28.33 concerning the use of Chinese as a working language of the World Health Assembly and the Executive Board, exploratory talks took place as a result of which a representative of the Director-General visited Peking on 16-18 March 1976 for discussions with representatives of the Ministry of Health of the People's Republic of China. The main conclusions reached are set forth below.

2. Staffing

It was agreed that the implementation of resolution WHA28.33 would take place gradually and as soon as practicable. All the necessary staff for translation is to be provided by the Ministry of Health of the People's Republic of China, the full cost of such staff to be borne by WHO.

3. Phasing

A first stage will commence at the end of 1976 or the beginning of 1977. Its length cannot be decided at present and will be determined by experience. It is expected to extend over some three years.

4. Implementation

4.1 For the implementation of this first stage, the Ministry of Health of the People's Republic of China will provide as regular staff members of WHO an

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1 See resolution WHA29.17.
initial nucleus of five, consisting of one Chief of Service/Reviser (P. 4), three translators (P.3) and one typist-calligrapher (G.5) to work at WHO headquarters in Geneva. In addition, the Ministry of Health will endeavour to make available for each session of the Health Assembly and the Executive Board some temporary translators and typists. The size of this staff will be determined by previous consultation between the Ministry of Health and the Director-General. Its full cost (travel, salary, per diem, etc.) is to be borne by WHO.

4.2 The workload, both pre-session and in-session, will be determined on a selective basis. Only those documents that are considered necessary by the Chief of the Translation Sub-Unit will be translated in full or in part, or summarized.

4.3 Translations will be produced in the form of offset documents in no more than one hundred copies. The production and duplication process will be entirely handled in WHO, which will also supply all the facilities required, such as typewriters, reproduction equipment, dictionaries and reference material.

5. Budgetary implications

Should the Health Assembly agree with the above-proposed first stage of a progressive implementation of Chinese as a working language of the World Health Assembly and of the Executive Board, the estimated cost for 1977 would be US $284 000. The Director-General proposes that this amount be added to the effective working budget for 1977.

As indicated in paragraph 3, it is expected that the first phase of implementation will extend over a three-year period. An appropriate provision for this purpose would therefore be included in the proposed programme budget for 1978 and 1979.

6. Further stages

Possibilities of further development will be determined in consultation between the Ministry of Health of the People's Republic of China and the Director-General in the light of experience and future needs. Reports will be submitted to the World Health Assembly as required.

Annex 4

REPORT OF THE DR A. T. SHOUSHA FOUNDATION COMMITTEE

FINANCIAL REPORT ON THE DR. A. T. SHOUSHA FOUNDATION FUND

The Dr A. T. Shousha Foundation Committee met on 23 January 1976 under the chairmanship of Professor J. Kostrewski. The financial situation of the Fund was presented by the Director-General of the World Health Organization as Administrator of the Dr A. T. Shousha Foundation, as follows:

<table>
<thead>
<tr>
<th>Capital account</th>
<th>US $</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital (brought forward from 1974)</td>
<td>30 675.25</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Revenue account</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance brought forward from 1974</td>
<td>5 493.98</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Receipts</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net interest earned in 1975</td>
<td>2 697.44</td>
</tr>
<tr>
<td>Total</td>
<td>8 191.42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disbursements</th>
<th>US $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Award to Dr G. R. Roashan (Sw.fr. 1000.―)</td>
<td>389.11</td>
</tr>
<tr>
<td>Total</td>
<td>7 802.31</td>
</tr>
<tr>
<td>38 477.56</td>
<td></td>
</tr>
</tbody>
</table>

The Committee noted that there were sufficient funds in the Revenue Account to cover the award of the Prize in 1976.

1 See resolution WHA29.18.
Annex 5
SUPPLEMENTARY BUDGET FOR 1976

[28 April 1976]

REPORT BY THE DIRECTOR-GENERAL

1. Introduction

1.1 The Staff Regulations of WHO state: 1

"3.1 The salaries for the Deputy Director-General, Assistant Directors-General and Regional Directors shall be determined by the World Health Assembly on the recommendation of the Director-General and with the advice of the Executive Board.

"3.2 Salary levels for other staff shall be determined by the Director-General on the basis of their duties and responsibilities. The salary and allowance plan shall be determined by the Director-General following basically the scales of salaries and allowances of the United Nations, provided that for staff occupying positions subject to local recruitment the Director-General may establish salaries and allowances in accordance with best prevailing local practices and that for staff occupying positions subject to international recruitment the remuneration shall be varied between duty stations to take into account relative cost of living to the staff members concerned, standards of living and related factors. Any deviations from the United Nations scales of salaries and allowances which may be necessary for the requirements of the World Health Organization shall be subject to the approval of, or may be authorized by, the Executive Board."

1.2 The salaries and allowances of staff in the general service category are based on the principle of “best prevailing rates” paid in the locality. The method of determining the level of these locally paid rates has been established jointly by the organizations which apply the United Nations common system of salaries and allowances and was reviewed by the former International Civil Service Advisory Board (ICSAB). This method involves rather detailed periodic surveys of the local employment market with a view to establishing the best prevailing rates, complemented by simpler procedures, which may vary from place to place, for updating general service category emoluments between major surveys.

1.3 In Geneva, the periodic surveys are in principle carried out about every five years. By general agreement, and upon a suggestion of ICSAB, this has been done since 1966 by an independent research institute. Interim adjustments are made by the application to the general service salary scales of a rolling three-year average of the movement of the Swiss salary index published by the Office fédéral de l’Industrie, des Arts et des Métiers (known as the OFIAMT index).

1.4 A survey was carried out in 1969, and resulted in increases in general service salaries of the order of 4%. Interim adjustments of approximately 41/2% have fairly regularly been made since that time at intervals now averaging some 7 months, on the basis of the movement of the OFIAMT index.

1.5 The most recent survey was begun towards the end of 1975. The report on the survey, which became available in January 1976, contained crude results suggesting increases ranging from 19.3% to 26.5% for the two points in the scale chosen for outside comparison.

1.6 After a protracted period of intensive analysis of the report by the administrations and staff representatives of the seven Geneva-based organizations, the Administrative Committee on Coordination (ACC) authorized the United Nations to conduct, as the spokesman for all the other organizations concerned, the necessary negotiations with the staff representatives. Agreement was finally reached on 15 April 1976 on new salary scales, retroactive to 1 August 1975, which represent increases of from 15% for the lowest level in the general service category to 11% for the highest. At the same time, and in accordance with new local legislation on the subject, agreement was reached on an increase in dependants’ allowances 3 retroactive to 1 April 1975.

1.7 In accordance with established practice related to the United Nations common system of salaries, allowances and conditions of service, the Director-General has agreed to adopt the new salary scales with effect from 1 August 1975 and the new dependants’ allowances with effect from 1 April 1975. In view of the need for coordinated action between the organizations in Geneva, the Director-General intends to effect payment of these increases at the same time as the United Nations.

3 The main annual increases in these allowances are: from Sw.fr. 1500 to Sw.fr. 1750 for a dependent spouse; from Sw.fr. 1300 to Sw.fr. 1800 for a dependent child.

1 See resolution WHA29.25.
2. Budgetary implications of increased salaries and allowances for staff in the general service category in Geneva

2.1 The total estimated cost to WHO of implementing the above-mentioned agreement concerning increases in the salaries and dependants' allowances for general service category staff in Geneva amounts to US $786 000 in 1975, US $1 810 000 in 1976, and US $1 930 000 in 1977. Although the programme budgets for 1975 and 1976 and the proposed programme budget for 1977 contain provision for interim salary adjustments on the basis of the movement of the OFIAMT index, they do not take account of the recent agreement to adjust the Geneva general service category salaries and dependants' allowances. Consequently the Director-General finds it necessary to submit a supplementary budget for 1976 in the amount of US $1 810 000, and to propose that appropriate financial arrangements be made also for 1975 and 1977 to meet these unforeseen additional costs as outlined below.

2.2 The Director-General considers that the financing of the increased budgetary requirements resulting from these developments should preclude the need for additional contributions by Members. As the additional requirements relate to the three years 1975, 1976 and 1977, the situation pertaining to each of these years is described separately below.

3. Proposed methods of financing to meet the increased costs in 1975, 1976 and 1977 of salaries and dependants' allowances for staff in the general service category in Geneva

1975

3.1 As mentioned above, the effective date of the agreed adjustment in general service category salaries is 1 August 1975 and that of the adjusted dependants' allowances is 1 April 1975. The total estimated 1975 cost to WHO of these adjustments is US $786 000. Inasmuch as the financial year 1975 is closed, it is not proposed to increase retroactively the budget for that year to meet this additional requirement.

3.2 After careful analysis of all the factors involved, it is considered feasible and prudent to meet the above-mentioned additional costs of US $786 000 by charging this amount to the reserves established in accordance with the Financial Regulations to cover unliquidated obligations. As shown in the Financial Report for 1975, an estimated amount of US $11 478 554 has been reserved to liquidate outstanding liabilities pertaining to the 1975 regular budget. With respect to prior years' outstanding liabilities, the total amount reserved at the end of 1975 amounted to US $4 691 600, thus resulting in a total reserve of US $16 170 154 in respect of 1975 and prior years. The purpose of this reserve is to effect payments for fellowships, supplies and equipment, and various services relating to prior financial periods. In accordance with sound financial practice the total amount set aside for this purpose represents the estimated maximum which can be expected to be required if all fellowships, supplies and services are delivered in full at the cost originally contracted for. Depending upon various circumstances (including the cancellation or reduction of fellowships, awards or contracts), some savings on unliquidated obligations are usually realized from one year to another and are credited to casual income. As shown in the Financial Report for 1975, these savings relating to prior years' unliquidated obligations amounted to US $1 251 452 in 1974 and US $721 558 in 1975. On the basis of past experience it is reasonable to assume that similar savings will be realized in 1976, and it is expected that they will be sufficient to cover those increased costs of Geneva general service category salaries and dependants' allowances relating to 1975 and amounting to US $786 000.

1976

3.3 The total estimated cost to WHO in 1976 of the increases in the Geneva general service category salaries and dependants' allowances is US $1 810 000. As mentioned above, the Director-General submits herewith a supplementary budget for 1976 in a corresponding amount to cover this requirement. He confirms that sufficient casual income is available to finance the additional cost of US $1 810 000, and recommends that the supplementary budget be financed by an increased appropriation by the Health Assembly of casual income.

1977

3.4 The total estimated costs to WHO in 1977 of the increases in the Geneva general service category salaries and dependants' allowances are US $1 930 000. As the Director-General is not now in a position to recommend any source of financing to meet these unforeseen costs that would not involve additional assessments on Members, he is not proposing that provision to cover them be included in the revised programme budget proposals for 1977 at the present time. However, he does propose to submit to the
Executive Board and Health Assembly next year a supplementary budget for 1977 in the amount of US $1,930,000 for the purpose of meeting this additional requirement. He also plans to recommend that supplementary budget should be financed by an increased appropriation by the Health Assembly of casual income which it can be assumed will be available at that time.

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Annex 6

REPORT OF THE LÉON BERNARD FOUNDATION COMMITTEE

[ A29/2—3 March 1976 ]

FINANCIAL REPORT ON THE LÉON BERNARD FOUNDATION FUND

The Léon Bernard Foundation Committee met on 19 January 1976 under the chairmanship of Professor J. Kostrzewski, and noted the following financial situation of the Fund, presented by the Director-General of the World Health Organization as Administrator of the Léon Bernard Foundation:

<table>
<thead>
<tr>
<th></th>
<th>Sw. fr.</th>
<th>Sw. fr.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital account</td>
<td>17 000.00</td>
<td></td>
</tr>
<tr>
<td>Revenue account</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance brought forward from 1974</td>
<td>2 007.75</td>
<td></td>
</tr>
<tr>
<td>Receipts:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest earned in 1975</td>
<td>1 193.35</td>
<td></td>
</tr>
<tr>
<td>Disbursements:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Award to Professor Boris V. Petrovskij</td>
<td>1 000.00</td>
<td>2 201.10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>19 201.10</td>
</tr>
</tbody>
</table>

The Committee noted further that the financial situation was able to cover the award of the Prize in 1976.

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1 See resolution WHA29.51.
Annex 7

SIXTH GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD
(1978-1983) ¹


The Director-General has the honour to transmit the draft Sixth General Programme of Work that is being submitted by the Executive Board to the Twenty-ninth World Health Assembly for its consideration and approval.

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1. INTRODUCTION

Article 28 (g) of the Constitution of the World Health Organization requires its Executive Board “to submit to the World Health Assembly for consideration and approval a general programme of work covering a specific period”. The World Health Assembly has thus far approved five general programmes of work, respectively for the periods 1952-1956, 1957-1961, 1962-1966, 1967-1972 and 1973-1977 inclusive. These programmes were formulated by the Executive Board, approved by the World Health Assembly and subsequently adapted to regional needs by the regional committees. The first four general programmes of work were developed in very broad terms and could be interpreted in such a way as to permit any health activity to be undertaken by the Organization.

The Fifth General Programme of Work ² was somewhat more explicit. It identified four principal programme objectives and outlined how they were to be attained. These objectives consist of the strengthening of health services, the development of health manpower, disease prevention and control, and the promotion of environmental health.

At its fifty-fifth session the Board considered a review of the Fifth General Programme of Work submitted to it by the Director-General, and decided (resolution EB55.R25) to take into account the conclusions of this review, as well as its deliberations on the review, in formulating the Sixth General Programme of Work. The Board recognized that, despite the very general nature of the Fifth General Programme of Work and the absence of specific priorities, it has proved to be a useful guide for defining and programming the Organization’s activities. It has left great flexibility to those executing the programme, thus enabling them to adapt the Organization’s activities to the particular requirements of the regions and the countries and also to certain developments which had not been foreseen or had been underestimated. With this proviso it is being faithfully implemented on the whole, although within its framework many additional procedures have been adopted for formulating the Organization’s detailed programmes, particularly with regard to the establishment of more specific objectives and priorities.

Likewise, the Board decided (resolution EB55.R26) to take into account in its preparation of the Sixth General Programme of Work the conclusions and recommendations of its organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States, and (resolution EB55.R66) the report of the Joint Inspection Unit on medium-term planning in the United Nations system, and the comments thereon of the Administrative Committee on Coordination.

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¹ See resolution WHA29.20.

To draw up the Sixth General Programme of Work, an Executive Board working group was set up as well as a Secretariat working group to support it. Proposals made by individual countries and experts, as well as recommendations of the regional committees, were taken into account.

The Sixth General Programme of Work retains the flexibility of the Fifth. It includes two additional groups of programme objectives, namely: the promotion and development of biomedical and health services research, and programme development and support. Increasing emphasis is laid on the relationship between health and socioeconomic development, and on the interaction of health, other social services and other sectors. The Sixth Programme presents its objectives in a much more detailed manner than the Fifth.

At the fifty-fifth session of the Executive Board it was stressed that the period of time to be covered by the Sixth General Programme of Work should correspond as far as possible to the period adopted throughout the United Nations system.

2. EVOLUTION OF THE WORLD HEALTH SITUATION AND HEALTH CHALLENGES FOR 1978-1983

2.1 EVOLUTION OF THE WORLD HEALTH SITUATION

Since the World Health Organization was founded, profound changes have taken place throughout the world. Many new sovereign States have emerged and on accession to independence have assumed new responsibilities. Important changes have taken place in relationships between countries, strengthening the spirit of cooperation among them. Unprecedented advances have been made in science, and health and education have become the birthright of ever-increasing proportions of the world population. During the same period, man’s environment has changed more than ever before and the global ramifications are only gradually becoming apparent.

Health has to be attained in this emergent framework of political, economic, social, cultural, scientific, technological and psychological systems, superimposed on the geophysical environment. Public health continues to be involved in each of those systems and, being a part of the total matrix, influences it by its own dynamics. In the past quarter of a century its capabilities have been expressed through intensive and extensive research. The new means available include, among many others, chemical and immunological agents, genetic and biological techniques of disease vector control, new drugs, improved physical methods and the by-products of nuclear fission for diagnosis and therapy, electronic monitoring apparatus, automated laboratory techniques, computers, and improved communications systems and analytical methods.

Public health services themselves continue to evolve in answer to existing and emerging problems. The pace has differed in different countries, but everywhere progress is evident. Developing countries have had to face the most difficult problems with the least resources. To counter these problems they have frequently used modern scientific methods and tools for which their young health service infrastructures were not always sufficiently developed and which caused an unnecessary drain on scarce resources. In spite of severe shortages of health manpower, a dearth of training facilities and inadequacy of available financial resources, vigorous application of public health measures has resulted in the saving of millions of lives. Consequently, the already inadequate health structures must now meet the demands of growing populations with an increased life expectancy. As a result population dynamics and its influence on health demand increased attention in many countries.

Health care has become more easily accessible for increasing numbers of people, and there has been a concomitant increase in expectancy of and demand for ever-higher standards of care as science and technology advance and as social progress is made. However, there is an uneven distribution of health care in many countries, rural populations being particularly underprivileged. The profile of morbidity continues to change. In a number of countries, improvements in living conditions and the provision of extensive and intensive care have led to the survival of people who would previously have succumbed to their illness, thus creating a higher proportion of elderly persons in the population and a concomitant rise in the prevalence of chronic diseases. All this is highlighting the necessity of gauging priorities for community health and for the immediate relief of individual suffering and pain. As costs soar in many countries, it is becoming increasingly evident that finite resources may limit the possible application of technological advances for all who require them, pointing to the necessity of seeking out new ways of making health care universally available. The economic and social advantages of industrialization and urbanization have been accompanied by factors detrimental to health, such as the introduction of harmful pollutants into the environment, the increase in road accidents and the stress of city life.
Increasing numbers of countries are including in their constitutions or statutes the principle of health as a fundamental human right, as mentioned in WHO's Constitution. At the same time in some countries rapid population growth and a growing demand for health care are placing severe strains on existing health facilities. Governments are becoming increasingly involved in planning for economic and social development, and are creating general policy frameworks within which health planning must become accommodated. Man's health has come to be regarded as a prerequisite for optimal socioeconomic development as well as one of the most important goals of such development. Public health services are no longer considered merely as a complex of solely medical measures. They are being increasingly recognized as an important component of socioeconomic systems, combining all the economic, social, political, preventive, therapeutic and other measures which human society, in any country and at any stage in its development, is using to protect and constantly improve the health of every individual and of society as a whole.

In recent decades many health problems previously considered local in character have proved to have regional and global implications. Speedy and increasingly frequent and voluminous international travel has converted certain seemingly national health problems into international health problems, and classical quarantine practices have given way to more positive measures of control through international collaboration in epidemiological surveillance. National and regional environmental problems have become global problems, and international collaboration must again form the keystone of their control. It has become increasingly evident that individual national efforts alone are not sufficient to deal adequately with such diverse questions as biomedical and health services research, the control of the production, distribution and use of drugs and biological substances, the development of comprehensive national health services and of health manpower in developing countries, and nutrition and population dynamics in relation to the future of human society. Thus, national, regional and global health systems are closely interwoven, and the modern world must be viewed in terms of these interrelationships.

However, experience has shown that the determining factor in the development of national health services is effective national effort. External aid can only temporarily alleviate the consequences of disproportionately low allocations for health needs in national plans and budgets, and can never fully make good the shortage of local resources and manpower. As a component part of a country's socioeconomic infra-

structure, health services have to develop in keeping with the rates of its population increase and social, cultural and economic progress.

2.2 SOME INDICATORS OF THE WORLD HEALTH SITUATION

Most of the material that follows is drawn from the Fifth Report on the World Health Situation, 1969-1972. The figures are based on the analysis of the most reliable available data provided by countries concerning the demographic situation, mortality and morbidity. Regional and central consolidation of information are rendered difficult by the uneven availability of data, so that the most that can be proffered at this stage is rather general statements.

The world population continues to increase, but the growth rate varies greatly from country to country and from region to region. The main causes of the increase are high birth rate, reduction in infant mortality and increased life expectancy.

The impact of population growth on the age structure of populations is revealed by an analysis of crude mortality rates. In the least developed countries the crude mortality rate, where it is known, is still high (above 18-20 per thousand). In the developed countries, where infant and child mortality rates are low, the general rate is about 10 per thousand because of the growing number of people over 65. For the world as a whole three main ranges of figures can be discerned in the percentage distribution of populations by crude mortality rate; the first at 6-9 per thousand, corresponding to countries with a high proportion of young people, the second at 14-17 per thousand for many developing countries, and the third at 22-25 per thousand for other developing countries. The rates for developed countries are situated between the first two ranges.

There is wide variation, among countries, in life expectancy at birth. The countries of the Region of the Americas and the European Region have the highest life expectancy, with a main range of figures for the percentage distribution of life expectancy between 70 and 75 years. In the Americas there is an earlier secondary important range for the percentage distribution between 60 and 65 years, for the developing countries of Central and South America. The Eastern Mediterranean and Western Pacific Regions are similar to each other with a main range of figures between 50 and 55 years; however, the former has an earlier, secondary important range between 35 and

40 years for its least developed countries. There is a later, secondary important range between 70 and 75 years in the Western Pacific Region corresponding to the most developed countries. The African Region constitutes a third category, with the lowest life expectancy, the main range of figures being between 35 and 40 years, with a secondary important range between 40 and 45 and between 45 and 50 years. There is a main range of figures between 45 and 50 years for the South-East Asia Region, but this has to be interpreted with caution as it is based on a sample of only 27.5%.

The percentage distribution of demographic growth rates in the WHO regions also shows wide variations. In Africa the main range is between 2.0% and 2.5%, with an important secondary range between 2.5% and 3.0%. In the Americas there are two main ranges, between 1.0% and 1.5% and between 3.0% and 3.5%, with an additional secondary range between 3.5% and 4.0%. In South-East Asia the main range is between 2.5% and 3.0%. In Europe it is between 1.0% and 1.5% with a secondary range between 0.5% and 1.0%. In the Eastern Mediterranean the main range is between 2.0% and 2.5% with a secondary range between 2.5% and 3.0%. In the Western Pacific the main range is between 1.5% and 2.0%.

Mortality rates by cause of death are known precisely only in countries with well-organized registration services and where for a high proportion of deaths the causes are established by physicians. For this reason only fragmentary information can be provided, based on the ranking order of leading causes of death in the WHO regions.

It is estimated that in those countries in which the expectation of life at birth is under 55 years, over half of all deaths are at ages under 15 and are caused by diseases typical of infancy and childhood, in particular intestinal and respiratory infectious diseases and specific factors of perinatal mortality.

Although the exact numerical importance of malnutrition as a cause of death is not known, special studies have revealed that nutritional deficiency was the underlying or associated cause in at least one third of the deaths among children under 5 years of age.

Infant mortality rates cannot be estimated with much accuracy in many countries, and hence regional and global estimates are difficult to compute. The following rates were estimated by the United Nations Secretariat and WHO for the year 1965 and refer to continents and not WHO regions: Africa—146 per 1000 live births; Americas—100; Asia—115; Oceania—50; Europe—32. Since then some countries have reached rates as low as 11 to 15 per 1000 births.

Cardiovascular diseases are responsible for more deaths than any other reported cause in the WHO Region of the Americas and the European Region, and occupy second place in the Eastern Mediterranean Region and third place in the South-East Asia and Western Pacific Regions. Malignant neoplasms take second place in the Americas and Europe. Tuberculosis, influenza and other respiratory infections occupy a high position on the list of main causes of death. Other communicable diseases have not been taken into account among the most important causes. The reason for this is that the lists communicated by governments rarely mention the common infectious diseases as causes of death, since the underlying cause is not often reported. Accidents and diseases of the newborn and of early infancy also rank high among principal causes of death.

Finally, the shortcomings of notifications of causes of death are illustrated by the fact that the diagnosis "symptoms and ill-defined conditions" occupies first place in three regions. In Europe it occupies seventh place.

General morbidity statistics are either very incomplete or non-existent in many countries. The morbidity statistics for hospital patients vary in value. They are fairly satisfactory when diagnosis is made on the patient's discharge from hospital, less reliable when the diagnosis is made on admission; they usually ignore the outpatient services and private sector, reflecting only morbidity that has led to admission to a public hospital bed, not general morbidity. There are differences between countries in the lists of diseases subject to compulsory notification, and the following information is based on data from less than half of the Member States. The information is therefore even more fragmentary than that for mortality, is restricted to communicable diseases, and is again based on the ranking order of those causes of morbidity in the WHO regions which are considered by governments as public health problems.

Tuberculosis and other respiratory infections, diarrhoeal diseases, measles, viral hepatitis and sexually transmitted diseases occupy high positions in all the regions. Malaria and other parasitic diseases (e.g., schistosomiasis, filariasis, onchocerciasis and intestinal parasitoses) and leprosy were the most often mentioned in governments' reports in Africa, Central and South America, Asia and the Eastern Mediterranean.

There are many deficiencies in the notification of universal diseases such as influenza, measles or
meningococcal infections; none of these has been reported from certain countries.

Children’s diseases preventable by immunization, such as diphtheria, measles, whooping-cough and poliomyelitis, are still a serious problem in Africa and some other regions, and tetanus should be added to this list because of the high mortality it causes.

2.3 HEALTH CHALLENGES FOR 1978-1983

In many countries economic growth is accompanied by social development. In order to sustain this trend it is becoming increasingly important to emphasize the contribution of health to social development, of which economic development is only a part. The contribution of health programmes to socioeconomic development, and the integration of health planning with socioeconomic planning, were dealt with at some length during the technical discussions on these matters at the Twenty-fifth World Health Assembly in 1972.

If health development is an integral part of social development, it would seem reasonable to provide health care in close association with other social services. This approach has already been adopted in a number of countries and their experiments deserve close examination for possible application by other countries after suitable adaptation. For example, the provision of health care to children, pregnant women and breast-feeding mothers, as well as to the aged, would be futile without ensuring that at the same time, through national and international efforts, they have appropriate and adequate food.

It has become clear that for health development, as for all other endeavours for social development, it is necessary to evolve and to apply realistic yet flexible planning processes, establishing policies and translating them into development strategies, formulating operational programmes for the application of the strategies, and managing the programmes properly so as to ensure that their objectives are attained. In this planning process, account has to be taken of very many epidemiological, environmental, social, political, economic, scientific and technical factors, as well as the availability and utilization of resources. Based on available data health trends have to be analysed and resources integrated and organized properly with a view to reaching feasible health goals, relying heavily on health information in its broadest sense. The information has to be sufficiently concise to be manageable, and sufficiently relevant and amenable to evaluation to permit improved policy-making and programme formulation and implementation.

The type of information required for health programme development, implementation and evaluation includes vital and health statistics; geographical, social, economic, political and financial information; information relating to the implementation of health programmes and the utilization of health services; as well as scientific and technical information contained in the literature, including unpublished reports. The information has to be organized in a system that facilitates its collection, processing, storage and retrieval, analysis, and dissemination as required. It is often necessary to create services within specific programme areas to ensure the adequate provision and use of the information concerned, and these services must be integrated into the overall information system in the interests of efficiency and economy.

Health administrators are thus faced with the necessity of strengthening their functions for planning and long-term development, in addition to their executive powers. In a number of countries elaborate health administrations have been developed in conformity with these newer concepts. In certain countries long-term forecasts, even up to the end of the twentieth century, are being prepared.

The reduction of the gap between health needs and the resources available for satisfying them is an important challenge. Resources for health development cannot always be made easily available, but much more could be achieved in certain countries with existing resources if they were always devoted to those health problems that deserve priority and if they were applied in such a manner as to yield maximal social benefit for the investment. The promotion of health, however, is dependent in large measure on other social and economic programmes, such as rural development, urban development, the proper distribution of wealth and food, general education and appropriate demographic policy.

The ultimate instrument for the delivery of health care is a comprehensive national health system or service. In the final analysis such a service can be conceived of as having three basic tasks: comprehensive individual and community measures of prevention of diseases, with special emphasis on the protection of the health of the new generation and on environmental health; provision to the entire population of timely diagnosis of diseases, when they occur, and adequate treatment and rehabilitation; and

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medical research and collection of medical and biological information as the only possible basis for all complex measures aimed at protection and promotion of human health.

In each society, various public and private resources may be used in different proportions and may be concentrated on solving different problems, but world experience has shown that there are a number of basic principles, as enunciated in resolution WHA23.61, observance of which can ensure optimal development of national health systems. These include the recognition of the responsibility of the State and society for the protection of the health of the population, the organization of rational training of national health personnel at all levels, the development of the preventive approach both for the community and for the individual, the setting up of an appropriate system of easily accessible preventive, curative and rehabilitative services, the extensive application of the results of progress in world medical research and public health practice, as well as the health education of the public and community involvement.

Few countries can yet feel satisfied with the coverage and depth of their health service. The development of such a service is a highly complex process for which full use has to be made of the methods mentioned above for planning, programme formulation and programme and service management. This is because of the multiple facets of the service required for health promotion and protection, disease prevention, early detection, treatment, and rehabilitation; the need to take into account different age and geographical distributions of people and their uneven educational and cultural backgrounds; the difficulty of reaching a balance between the needs of the individual, the family, various types and sizes of communities, and the nation as a whole; the large number and bewildering variety of social and technical disciplines required to create and operate health services; and the huge financial investments and organizational efforts required to develop a nationwide network of health services.

In many countries health services have been built up from the centre through institutions based on the pattern of more affluent societies, and have reached the periphery only in a most desultory and primitive way. This has led to the provision of expensive services for a privileged few rather than to a minimally adequate service for the people as a whole. Other countries have attained a more equitable social distribution of less expensive health services, and lessons have to be learned from them for adaptation and wider application. Renewed attention is therefore being paid to primary health care at the community level, as has been stressed in a number of recent World Health Assembly resolutions (resolutions WHA26.35, WHA27.44 and WHA28.88). In resolution WHA28.88 primary health care was regarded as “the point of entry for the individual to the national health system, where it should be an integral part of that system and related closely to the life patterns and needs of the community it serves, and be fully integrated with the other sectors involved in community development”. It is particularly important in rural areas of developing countries, in order to provide the largest possible population coverage, as well as being important to the contribution of health policies and programmes to rural development.

Health technology is an important element of any health system and has to be made available as far as possible to those in need. It continues to develop rapidly, giving rise to increasingly sophisticated diagnostic and therapeutic measures. As a result, the cost of applying these measures is increasing rapidly, and a growing need is felt, especially in developing countries, but also in the most affluent countries, for adapting and simplifying these technologies, making them available at a reasonable cost and ensuring that they are properly utilized.

The continual enlargement of the armamentarium of pharmaceutical preparations, many of which are highly potent and may have harmful side-effects, is creating ever-increasing technical, financial and ethical problems for the health services. There is also a mal-distribution of drugs within and between countries. All these factors make it imperative for governments to review their policies and programmes in this vast area, and to collaborate in formulating appropriate national and international policies and programmes ensuring the adequate provision of essential drugs in all countries.

In the midst of preoccupations with the establishment of health policies and the formulation of health programmes, sight must never be lost of the fact that health cannot be imposed; it can only be attained. For individuals and communities to attain a desired level of health they have to be enlightened. However, the dissemination of health information will not by itself improve the health status of a population. Such information has to be accompanied by the necessary motivation to apply its lessons, and in order to stimulate this motivation, relevant social, cultural, economic and religious factors have to be taken into account. Improved ways must be sought of gaining individual and public confidence and of encouraging greater community participation in the promotion of
health, through integrated approaches to individual health education and general information of the public on health matters. In no field is community participation a more important element for success than in disease control.

It is necessary to apply disease control measures integrated into the general health services, and in particular preventive measures and health education, as well as the promotion of environmental health, using measures that extend beyond the responsibilities of the health sector. Proper attention has to be paid to immunization and vector control measures for the prevention and control of certain communicable diseases, and to many other matters including the study of individual behaviour and life styles for the prevention and control of a number of parasitic diseases, some cancers and certain cardiovascular diseases, and for the promotion of mental and oral health, which are affected by so many individual and environmental factors.

Man's evolution has been shaped in large measure by his capacity to adapt to a changing environment. The apparent changes of recent years reflect the degree to which man himself has contributed to the increase in environmental hazards, and a growing world conscience concerning the environment. The old environmental hazards of poor community sanitation are still all too prevalent in many places, especially in developing countries, and affect both rural and urban areas. To these hazards are added, in almost all countries of the world, environmental pollution by chemical and physical agents, as well as rapid changes in the psychosocial environment, which sometimes affect health adversely. All these environmental factors affect the health of communities and of working populations, whether through their contribution to the generation or spread of disease, their inducement of accidents, their adulteration and contamination of food, or their adverse effects on mental health. While health policies and programmes alone cannot ensure a safe environment, health aspects have to be given a prominent place in all considerations of the environment. This implies a closer interrelationship than ever before between all concerned with the control and improvement of the environment, whatever the basic discipline in which they have been trained.

Biomedical and health services research is essential to the accumulation of the knowledge required to devise appropriate measures for improving human health. All policies and programmes, whether for the control of disease, for the development of community health services or for the promotion of environmental health, are constantly evolving. This is both the result of and the rationale for the continual development of biomedical research in its widest sense. A proper balance has to be reached, however, between research and service, and between the development of new knowledge and the application of existing knowledge. To reach and maintain this balance, the social function of biomedical research, which is related to the practical application of that research, must always be kept in the forefront. Only if that is done will it be possible to rationalize the allocation of resources to biomedical research and the distribution of these resources to its various components.

The most crucial factor for the improvement of the world health situation outlined in such broad terms above is undoubtedly the development of health manpower that is properly attuned to the health problems of the people and suitably trained to respond to health programme and service needs. Education for the health professions must take into account not only the local health situation, but also the local factors that have given rise to this situation, as well as general educational, social and economic factors. All this constitutes a vast challenge, which has only partly been taken up as yet, for the education and training and subsequent optimal use of professional and auxiliary health personnel, and of other personnel who can contribute directly or indirectly to the promotion of health. In response to this challenge, the Twenty-fourth World Health Assembly in 1971, in resolution WHA 24.59, stressed the importance of current and long-term planning of the training of national health personnel in accordance with each country's objective needs and social and economic resources. It also stressed the importance of the top priority development and strengthening of State and other educational institutions as an integral part of public health and educational systems, and of the development of a flexible system for the training of health personnel that takes into account the contemporary achievements of science and technology as well as the most recent methods for organizing the teaching process.

An increasing number and growing diversity of professions, often working together in differently composed teams, are required for health promotion and maintenance. These include epidemiologists for both communicable and noncommunicable disease control; laboratory scientists, technicians and administrators; scientists and technical manpower for drug production; environmental engineers and auxiliary environmental health personnel; food control technologists and auxiliaries; medical, nursing and other professional personnel and auxiliary personnel with appropriate skills and attitudes for various functions within the general health services and in particular for
the provision of primary health care; various clinical specialists and technicians; mental health personnel; a wide variety of scientific personnel for biomedical research; and specialists in the planning, management and evaluation of health services. It will therefore be necessary to intensify the study of health teams, including such aspects as their composition in various national and local contexts, their basic and continuing training, the promotion of collaborative teamwork by different types of health personnel of different educational levels, and the implications for career structures. It is important to formulate programmes for the basic and continuing education of all types of health personnel in a coordinated manner, using appropriate educational processes, even if the subject matter to be learned varies widely from profession to profession.

3. EVOLUTION AND EVALUATION OF WHO’S PROGRAMMES

The Executive Board’s organizational study on the interrelationships between the central technical services of WHO and programmes of direct assistance to Member States included a broad assessment of the evolution of WHO’s programmes. It laid down inter alia important principles concerning interrelationships between country, regional and headquarters activities for the planning, implementation and evaluation of the programme. In noting the recommendations of this study, the Twenty-eighth World Health Assembly, in resolution WHA28.30, stressed the necessity of an integrated approach to the development of the programme, all programme activities at all levels being mutually supportive and parts of a whole.

3.1 PROGRAMME DEVELOPMENTS

WHO’s programmes have been continually adapted in an attempt to respond to changing world health needs. In the first stage of its development WHO based its programme on certain health priorities determined centrally. These included malaria, maternal and child health, tuberculosis, sexually transmitted diseases, nutrition, and environmental sanitation. This system of determining priorities was soon found to be unsuited to the widely diverse health needs of the countries of the world, and was in due course replaced by a more flexible mechanism that was more responsive to the requests of Member States for help, and that made allowance for the particular problems of each country. As it became stronger, the regional organization fostered a better appreciation of the distinctiveness of national situations, thus simplifying the process of determining national and regional priorities within the context of global policies. These policies are established on the basis of the WHO Constitution and of decisions of the World Health Assembly and Executive Board, which, over the years, have been a determining factor in the orientation of the whole programme of the Organization.

Major policy decisions were those launching the worldwide campaigns for the eradication of malaria in 1955 and for the eradication of smallpox in 1958. After brilliant initial gains, a number of constraints hampered the progress of the time-limited malaria eradication programme, such as the lack of health service infrastructures and inadequate governmental support. The strategy was subsequently revised by the World Health Assembly, leading to a renewed emphasis on control programmes as and where needed.

From 1958, the World Health Assembly gave active attention to the worldwide eradication of smallpox, making it one of the major objectives of the Organization. In 1967 this programme was intensified, and coordinated efforts of an unprecedented nature began on a worldwide scale. The attainment of smallpox eradication is well within sight, and this programme will no doubt be acclaimed in the future as a historic event in man’s fight against disease. Once the disease has been eliminated, it will be necessary to sustain adequate vigilance in order to maintain smallpox eradication throughout the world (resolution WHA 28.52). The experience acquired in this programme

will be used for the control of other communicable diseases.

The character of country projects gradually developed from single services of limited scope to broader projects. Action to meet local emergencies, of which there are notable examples, became the exception, being replaced by programmes planned a number of years in advance. More emphasis was laid on the organization of basic health services, designed ultimately to incorporate specific health programmes. This was followed by a growing realization of the importance of primary health care for the promotion of national health services, as manifested, for example, in specific resolutions of the Executive Board and World Health Assembly (resolution EB55.R16 and resolution WHA28.88). Communicable diseases began to be viewed in the broader perspective of coordination of their control. The concept of environmental sanitation gave way to that of environmental health. Concern grew for the control of noncommunicable diseases, including mental ill health, as they increased in importance as public health problems. The education and training of health personnel was replaced by the broader concept of health manpower development, including health manpower planning and the efficient use of health personnel. The growing body of scientific knowledge related to health and disease reawakened interest and activity in the biomedical sciences and stimulated the Organization to develop its programme of assistance to biomedical research and research in public health practice.

The programme for the promotion of research has been making steady progress since its inception in 1958. The Twenty-fifth World Health Assembly, in resolution WHA25.60, considered it “necessary to intensify WHO activities in the field of biomedical research, particularly in regard to the development of its long-term programmes”. The Twenty-seventh World Health Assembly, in resolution WHA27.61, endorsed the proposals submitted for WHO activities in biomedical research with particular attention to increased international cooperation and coordination, exchange of research information, and promotion and initiation of research in developing countries, particularly with respect to disease problems of importance to the area, such as parasitic infections and other endemic diseases. The implementation of this resolution is already gathering momentum and has been strengthened by more recent resolutions on long-term planning for the development and coordination of biomedical research (resolution WHA28.70) and in particular of research on tropical diseases (resolution WHA28.71) and cancer (resolution WHA28.85).

3.2 MECHANISMS FOR PROGRAMME DEVELOPMENT

WHO’s programme is conceived and implemented at a number of levels, combining in varying proportions direct collaboration with individual countries, intercountry and regional activities, and interregional and global activities. The global activities include the establishment of international standards, for example in relation to drugs and biological substances for prophylactic or therapeutic use, the international statistical classification of diseases, injuries and causes of death, as well as the international health regulations. These activities, previously confined to the central normative sphere, are now recognized as being of direct importance to health development at the country and regional levels.

The scientific and technical bases of the programme were built up through wide consultation, both formal and informal, with experts in individual fields from all over the world. The outcomes of the formal meetings of experts have been published in the WHO Technical Report Series, which, although it may not represent the official views of the Organization, represents an outstanding sum of knowledge. The good quality of much of the information for health development programmes has been widely recognized and has significantly guided the technical work of the Organization.

The increasing importance of WHO’s international coordinating role has been recognized. Programme coordination is also being intensified with the United Nations and with the other specialized agencies in the United Nations system, as well as with bilateral agencies. Details appear in the Executive Board’s organizational study on coordination with the United Nations and the specialized agencies, and subsequent documents. A few examples of such coordination are the long-standing activity of the UNICEF/WHO Joint Committee on Health Policy, WHO’s involvement in the overall orientation of the United Nations Development Programme and as executing agency for a number of specific projects within this Programme, the joint efforts of WHO and the International Bank for Reconstruction and Development in pre-investment planning for basic sanitary services, and cooperation with the United Nations Fund for Population Activities and with the United Nations Environment Programme, as well as with regional economic commissions of the United Nations.

In accordance with resolution EB55.R54, collaboration with nongovernmental organizations in official relations with WHO is being improved and extended. While recognizing the independent charac-

ter of these organizations, WHO is intensifying its efforts to involve them more actively in its programmes, particularly in areas where the resources of the Organization are limited or where scientific and other expertise in the nongovernmental organizations concerned could make an important impact on the development of WHO's programme.

A number of current trends can be discerned in programming and programme management aimed at improving the Organization's efforts. Strong emphasis has been laid on country health programming, which is understood as the systematic process of assessing a country's health problems in their socioeconomic context, of identifying areas susceptible to change and of formulating priority programmes to induce such change. It is stressed that country health programming is a national responsibility, WHO's role being to develop methodology, stimulate interest and collaborate with countries on request.

Country health programming, however, has not yet become sufficiently widespread for WHO to determine its programmes over the medium term in response to well-defined national needs. Also, the general programmes of work of the Organization covering a specific period have not been specific enough to determine the Organization's detailed programmes. It has therefore been necessary to introduce a process for formulating more detailed programmes based on the general programme of work and covering the same period as it. Only by progressing simultaneously within countries and within WHO in a coordinated manner can it be hoped to establish the required degree of consistency between country health programming and WHO's medium-term programming and to exploit fully the complementary resources they offer.

Successful programming, laudable in itself, has to be judged in the final analysis by the degree to which programmes are implemented and by the effect they have in improving the health situation. Considerable efforts are now being made to improve programme delivery and to evaluate the efficiency and effectiveness of programmes.

In spite of the formidable problems of evaluating the effect of international health work, continuing efforts have been made by the Organization for the evaluation of its programmes. These efforts have resulted in the presentation of valuable reports on selected subjects to regional committees, to the Executive Board and World Health Assembly, and in the inclusion of an evaluation element in reports on activities undertaken at all levels. Success has not been achieved, however, in providing WHO with an instrument for assessing the value of its programme as a whole and its usefulness in solving health problems at the national, regional and global levels. A renewed approach is now being developed for the systematic assessment of the delivery of the programme and of its ultimate impact on the health situations in the world as a whole and in individual countries. In accordance with this approach, evaluation based on sound programme information is becoming an integral part of programme planning and delivery at all levels.

Intensive and extensive activities are under way to develop a rational information system for the Organization. At this stage particular emphasis has been laid on the development of the system for the support of programme formulation, implementation and evaluation. The system being developed aims at making information available where it can best be used. Programme profiles are in the process of being established at country, regional and central levels. The Organization's reporting system, too, is being completely restructured.


4.1 POLICY BASIS

The Organization's role and functions are firmly rooted in its Constitution. It is evident from the Constitution that WHO is much more than just another international organization or funding agency. It clearly has a leadership role to play in international health. It can best maintain this role by consistent stimulation of thought and action in the fields of health, by pioneering solutions to difficult health problems and by daring to innovate even in the face of conventional wisdom.

Different emphasis has to be given to the Organization's role and functions in response to the world health situation at a given time. Thus, during the period 1978-1983, priority will be given to the themes and approaches outlined below.

The Constitution states the objective of the Organization to be “the attainment by all peoples of the highest possible level of health”. This is obviously a long-term objective. The Organization's medium-term objectives are means for attaining this ultimate objective.
The first-mentioned function in the Constitution is that of "the directing and coordinating authority on international health work". This is unequivocal, whereas technical collaboration with countries is conditional upon the request or the acceptance of governments.

Other important functions of WHO are established in many resolutions of the World Health Assembly and in particular resolution WHA23.59, which lists the following:

"(a) analysis and evaluation of information on the state of health of the world population and on environmental health (the preservation and improvement of which are vital to the health and life of the present generation and of future generations), with a view to identifying general trends in the world health situation and to evolving a strategy in regard to the most promising ways of developing health services and medical science;

"(b) study of the methodology of the planning, organization and socioeconomic analysis of different health systems and services of different countries and the preparation of realistic recommendations on the best ways in which they might develop, taking into account the importance of the development and use of cost-effectiveness and cost-benefit analyses in the field of health;

"(c) preparation of international agreements, conventions and regulations on the most important health problems, including questions of environmental health, the importance and implications of which go beyond individual countries or groups of countries and have a direct bearing on the protection and promotion of health in all the countries of the world;

"(d) formulation of recommendations on the establishment of standards, norms, uniform technical specifications and nomenclatures for chemical, physical, immunological and other substances, compounds and preparations used in international and national health programmes;

"(e) coordination of research on the most urgent and important problems of biology, medicine and public health being carried on by national and international scientific institutions, with a view to making that research as effective as possible;

"(f) identification of the most rational and effective ways of helping Member States to develop their own health systems and, first and foremost, to train national health personnel at all levels, provision of such assistance within the organizational and financial framework of the Organization and its Constitution, and participation in the coordination of such assistance from all sources...”.

4.2 COORDINATING ROLE

The pride of place given in the Constitution to WHO's coordinating role makes it essential to explain clearly what is meant by coordination. Coordination implies, essentially, leadership aimed at bringing to bear the right solution on the right problem with the right amount and quality of resources at the right time and place.

In selecting the right problems for WHO's involvement emphasis should naturally be given to the health problems of those peoples throughout the world who are least capable of finding solutions of their own. In many developing countries there is a dire lack of human, material and financial resources to cope with their burning health problems. Recent policy governing collaboration with developing countries, which has been the subject of resolutions adopted by the World Health Assembly, should therefore be applied with renewed vigour.

WHO may enter into dialogues with governments with a view to identifying jointly countries' high priority health needs. Such dialogues should help to ensure that governments' requests for collaboration with WHO relate to problems the solution of which could have an important effect on improving the country health situation. The Organization can have no different set of priorities from those of its Member States, on condition that the priorities have been determined in response to the most important needs. A most important aspect of the Organization's coordinating role is to ensure the complementarity of priority national health programmes and of the Organization's activities resulting from its general programmes of work and from the resolutions of the Executive Board and the World Health Assembly.

The right solutions to similar problems may vary widely according to local circumstances and cultures. There is a natural tendency to apply to health problems in the developing world solutions that have taken root in the industrialized countries. WHO's guiding principle in this respect should be "Don't adopt—adapt". Whenever possible, attempts should be made to devise simple yet effective health technologies that can be applied by auxiliary health personnel for people who have either no access to or no need for more sophisticated health services.

1 See, for example, resolutions WHA28.48, WHA28.75, WHA28.76, WHA28.78 and WHA28.79.
Adapting a solution designed for one set of conditions to another is not a one-way process. There are outstanding examples in WHO's history of health technologies which, having proved efficacious and economical in developing countries, were later widely applied in developed countries. The Organization is rich in expertise, being able to draw on experts from all over the world. It is its duty to make sure that the requisite expertise from the desired number and variety of disciplines is brought to bear conjointly on health problems.

The resources to be used should be first and foremost those of the country concerned, and the choice of solution to the problem should therefore be largely determined by existing and potential national resources. This emphasizes the paramount importance of training national health personnel in order to make countries largely self-reliant as quickly as possible for the implementation of health programmes. No country can afford to waste its health manpower. This implies that skills have to be developed in accordance with tasks to be performed, rather than solutions sought in accordance with existing skills. Since it is most unlikely that developing countries will have adequately trained professional health manpower in sufficient numbers within a reasonable period of time, initially other solutions may have to be adopted by them, such as the training and use of auxiliary health personnel and traditional healers and midwives.

WHO's resources are meant to develop national resources, not to supplant them. They should therefore be used, at the national level, primarily for collaborative analysis to promote the harnessing of national resources and in particular for education and training. On the other hand, for many years to come many governments will have to seek external aid, be it bilateral or multilateral. Such aid can make extremely valuable contributions to health development, but care has to be taken; often capital investment in institutions which was not followed up by the training of the requisite personnel, or by adequate grants to cover current expenditure in subsequent years, has had indifferent results, and in some instances it has had a detrimental effect. WHO should be increasingly involved in focusing international attention on priority health problems and in assisting Member States to obtain and use external assistance that will help them solve these problems.

With regard to the time factor, the formulation of WHO's programme should be anticipatory rather than retrospective. Care must be taken not to continue dealing with a problem that can now be dealt with by national health authorities or by other international organizations, even if WHO played a pioneering role in providing the solution. As soon as solutions have been found to current health problems the knowledge should be transferred for application at national level. A constant watch has to be kept for newly emerging health problems that will require WHO's attention, and attempts should be made to anticipate them and propose trial solutions. The prompt application of research findings should be promoted no less than further biomedical research. By properly adapting and applying the known findings of biomedical and health practice research great improvements could be made in the health of peoples throughout the world. Programme planning, too, must be geared to the future and must take into account the inevitable lapse of time between planning and implementation. It is easier to plan on the basis of current situations and even easier on the basis of past situations, but the necessary and difficult task of planning in relation to future situations constitutes precisely the kind of challenge that suits WHO's coordinating role.

As for the right place for WHO's activities, the priority of activities within countries is unequivocal. In relation to activities conducted at any other level, sight should never be lost of the supporting role of these activities for improving health situations within countries, whether directly or indirectly. The Organization's Member States are not only the main foci of its activities; they also represent its highest constitutional authorities.

4.3 PROGRAMME FORMULATION

Technical collaboration appears to have taken precedence over coordination in the evolution of the Organization's programme. It is now necessary to moderate this trend, first by emphasizing the programme rather than projects, then by graduating from smaller to larger projects. This should be followed by phasing out WHO's project implementation role, accepting national responsibility for current programme management, and giving momentum to WHO's coordinating role.

Among the reasons for emphasizing small projects in the past were that, being discrete entities, they are more easily identifiable for international assistance, and are easier to formulate and manage than programmes. The disadvantage was that WHO collaboration with countries was often provided through fragmented, unrelated efforts that were sometimes marginal to the solution of high priority health problems. In recent years, in a number of countries, the systems analysis approach has led to a type of
development project that emphasizes the solution of priority health problems, instead of merely detailing the resources that are to be invested. On the other hand, many programmes and services, at national and other levels, appear to have no clear purpose in terms of impact on clearly discernible health problems. It is now mandatory to extend the analytical approach to programmes.

At country level this trend should lead, in the first instance, to the definition of national health policies, and then to programmes aimed at solving the country’s most important health problems by the formulation of strategies that, when implemented, are likely to have a significant impact on the solution of the health problems concerned. These might include major development projects where they are required and nationally acceptable. This demands very careful programme formulation and very good management. At regional and central levels, the systematic analysis of problems should lead to the formulation of programmes that have clearly defined, realistic purposes, whether for the support of individual national programmes or for the solution of priority regional or global health problems. This is where the Organization’s technical collaborative role and coordinating role must meet, programmes of technical collaboration conforming to the principle of coordination outlined above.

5. MEDIUM-TERM IMPLICATIONS OF LONG-TERM TRENDS FOR WHO’S PROGRAMME

Plans for the medium term must take into account not only the successes and failures of the past, but also possible alternative trends in the world health situation and WHO’s response to this situation up to the year 2000. As there is a long time-lapse between the conception of a health programme and its widespread implementation, too short a planning period carries the risk of resulting in programmes that cannot keep pace with events. It is therefore necessary to analyse the implications for WHO’s future programme of national long-term health plans, wherever these exist, and of trends and prospective developments in health technology and in the health and related socioeconomic situation in the various regions of the world.

As a specialized agency of the United Nations system, WHO is responsible in the first place for forecasts in the field of public health. As long ago as 1970 the World Health Assembly, in resolution WHA 23.59, acknowledged the need to begin to develop long-term plans and forecasts of WHO activities, taking into account socioeconomic predictions and forecasts of the development of research and of public health in different countries.

WHO’s coordinating role should be increasingly expanded with respect to the international exchange of health and health-related information. This information should be much broader in scope than mortality and morbidity statistics and include the experiences of a growing number of countries concerning the definition of health policies and the formulation, implementation and evaluation of health programmes and services. Countries will be able to rely on WHO for collaboration in the use of this information for dealing with national health problems. This will be a more useful approach then attempting to provide stereotyped solutions for groups of countries at similar levels of social and economic development.

Since the compilation of socioeconomic forecasts is outside WHO’s terms of reference, the Organization takes into account the most reliable forecasts in this domain throughout the world. On the basis of these
forecasts, WHO takes into account the effect of the social changes taking place in the world on the development of health services.

WHO will have to increase its activities with respect to social and economic development at the international level, including those areas in which health is not the central theme but the impact on health is important. The purpose of WHO's intervention will be to ensure that health considerations are properly taken into account—for example, by economic and other planning authorities—in programmes for agricultural, industrial and educational development.

Current projections of demographic developments are adequate for planning over the medium term, but not beyond it. In most developing countries, during the period under consideration WHO will have to give precedence to the health problems of children and young adults over those of the aged. WHO will give increased attention to the development of family planning measures as one of the functions of the public health services and to intensive work on fundamental aspects of the physiology of reproduction. The development of the concept of "family health", which is new to the health services of many countries of the world, is a direct result of an analysis of the long-term demographic prospects carried out by WHO. In a number of countries closer attention will have to be paid to ageing populations, and WHO's programme should concern itself with the exchange of experiences between these countries, particularly with respect to the integration of health and social services. Experience in many countries has shown that the reaction to the emerging problems of the aged is often too slow, and it will therefore be one of the duties of WHO to keep all governments informed on this subject of increasing concern and of measures to deal with it.

In view of the high prevalence of malnutrition in many countries, its known importance as a direct or associated cause of disease and death, particularly in children, and uncertainty concerning the situation in the decades to come, increased attention should be paid to this problem. Population growth more rapid than the increase in agricultural production is aggravating the problem in many countries. The Organization can be instrumental in the most efficient use of existing sources of food and in promoting better distribution. Its activities in these fields should be conducted in collaboration with FAO. The Organization should intensify its studies on non-conventional sources of protein and should stimulate research on nutritional requirements that take into account the growing variety of occupations throughout the world, as well as geographical and climatic conditions, habitat and places of work.

The changes in the human environment noted in most countries of the world and the trends towards a further growth in industrialization, urbanization and the use of chemicals in agriculture and everyday life will doubtless continue for the next few decades. To prevent them from having the unfavourable effects on the environment which we are now witnessing, WHO is planning to concentrate its efforts on the key public health aspects of this extremely complex problem, such as preventing pollution, providing mankind with good-quality drinking water and improving methods of disposal of waste.

In these areas WHO should concentrate on the development of an adequate range of basic health criteria that could be applied in different countries and situations in order to support the monitoring of environmental influences on health. The Organization should develop its programme for the prevention of accidents occurring in homes and factories or on the roads. It should also strengthen its programmes with respect to all environmental problems related to urbanization.

Tendencies towards change in the nature and types of pathology are directly linked with the effect of socioeconomic and demographic factors, with the appearance of new means of control or eradication of individual diseases, and also with biological phenomena such as the cumulation of pathogenic genes, changes in the properties of pathogens such as vectors, and the appearance of new disease agents and vectors.

In developing countries, communicable diseases will continue to predominate throughout the period under consideration. WHO should intensify its attack on these diseases by every available means. Particular attention should be given to immunization wherever applicable. The Organization should make greater efforts towards the integration of disease control programmes into the general health services and should promote the development of these services by their greater use for disease control. It should present a realistic picture of the interdependence of disease control and general economic and social development with respect to such communicable diseases as malaria. The Organization's programmes for noncommunicable diseases should continue to develop community control measures, particular attention being paid to preventive aspects. By means of health education these programmes should make the most of existing knowledge concerning the influence of lifestyle, such as food habits, exercise and cigarette smoking. The Organization should be more active in demonstrating practical measures for controlling noncommunicable diseases and promoting mental health through the development of general health services.
The socioeconomic forecasts mentioned above, along with the biomedical sciences, will provide a general indication of the most appropriate ways of developing public health services in different regions and countries of the world. Fundamental principles for the effective development of public health were laid down by the Health Assembly (resolution WHA23.61) in 1970.

A pyramidal structure of health services for successive referral should be maintained as a model, and WHO should be active in demonstrating various ways of developing such health service systems. Its programmes should emphasize the "socialization" of the health services in the sense of responding to community needs and of providing wide population coverage. As mentioned with respect to disease control, WHO should be active in promoting joint programmes for health service development, disease control and mental health. Particular attention should be paid to the development of health services for the underprivileged, such as rural populations. In order to achieve wide coverage it will be necessary to increase the use of auxiliary health personnel, and this emphasizes still more the need for standardizing health technologies. The Organization should develop a strong programme in this area.

In the light of WHO's long-term objectives in regard to the provision of medical services of a universal quality, the development of primary health care, to which considerable attention is now being paid, must be regarded as one essential element in providing the peoples of the whole world with medical care.

Pharmaceuticals constitute one of the most costly elements in any health service, and WHO should intensify its programme with a view to making essential drugs available at a reasonable cost. This programme should include the promotion of production of these drugs in developing countries.

The predicted rapid increase in the production of new pharmaceutical and biological preparations will present WHO with the task of developing further a system for effective standardization and control. In the long run the problem will arise of the adoption by the Health Assembly of more demanding recommendations concerning standards for the international distribution and utilization of medicinal, biological and other agents used in medicine and public health.

Success in providing sufficient health personnel will depend primarily on extending the existing facilities for training public health staff or creating new ones if necessary in the countries concerned.

WHO should make sure that its programme for health manpower development fully supports the development of general health services. This implies adapting educational objectives to health needs. The Organization should thus be more active in making education for the health professions in the developing countries more relevant to the health needs of these countries. In doing so, it will have to take account of two separate time streams. On the one hand, full weight will have to be given to long-term considerations concerning health service needs, because the outcomes of the programme may take 10-20 years to become apparent. On the other hand, the short-term requirements for providing appropriate health manpower for existing health services cannot be neglected. WHO should continue to promote the training of health auxiliaries and the provision of adequate career structures for them.

The coordinating role of WHO in research calls for the development of a system for the exchange of scientific information and the enlistment of the collaboration of groups of scientists and research workers in various areas to solve key problems and to develop methods for the most effective combination of their efforts.

Another important WHO function, arising from the forecasts of rapid development of the biomedical sciences and the potential danger of the use of certain discoveries to the detriment of health, is continuous vigilance to ensure that the achievements of medicine are always used only for the good of mankind and never for its harm.

In strengthening its coordinating activities with respect to research WHO should also take into account the long-term framework for the promotion of research. During the period under consideration, it should increase its collaboration with those countries that are interested in health research and that have not been active in this field.

The Organization should strengthen its programme of applying the basic sciences to practical health problems. It should extend the efficient application of the behavioural sciences to health research. It should increase its vigilance in promoting rapid and effective application of existing research findings within health services.

The promotion of exchange of experience between countries concerning the application of research findings will occupy an increasingly important place in WHO programmes. Rapid development of scientific research on the organization of public health services may be anticipated. This implies the development of
operational research methods and the application of such tools as systems analysis, and in particular the adaptation of the experience of countries that have had success with these methods.

In the coming years, economic considerations will increasingly influence the scope and content of health programmes in all countries. The obstacles to “the attainment by all peoples of the highest possible level of health” will be economic rather than technical. WHO should alert the world to this fact and should at the same time encourage more economical attitudes towards the development of health programmes and utilization of health services. It should thus cooperate with the developing countries in devising health programmes that are geared to their own needs and resources in new ways designed to secure maximum economy. Further consideration should be given to less conventional methods of paying for health services.

WHO could be used to a greater degree than hitherto as a neutral platform for countries to exchange views and experiences on all economic aspects of health.

It should certainly be active in coordinating the channelling of bilateral and multilateral aid for health into priority health programmes, so that the most efficient use is made of available resources.

The development of promising trends revealed by public health forecasts will call for specific activities on the part of WHO in line with the requirements of the various regions and countries of the world, which differ both in disease pattern and in the level of development of public health services.

Work on public health forecasting in WHO, begun comparatively recently, will be carried out on a permanent basis so that it becomes part of the Organization's everyday activities. The possibilities of arriving at forecasts in WHO depend directly on the availability of reliable national forecasts and plans regarding their long-term developments in public health. For this reason, WHO's assistance to countries in preparing long-term forecasts and plans must form an essential part of its preparation of worldwide public health forecasts.

6. PROGRAMME PRINCIPLES

Taking into account the evolution of the health situation and health concepts in the world as described above, as well as the evolution of WHO’s own experience, the Sixth General Programme of Work covering a specific period is intended to define major fields and directions for WHO programme activities in the period 1978-1983. These will be a blend of country, intercountry, regional, interregional and worldwide activities, using the unique position and role of WHO in the development of world health as well as its statutory, financial and other possibilities. The programmes of WHO should be oriented towards defined goals and tasks during this period, and should include those major fields of activity which experience has shown to be most successful and productive. These programmes should be sufficiently flexible to integrate global priorities with regional characteristics and individual country needs. They should, finally, take into consideration all other possible international and national efforts and resources in the field of health.

Therefore, the various programmes, activities, services and functions developed by the Organization within the Sixth General Programme of Work covering a specific period should comply with the following principles:

(1) they should correspond to the major functions of the Organization as defined by Article 2 of the Constitution and in particular by the Twenty-third World Health Assembly in its resolution WHA23.59;

(2) they should meet defined criteria in regard to quality of planning and management as expressed in previous decisions of the Executive Board and the World Health Assembly, and as reflected in the growing experience of the Organization; and specifically in regard to the rationale for selecting programme areas for WHO’s involvement, programme approaches for attaining the objectives of these programme areas, the organizational level or levels for implementation of programme activities, and the type of resource to be deployed;

(3) they should concentrate on those problems or fields of activities which have been identified as the subject of objectives on a global or on a regional basis;

(4) they should, to the extent possible, have quantified characteristics and targets against which their progress could be assessed by the regional committees, the Executive Board and the Health Assembly.
7. APPROACHES

An approach is understood in this General Programme of Work as a means, expressed in broad terms, for attaining an objective. There are various means for attaining the same objective, and ideally each of them should be considered separately and in conjunction with others in order to arrive at what appears to be the best combination at the lowest cost. Some approaches for attaining health objectives lie outside the health sector, for example, housing or development schemes which sweep away the ecological factors creating disease situations. Within the health sector very many approaches are available. WHO, in view of its international nature and limited resources, is unable to apply all of them, but it is attempting to broaden its conceptual armamentarium and extend its technical and managerial skills for the purpose.

Coordination of international health measures is of primordial importance. The broad approaches used, or being developed, by WHO include the provision of direct service to countries as well as the creation of regional health institutions for training, research and development. The international exchange of information, the formulation of standards and the development, adaptation, application and transfer of methods and techniques related to health are all time-honoured approaches applied by the Organization. Among other approaches that continue to be used by WHO are the development of health concepts, the promotion of international understanding of these concepts to provide policy-makers with a wide choice for decision, participation in the formulation of international policies for health and social development, and collaboration with other organizations and institutions for this purpose. Studies and surveys, consultations with governments and health experts, as well as collaboration in research and the application of its findings, are all approaches widely employed for developing the Organization’s programme.

The following are illustrations of approaches that might be used at country level.

One of the fundamental prerequisites for promoting health is the formulation of national health policies. Methodological support might have to be strengthened in relation to such matters as methods for projecting and forecasting health problems and needs and the introduction of country health planning and programming processes. Particular attention might be given by WHO to collaborating with countries on intersectoral studies for development planning in which health plays a part.

The proposal of solutions for problems before these problems have been properly identified is a common phenomenon. For the correct identification of problems situation analysis, epidemiological and statistical surveys, and pre-investment analysis might be used to greater advantage.

Legislation is often required for the implementation of national health policies. Fostering of community participation in the development and control of health programmes is often crucial for the successful implementation of these programmes. Public information on health is essential to stimulate the public’s interest in the promotion of its health and political interest in solving health problems. But such information is often inaccurate and sensational. WHO might be more active in helping ministries of health to provide accurate yet stimulating information on health to the mass media.

The provision of fellowships continues to be an important approach for training national health personnel. To be effective it should conform to a coherent plan for health manpower development. As countries’ own health institutions develop, additional emphasis might be laid on the provision of fellowships within the country.

The role of external consultation has changed. The method of attempting to solve specific problems for countries using WHO staff or consultants from other countries has to be modified in most instances in conformity with this new role. Whenever external consultation is required, it should take the form of collaborative review with the national health administration or institution concerned.

Technical support might still be needed for such diverse activities as the introduction of laboratory techniques, quality control of drugs, environmental monitoring and the design of health facilities. Scientific support might grow in importance as countries’ health research activities gather momentum, for example with respect to the setting up of medical research councils or collaboration of experienced research workers for a year or two with local research workers until the latter gain sufficient experience and confidence.

In view of the importance of reducing the time lag between scientific and technological discoveries and their practical application, WHO might make special efforts to ensure that the knowledge of scientific and
technological advances that it is accumulating becomes widely known at national level for possible application. At the same time, national health authorities and institutions might be more widely consulted in order to identify research requirements.

Operational collaboration, such as the provision of health personnel or other types of assistance for a defined period of time has been used in a number of instances and might have to be developed further in certain countries.

The importance of collaboration with other organizations and institutions at the country level as well as at regional and central levels is becoming increasingly recognized. Such local collaboration should facilitate the channelling of the attention and resources of these organizations into priority health programmes at national levels.

8. PROGRAMME CRITERIA

One of the programme principles included in section 6 above states that the General Programme of Work should meet defined criteria and specifies the types of criteria to be used. The criteria that follow are to be used as guides for application by countries, regional committees, the Secretariat, the Executive Board and the World Health Assembly. It is not intended that all of these criteria should be applicable simultaneously. They represent the main types of criteria necessary for arriving rationally at decisions. It is understood that country and intercountry activities will be undertaken following requests from governments. The basic criterion of giving priority to problems of developing countries is emphasized.

(i) Criteria for selection of programme areas for WHO involvement

(a) The problem with which the programme area is concerned is clearly identified.

(b) The underlying problem is of major importance in terms of public health, in view of its incidence, prevalence, distribution and severity; or in terms of its related adverse sociocultural and economic implications.

(c) There is a demonstrable potential for making progress towards the solution of the problem.

(d) There is a strong rationale for WHO's involvement because the programme area is specifically mentioned in the Constitution, the General Programme of Work, or resolutions of the World Health Assembly, Executive Board and regional committees; the problem requires international collaboration for its solution; WHO's involvement could have a significant impact on the promotion of health; WHO's involvement will promote self-sustaining programme growth at national level; or WHO's status as a specialized agency of the United Nations system requires collaboration with other agencies of the system for the solution of the problem.

(e) WHO's non-involvement would have serious adverse health repercussions.

(ii) Resource criteria

(a) The programme area may be successfully developed, and its activities maintained by Member States, after the termination of WHO's collaboration.

(b) The programme area is likely to attract extrabudgetary funding, whether to countries or to WHO and from bilateral, multilateral, or nongovernmental sources.

(iii) Criteria for determining organizational level or levels for implementation of programme activities

The following criteria are aimed at helping to determine at which organizational level or levels programme activities should take place.

(a) Country activities should aim at solving problems of major public health importance in the country concerned, particularly those of underserved populations, and should result from a rational process of identifying countries' priority needs by such means as country health programming.

(b) Intercountry and other regional activities are indicated if: similar needs have been identified in a number of countries in the same region following a rational process of programming; the pursuit of the activity as a collaborative effort of a number of countries in the same region is likely to contribute significantly to attaining the programme objective; for reasons of economy the intercountry framework is useful for pooling selected resources, e.g., for the provision of highly skilled technical services to countries; the activity should be useful for eventual practical application at the country level; the activity encompasses regional planning, implementation and evaluation or is required for regional coordination; or the activity is an essential regional component of an interregional or global activity.
(c) Interregional and headquarters activities are indicated if: similar requirements have been identified in a number of regions following a rational process of programming; the pursuit of the activity as a collaborative effort of a number of regions is likely to contribute significantly to attaining the programme objectives; for reasons of economy the interregional framework is useful for pooling selected resources, e.g., for the provision of very highly skilled advisory services to regions; the activity encompasses global planning, management and evaluation; the activity is required for global health coordination and for central coordination with other international agencies; or the activity consists of technical cooperation with and/or between regions and is intended to stimulate further regional activity in the programme area concerned.

9. GENERAL PROGRAMME FRAMEWORK

The principal objectives of the Sixth General Programme of Work have been grouped under six sections corresponding to the major areas of concern of the Organization throughout the period 1978-1983. These 18 principal objectives and their accompanying detailed objectives will form the basis of the Organization's programme structure throughout the period of the Programme. They are a logical consequence of the evolution of the world health situation and health challenges for 1978-1983, and of the evolution and evaluation of WHO's programmes and its role and functions as presented in sections 2, 3 and 4. They have not been set out in any order of priority. The order in which objectives and detailed objectives have been arranged therefore represents a functional classification. Priority programme areas and activities relating to these objectives will vary from country to country and from region to region, as well as centrally. The application of the programme selection criteria presented in section 8 will help to define these priorities more accurately at the different levels.

The programme structure does not necessarily follow the existing organizational structure, since the attainment of programme objectives so often requires interlinking activities from different fields of public health. Thus, for example, the use of health statistics and the international exchange of health information are approaches so extensively applied that they could be included under most detailed objectives. These objectives will later serve as a basis for formulating medium-term programmes in which various groups, at all organizational levels, will plan activities in more detail and on a more technical basis following the guidelines given by the Sixth General Programme of Work. This will give rise to a network of activities, representing local, regional and central variations on global themes. It is understood that most activities will be carried out as a cooperative effort of headquarters and the regions and, above all, in close collaboration with countries.

In the interests of a coordinated approach to education and training, this topic has not been dealt with separately for different types of health personnel under the approaches and activities for attaining the various programme objectives; instead it is understood that the principles, approaches and activities described in section 13 refer to all categories of health personnel.

An attempt has been made to define the targets, approaches and activities and, where it is reasonable to do so, the output indicators for each objective. However, it did not prove possible at this stage to quantify targets for the world as a whole. Although it may sometimes be relatively easy to define the target of an activity or objective for a country or even a region, it is difficult to arrive at quantified targets for the Organization as a whole. For this reason, the following text will present general, non-quantified targets, permitting regions and countries to adapt and quantify them at their own level, particularly when medium-term programmes are being prepared on the basis of the Sixth General Programme of Work. National health authorities will have an important role in defining the targets for each programme relevant to their country. WHO will therefore encourage countries to define their own particular targets and, where necessary, will collaborate in this work. In the same way, the approaches set out in the text cannot be applied universally without reference to country or region. Countries and regions will therefore have the opportunity later on of adapting and selecting these approaches in the light of their needs.

The comments on targets apply equally to output indicators, since the results of most activities can be quantified only at the country level or in detailed programmes or projects. Some indicators have been presented in more definite terms than others, taking into account the feasibility of applying them. During the formulation of more detailed medium-term programmes, efforts will be made to improve these indicators and make them more specific, and this should facilitate the evaluation process described in section 16.
The following are the principal objectives (in bold type) and the detailed objectives (in light italics) of the programme, which are described in full, with targets, approaches and planned activities, in sections 10 to 15, output indicators for the attainment of targets and objectives being given where feasible:

DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES
(see section 10)

1. To promote the strengthening of countries’ capacities for the planning and management of comprehensive national health services.

1.1 To encourage the strengthening of national capacities for planning and management of comprehensive national health services, including the necessary technical, administrative and legal reforms, as well as logistic support.

1.2 To promote national capacities for the development of the various components of health services and their integration in a balanced manner as appropriate to the needs of each country.

2. To promote the development of primary health care.

2.1 To promote, within a comprehensive national health system appropriate to the conditions and needs of each country, the provision of primary health care to the whole population, ensuring that now underserved populations and high-risk and vulnerable groups are properly served.

3. To promote family health, particularly maternal and child health.

3.1 To reduce maternal, perinatal, infant and childhood mortality and morbidity, and to promote reproductive health and the physical and psychosocial development of the child and the adolescent within the family context.

3.2 To collaborate with countries in the development and strengthening of the family health component of health services, including family planning and welfare.

4. To reduce the incidence of all forms of malnutrition and promote better nutrition of all individuals.

4.1 To collaborate in developing the health component of multisectoral food and nutrition policies and programmes.

4.2 To promote the control of specific nutritional deficiencies.

5. To promote mental health.

5.1 To promote mental health, including the prevention of mental diseases, alcoholism and drug abuse.

6. To promote workers’ health.

6.1 To promote the health of working populations, to control occupational health risks, and to promote the humanization of work.

7. To promote closer cooperation of health services with all other sectors concerned with health promotion, including social welfare services.

7.1 To promote closer cooperation between all services concerned with health promotion and to integrate them into a single system where appropriate.

7.2 To collaborate with countries with a view to improving the care of the aged, preventing accidents of all types, preventing disability, and ensuring the rehabilitation of the disabled.

7.3 To promote health education and information of the public with particular emphasis on the responsibility of the individual and active community involvement.

8. To promote the development of standard health technologies.

8.1 To promote and support the development of standardized health technologies.

8.2 To collaborate with countries in the development and adaptation of simple, low-cost and effective technologies in specific areas.

8.3 To promote the development of public health laboratory services.

9. To promote a more rational production, distribution and utilization of safe, effective and economical prophylactic, diagnostic and therapeutic substances.

9.1 To establish and improve international requirements and standards for the quality, safety and efficacy of prophylactic, diagnostic and therapeutic substances.

9.2 To collaborate with countries in developing and executing national drug policies and programmes based on such policies.

9.3 To promote the production and availability of essential drugs.

DISEASE PREVENTION AND CONTROL
(see section 11)

1. To prevent and control communicable diseases.

1.1 To strengthen national and international epidemiological surveillance of communicable diseases of major public health importance.

1.2 To collaborate with countries in evolving programmes for the control of communicable diseases, in
particular: malaria, schistosomiasis, filarial infections, trypanosomiasis, communicable diseases of the respiratory system, tuberculosis, enteric infections, leprosy, sexually transmitted diseases, zoonoses, and other communicable diseases of major public health importance; and to provide prompt and effective assistance in emergencies.

1.3 To complete, if necessary, and maintain worldwide smallpox eradication.

1.4 To expand the use of immunization, through the health services, in the control of those diseases for which effective immunizing agents and methods exist.

1.5 To promote and coordinate the development of research on effective and economical measures for the prevention and control of the communicable diseases, particularly the development of chemoprophylactic, chemotherapeutic and immunizing agents where these do not yet exist.

1.6 To develop and apply chemical, biological, genetic and other means of control of disease vectors, intermediate hosts and reservoirs of pathogenic agents, with due regard to safety for man and the environment.

2. To prevent and control noncommunicable diseases.

2.1 To promote cancer prevention and control, including coordinated cancer research.

2.2 To promote the prevention and control of diseases of the cardiovascular system.

2.3 To promote and develop programmes for the control of other noncommunicable diseases of public health importance, with due regard for the criteria for determining priorities.

2.4 To promote the development of policies and programmes for oral health.

2. To promote recognition, evaluation and control of environmental conditions and hazards that may affect human health.

2.1 To promote the development and implementation of programmes for the early detection and control of pollution in the environment (chemical, physical and biological).

2.2 To evaluate the effects of environmental factors on health, to promote and coordinate relevant research, and to foster the practical application of research findings.

2.3 To promote environmental sanitation, related to urban and rural development, that contributes to the prevention of communicable diseases.

2.4 To promote the development of programmes to ensure food safety and the supply of information for their planning and implementation.

2.5 To improve health conditions in human settlements and housing.

HEALTH MANPOWER DEVELOPMENT

(see section 13)

1. To promote the development of appropriate health personnel to meet the needs of entire populations.

1.1 To promote the planning for and training of the various types of health personnel composing “health teams”, with the proper knowledge, skills and attitudes for the execution of national health plans and programmes, including personnel with appropriate levels of skills for the provision of primary health care, as well as environmental health personnel.

1.2 To promote the integration of health manpower planning, production and utilization within the context of plans for national health and socioeconomic development, in collaboration with the general educational system.

1.3 To promote optimum utilization and to reduce undesirable migration of trained manpower.

2. To promote the development and application of relevant processes for basic and continuing education.

2.1 To promote curriculum development, planning, methodology and evaluation of basic and continuing educational processes for all categories of health personnel.

2.2 To promote the development of national teaching staff and educational technologists able to apply a systematic approach to educational processes.
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PROMOTION AND DEVELOPMENT OF BIOMEDICAL AND HEALTH SERVICES RESEARCH
(see section 14)

1. To promote and collaborate in the development and coordination of biomedical research, including health services research.

1.1 To identify research priorities, strengthen national research capabilities and promote international coordination of research, especially with respect to problems of major importance to WHO.

1.2 To promote the application and proper transfer of existing and new scientific knowledge and research methods to serve as the basis for the development of comprehensive national health services.

PROGRAMME DEVELOPMENT AND SUPPORT
(see section 15)

1. To promote, within the context of overall socioeconomic development, support of health-promoting activities.

1.1 To collaborate in the preparation, execution and evaluation of health plans, programmes and development efforts in accordance with periodically revised or confirmed health policy.

1.2 To promote the development and application of efficient managerial, information and evaluation systems for the planning and operation of health programmes, including the financing of health activities.

1.3 To promote the integration of appropriate health components into socioeconomic development plans and current social and economic activities, with a view to reducing health hazards and increasing health benefits.

2. To increase United Nations and other international, multilateral and bilateral collaboration in solving priority health problems or other socioeconomic problems with significant health implications.

2.1 To increase international collaboration and the amount of external assistance available for health programmes, for the health component of development programmes, and for development programmes with identifiable effects on health, including community water supply and disposal of wastes, particularly in developing countries.

2.2 To plan for and provide an adequate and appropriate response to emergency situations resulting in particular from natural disasters.

10. DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES

Principal objective

10.1 To promote the strengthening of countries' capacities for the planning and management of comprehensive national health services.

Detailed objectives

10.1.1 To encourage the strengthening of national capacities for planning and management of comprehensive national health services, including the necessary technical, administrative and legal reforms, as well as logistic support.

Approaches and activities

In collaboration with national executive bodies, WHO will participate in developing various systems for the provision of health services suited to the needs of communities and will collect and disseminate information on the subject, taking into account the particular needs of the countries concerned and the experience acquired by the Organization.

It will collaborate with countries in planning and organizing health services adapted to the country or region, and in cases where such services already exist will collaborate in strengthening their capacity with the personnel, equipment and complementary services they require.

It will encourage the development of easily applicable managerial and evaluation methods related to various levels of health service, including, where necessary, the use of operations research and data processing techniques.

(An output indicator could be the number of countries that have collaborated with WHO in the planning of their health services.)

(An output indicator could be the number of countries that have collaborated with WHO in the planning of their health services.)

The impact of this activity could be measured by the degree to which the methods developed are made use of at peripheral, intermediate and central levels.)

At regional level, increase of the productivity of health services systems will be encouraged by
technical, administrative and legal reforms where necessary.

(The output indicator could be the number of countries that have introduced such reforms.)

WHO will give guidance on logistic support to health programmes and services with regard to practical problems such as supplies, equipment, pharmaceutical substances and their production, purchasing, storage, costing and measurement of depreciation, and maintenance. As far as possible, the solutions proposed will be examined at national, regional and local levels and by health institutions, and efforts will be made to comply with or develop standards. Exchange of information on logistic support and on the means of identifying areas in need of support will be encouraged.

(Output indicators could be as follows: requests from countries, number of programmes, services and institutions having received logistic guidance, information and assistance from the Organization in identifying areas in need of support.)

10.1.2 To promote national capacities for the development of the various components of health services and their integration in a balanced manner as appropriate to the needs of each country.

Approaches and activities

The Organization will promote the dissemination of information on balanced health services.

(An output indicator could be the quality and quantity of information circulated.)

The Organization will encourage the planning, implementation and evaluation of health services that secure a proper balance between research prevention, treatment and rehabilitation.

The Organization will contribute to the development of regionalization and to the assignment of responsibility to integrated services at the local (health centres), regional (health institutions), and central (overall programmes) levels.

Principal objective

10.2 To promote the development of primary health care.

Detailed objective

10.2.1 To promote, within a comprehensive national health system appropriate to the conditions and needs of each country, the provision of primary health care to the whole population, ensuring that now underserved populations and high-risk and vulnerable groups are properly served.

The targets should be to ensure that an adequate quantity and quality of health care is made available to all members of a community or all inhabitants of a country, as well as maximum coverage of underserved populations and high-risk and vulnerable groups by primary health care.

Approaches and activities

WHO will promote the establishment of a primary health care system as part of a comprehensive health service. This system will comply with the following general principles:

— It must be tailored to the customs of the communities concerned and must meet their actual needs;

— It should be fully integrated into the national health service, or be supported at other levels by the work of peripheral units in areas such as technical backing, supplies, supervision and attention to patients requiring special care;

— In the countries concerned, primary health care activities should also be properly integrated with other areas of community development such as agriculture, education, public works, housing and communications;

— Most medical and health activities within the primary health care context should, as far as possible, be carried out at the most peripheral level of the health service by the staff best trained for the purpose.

(The output indicator will be the increase in the number of people covered by care of a given quality.)

As far as developing countries are concerned, WHO will appeal for and coordinate technical and financial assistance for the development of primary health care and for the training of first-line health personnel.

It will participate in the collection, interpretation and dissemination of data for identifying health needs and priorities relevant to primary health care and for evaluating primary health care services.

It will promote the active participation of the population concerned in the planning and implementation of health activities to ensure that such activities are properly adapted to local needs and
priorities, and that any decisions on action to be undertaken should result from a continuing dialogue between the population and the officials of the various services.

Primary health care services will be used, in particular, for the implementation of WHO's expanded programme of immunization.

WHO will define particularly vulnerable and high-risk groups and will identify their particular problems with a view to formulating policies for making primary health care available to such groups. Specific programmes will be developed. The Organization will continue, in collaboration with the United Nations Children's Fund, to seek and promote national solutions which might be used in other countries and are applicable to primary health care, and which develop various measures for meeting the fundamental health needs of the populations of developing countries.

It will identify groups with inadequate access to health care, with a view to giving them opportunities for access to the same level of care as the rest of the population.

It will promote the introduction of special primary health care services for vulnerable and high-risk groups.

**Principal objective**

10.3 To promote family health, particularly maternal and child health.

**Detailed objectives**

10.3.1 To reduce maternal, perinatal, infant and childhood mortality and morbidity, and to promote reproductive health and the physical and psychosocial development of the child and the adolescent within the family context.

The targets should be the reduction of maternal, perinatal, infant, childhood and adolescent mortality and morbidity by a given percentage in each country, promotion of the health of women of child-bearing age and the physical and psychosocial development of the child within the family context.

**Approaches and activities**

WHO will develop methods and formulate guidelines for specific intervention activities in family health, particularly with regard to maternal and child care. Emphasis will be given to primary health care and to simplified technology relevant to the control of diseases specific to maternity, childhood and adolescence, including suitable forms of school health services.

It will collaborate with countries in implementing programmes to solve local or regional problems related to the preconceptional, prenatal and postnatal periods and to childhood and adolescence.

It will further develop research on human reproduction, contraceptive methods and sterility, in particular by expanding its network of collaborating centres for research and through special working groups. Operations research on the application of research results will be encouraged.

The Organization will also encourage research and promotion in the following fields: physical and psychosocial development of the child and the adolescent, nutrition, and prevention and early detection of exogenous hazards to healthy growth and development.

10.3.2 To collaborate with countries in the development and strengthening of the family health component of health services, including family planning and welfare.

The target will be to ensure total coverage of maternal and child health care during pregnancy, childbirth and childhood in the maximum number of countries.

**Approaches and activities**

WHO will collaborate with governments in the development of an information service, as part of their total information system, for the purpose of disseminating information on family health services, particularly maternal and child health services, and on manpower needs.

It will collaborate with countries in the planning, management and evaluation of sectoral and intersectoral family health and maternal and child health programmes as part of the general health services and the social welfare services, with particular emphasis on the provision of primary maternal and child health care and on underserved populations.

It will collaborate with other agencies and organizations interested in the care of mothers and children and family welfare, and will play a coordinating role in the development of intersectoral policies and programmes relevant to maternal and child health care, family planning and family welfare.

It will collaborate with countries in the development and strengthening of the family planning component of their health services, particularly as part of maternal and child care, by helping to formulate programmes on fertility regulation and sterility.
It will pay particular attention to the promotion of community participation in the development and implementation of maternal and child health programmes.

It will encourage countries to utilize establishments and services not directly concerned in health care, such as mothercraft centres, nursery homes and day-care centres, as a channel for the delivery of maternal and child health care and family planning.

It will promote and conduct research directed towards improving the operational capacity of maternal and child health care services, in particular by identifying high-risk factors that deserve priority attention.

(The output indicator could be the number of countries with a significant increase in the coverage of maternal and child health care.)

Principal objective

10.4 To reduce the incidence of all forms of malnutrition and promote better nutrition of all individuals.

Detailed objectives

10.4.1 To collaborate in developing the health component of multisectoral food and nutrition policies and programmes.

The target will be clearly formulated and implemented food and nutrition policies in the largest possible number of countries.

Approaches and activities

Emphasis will be given to basic nutritional problems in developing areas, to dietetic services and collective feeding in more developed and industrialized countries, and to the adoption of multisectoral policies and programmes.

WHO will collaborate in the definition of principles and in the development of methods for the formulation and implementation of food and nutrition policies. This support will extend to the analysis preceding the implementation of national projects where nutritional components are required and to the evaluation of nutrition interventions.

To identify the nutritional needs of countries and individuals (according to age and type of work), the Organization will promote studies to determine essential foods and to identify the different categories suited to each country, due concern being given to deleterious food habits.

WHO will encourage the collection, analysis and dissemination of information on the approaches adopted by different countries; health education with regard to nutrition, such as by encouraging breastfeeding as opposed to other systems of infant feeding; the creation, where necessary, of regional or national nutrition centres capable of training personnel, and the introduction at all levels of the educational system of courses on the public health aspects of nutrition.

It will collaborate with FAO and other international organizations concerned as well as with countries to develop policies and programmes to provide given population groups with essential foods, enriched where necessary, as in the case of weaning foods.

10.4.2 To promote the control of specific nutritional deficiencies.

The targets could be, according to the situation in the countries concerned, reduction in the prevalence of nutritional deficiencies such as those caused by inadequate protein, vitamin or calcium intake, or reduction of the rate of increase in prevalence of diseases associated with overweight, such as cardiovascular diseases and diabetes.

Approaches and activities

WHO will collaborate with countries in identifying risk groups for malnutrition and nutritional deficiencies. It will also collaborate with countries in establishing a permanent surveillance system that will facilitate the development of a variety of intervention programmes in health and other sectors, including programmes for the early detection and prevention of nutritional disorders. The relevant indices for this surveillance system could be based on clinical, ecological and social factors of likely premonitory importance.

The Organization will collaborate with countries in selecting, designing or modifying measures for the control of specific nutritional deficiencies such as protein or energy deficiencies, and in setting up logistic support, including operations research, for their use.

It will encourage the search for protein-rich foods, including acceptability studies, and will encourage research on non-conventional sources.

In collaboration with FAO and UNICEF, it will encourage applied research on the composition, quality control, production and acceptability of basic or supplementary foods.
WHO will encourage research on nutritional deficiency diseases and their treatment.

**Principal objective**

10.5 To promote mental health.

**Detailed objective**

10.5.1 To promote mental health, including the prevention of mental diseases, alcoholism and drug abuse.

The targets could be the integration of mental health activities within the general health services and the promotion of mental health in different communities and cultures.

**Approaches and activities**

In order to stimulate the control of mental diseases and to promote normal mental function in different communities and cultures, WHO will pay attention to the epidemiological study of mental morbidity, including morbidity due to alcoholism and drug dependence, so as to design methods for its prevention or reduction; the development of methods for identifying and disseminating information on the nature, the frequency, and the changes over time of mental health problems within specified population groups; as well as the testing, application and adaptation of effective low-cost strategies and methods for the prevention and treatment of specific mental disorders, including alcoholism and drug abuse.

It will collaborate with countries in developing general mental health policies, stressing the prevention of mental diseases, the treatment of mental patients within the community, and the integration of mental health action within the activities of the general health services. One feature of these programmes will be the strengthening of the mental health services within health ministries and the setting-up of such services where they do not exist. Special attention will be given to the formulation and implementation of programmes for promoting mental health in certain high-risk groups (e.g., mental health programmes for children and adolescents, suicide prevention services, promotion of mental health education for special groups).

The Organization will stimulate the development of services for the control of alcoholism and drug dependence, either as part of the general health services or in close cooperation with these services, depending on the situation in the country concerned. It will strengthen its collaboration with the United Nations Fund for Drug Abuse Control, with other agencies of the United Nations system and with professional and voluntary organizations and specialized international bodies for the control of drug dependence.

It will collaborate with countries in the design and implementation of programmes for orienting health and social workers and other types of personnel with respect to mental health problems.

Within the context of the integration of mental health services within the general health services, stress will be laid, especially in the developing countries, on the establishment of mental health community centres in large conurbations and on the formulation of methods for their operation.

The Organization will collaborate with countries with a view to providing information to those responsible for socioeconomic and health policies on the influence of psychosocial factors on health and the health services and the actual or potential mental health impact of various social, economic and health measures and activities.

Metabolic, genetic and biological research will be encouraged, together with studies on psychosocial factors.

**Principal objective**

10.6 To promote workers’ health.

**Detailed objective**

10.6.1 To promote the health of working populations, to control occupational health risks, and to promote the humanization of work.

The target could be a reduction in mortality, disability and morbidity among workers generally and especially due to diseases caused by working conditions.

**Approaches and activities**

In collaboration with ILO in areas of common interest, WHO will formulate or revise standards and prepare guidelines for protection against occupational hazards and will promote coordination of activities for strengthening the legal, administrative and occupational framework to ensure health and safety in workplaces. It will also prepare guidelines for the routine medical examination of workers.

WHO will collaborate with countries, even during the early stages of industrialization, in developing comprehensive occupational health programmes and services that are coordinated, and preferably integrated, with the general public health services. It will assist countries in monitoring the working
environment, including preventive measures and the establishment of clinics and laboratories.

(The output indicator for this activity could be the number of countries that have adopted programmes or general measures for the protection of workers exposed to occupational hazards.)

WHO will promote the development of methods for the early detection of health impairment of workers and the collection and dissemination of information on specific occupational health problems and their solution, and on occupational hazards. This will include criteria for placement medical examinations, taking account of work exposure and human capacities.

WHO will coordinate and stimulate research to cover gaps in knowledge of health problems connected with work, including the study of occupational exposures and of stressful work conditions, and the adaptation of measures to prevent the effects of combined hazards.

Principal objective

10.7 To promote closer cooperation of health services with all other sectors concerned with health promotion, including social welfare services.

Detailed objectives

10.7.1 To promote closer cooperation between all services concerned with health promotion and to integrate them into a single system where appropriate.

The target could be the joint development of health and social welfare services within a single system and closer collaboration between these services.

Approaches and activities

WHO will identify problems that are common to health services, to social welfare services and other social services, and to a number of fields such as the environment and the economic sectors, having a bearing on health problems.

(The output indicator could be the number of countries having drawn up this list of common problems.)

WHO will collaborate with countries in developing common approaches and solutions to problems of common concern to the health, economic and other social sectors.

It will encourage the introduction of national legislation concerning health and social welfare with a view to the integration of such services where this is considered possible and necessary.

In order to accomplish these activities, encouragement will be given to planning joint training programmes for personnel in health services, social welfare services, and other public services.

The Organization will collaborate where necessary with other agencies and international organizations that have an interest in the activities defined above.

10.7.2 To collaborate with countries with a view to improving the care of the aged, preventing accidents of all types, preventing disability, and ensuring the rehabilitation of the disabled.

The respective targets will be the formulation of policies and implementation of programmes for the care of the aged and the development of policies and programmes for the prevention of accidents of all types in as many countries as possible, and the introduction in the maximum number of countries of services aimed at reducing disability in as large a proportion of the population as possible.

Approaches and activities

WHO will promote and coordinate the formulation of policies and programmes for the care of the aged as part of general social welfare and health plans and programmes, with particular emphasis on services within the community.

(The output indicator could be the number of countries that have integrated the problems of the aged into their general social welfare and health programmes.)

The Organization will collaborate with governmental, nongovernmental or specialized national institutions in the conduct of epidemiological and sociocultural studies, to identify the problems of the aged and to find solutions for these problems, such as the development of specialized institutions, long-term care, geriatric services in hospitals and the social welfare and health facilities required to look after the aged in the community.

It will collaborate with countries in defining the relative importance of accidents in terms of morbidity and mortality and in assessing their social and economic consequences, and will draw attention to the multiple nature of accident causes and to the need for collaboration between various ministries such as the ministries of health, labour, transport and education. It will collaborate with countries in epidemiological studies on the human and medical factors involved in accidents, particularly on the
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social and economic cost of accidents and on the influence of alcohol and psychotropic drugs, and will promote the improvement of the assistance given to accident victims by the medical and public health services.

(The output indicator for this activity could be the number of countries that have established national programmes for the control of accidents.)

WHO will encourage the regular publication of information on accidents and their prevention, and for that it will be necessary to formulate standards for the collection, analysis and presentation of data. It will exchange information with international agencies and nongovernmental organizations on accident prevention programmes and on the legislation that should be introduced in this field.

Programme activities with respect to disability and rehabilitation will be centred on physical and mental disability and will be closely coordinated with work being carried out in related programmes such as those for care of the aged. Such activities will, as far as possible, be integrated into public health programmes, primary health care services and social welfare programmes.

The Organization will encourage the implementation of measures aimed at individual patients, such as preventive and curative therapy for disabling diseases and remedial exercises; as well as community measures such as preventive legislation, the inducement of changes in any possible negative attitude to the disabled on the part of the general public and provision of educational facilities.

It will endeavour, through regional and national projects and/or interregional and interinstitutional programmes, to encourage effective local action directed to the early prevention of disability rather than to the correction of disability at a later stage; to set up a system of care at community level; to support studies and research to evaluate the problems of disablement and find methods of proved efficiency and effectiveness for their solution; and to strengthen coordination and cooperation between United Nations agencies and governmental, intergovernmental and private bodies, with emphasis on planning at national and local levels, community participation, and funding.

It will emphasize the use of multi-skill personnel for the provision of rehabilitative care in primary health care services as well as in higher level health services to which cases may be referred.

10.7.3 To promote health education and information of the public with particular emphasis on the responsibility of the individual and active community involvement.

The target could be the systematic introduction in all WHO's programmes, at all relevant levels, of a health education and information component for the general public and the active involvement of the population.

Approaches and activities

On the internal level, a systematic analysis will be made within each of WHO's programmes to determine the degree to which appropriate information of the public would assist in solving the problems tackled by such programmes. (The output indicator could be the number and size of the public health education/information components in the various WHO programmes.)

The Organization will encourage countries to impart to the individual and the population at large a sense of responsibility for personal, family, community and mental health and to promote the active involvement of communities in improving their own health. (An output indicator could be the number of countries that have introduced health education and information programmes. However, a programme quality and range factor should also be introduced.)

It will prepare easily assimilable health education and information material adapted to various age and social groups. Depending on the country, emphasis will be placed on techniques and material designed to reach people:

— where they meet as members of particular age or social groups;

— as members of groups exposed to the same hazard or requiring the same type of health education (communities, workplaces).

(The output indicators could be the finished material such as films and pamphlets, and implemented projects in terms of numbers of health-education hours given in various places such as factories or universities.)

WHO will encourage countries to define and/or improve their health education policies. To ensure the development of such policies in some countries, it will encourage the establishment and consolidation of health education units in general health administrations. Such an approach should also attract the political support required to influence the general public and gain their participation.
Studies will be organized to determine the behaviour of human communities on health matters so as to give greater emphasis subsequently to the health education component in the training of workers in all industrial and social sectors.

**Principal objective**

**10.8 To promote the development of standard health technologies.**

**Detailed objectives**

**10.8.1 To promote and support the development of standardized health technologies.**

The targets could be the availability to countries of a range of standardized health techniques so that prevention, diagnosis, therapy and rehabilitation may be carried out by internationally recognized instruments and methods.

**Approaches and activities**

WHO will promote international collaboration, including collaboration with international institutions and nongovernmental organizations, for the purpose of defining a limited number of standards for health technologies such as radiology, methods, techniques, equipment, and instruments.

(The output indicator for this activity could be the number of defined standards made available to users.)

To attain this objective, the Organization will stimulate the public and private industrial sectors to implement and test technologies as required and, to this end, will promote international recognition of the need for standardization, emphasizing the impact of the latter on costs, maintenance and personnel training and hence its general interest for all countries, particularly developing ones.

**10.8.2 To collaborate with countries in the development and adaptation of simple, low-cost and effective technologies in specific areas.**

**Approaches and activities**

Where necessary, WHO will collaborate with countries in developing technologies through the adaptation or adoption of international standards, particularly in such fields as epidemiology and statistics, nutrition, the environment, therapy, public health administration, and health information and education.

**10.8.3 To promote the development of public health laboratory services.**

The target will be the establishment, in as large a number of countries as possible, of public health laboratory services forming an integral part of the national health services.

**Approaches and activities**

WHO will encourage the development of programmes for the introduction of health laboratory systems and blood banks. Such laboratories will support public health programmes for medical purposes or for veterinary purposes related to human health and perform the tests required under food hygiene and food and drug control programmes. The equipment, maintenance and management of these laboratories will be standardized in accordance with methods established by the Organization.

(The output indicators for this activity could be the number of countries that have defined or adopted standards for equipment, personnel and laboratory operation, and the number and size of laboratories.)

The Organization will promote the development and rational administration of laboratory services adapted to the countries concerned and integrated into their general health services at a central or decentralized level depending on the duties assigned them and the complexity of the equipment in use.

**Principal objective**

**10.9 To promote a more rational production, distribution and utilization of safe, effective and economical prophylactic, diagnostic and therapeutic substances.**

**Detailed objectives**

**10.9.1 To establish and improve international requirements and standards for the quality, safety and efficacy of prophylactic, diagnostic and therapeutic substances.**

The targets will be the development of new and revised requirements and standards for drugs and the availability of up-to-date information on the safety and efficacy of drugs.

**Approaches and activities**

Studies will be carried out to establish international standards and potency units for biological substances.
WHO will issue standards and guidelines for formulation and publication of requirements and specifications for quality control of pharmaceutical preparations and biological substances and for drug evaluation and registration.

Further development of WHO collaborating centres for new international biological standards and chemical reference substances for the authentication and quality control of drugs will generate information for dissemination. These centres will be invited to include in their programme the establishment of international biological standards and new international reference substances for distribution to national control laboratories.

The Organization will select and publish international nonproprietary names for new substances.

WHO will formulate or revise international codes for production, quality control and certification of drugs in international trade and will collaborate with countries in evaluating the safety and efficacy of drugs, including monitoring of adverse effects. It will serve as a focal point for the exchange of information on the efficacy, availability and use of drugs of natural origin (e.g., medicinal plants).

10.9.2 To collaborate with countries in developing and executing national drug policies and programmes based on such policies.

The target will be the establishment of mechanisms to ensure that essential and effective drugs reach those in need of them.

Approaches and activities

WHO will cooperate with Member States in the development of national drug policies to solve such problems as the production or procurement and the distribution of drugs and the control of nomenclature, registration, quality, and distribution. The latter will include the management of drug storage and the regulation of purchase with or without a prescription.

(The output indicator for this activity could be the number of countries collaborating with the Organization in developing all or some of such policies.)

It will provide countries with information on the methods used in other countries for governmental regulatory control of drugs and will collaborate with countries in providing the medical profession, auxiliary personnel and the general public with information on drugs.

(The output indicator for this activity could be the different types of information provided in relation to national drug policies.)

It will encourage surveillance of drug utilization and will continue to cooperate with countries in drug monitoring. For this purpose it will perform comparative international studies on the efficacy, safety and economy of alternative therapeutic substances. In some countries, either a single drug control service or an effective coordination body capable of implementing national drug policies ranging from research to regulatory control will be established or strengthened.

(The output indicator for this activity could be the quantity and quality of information on safety, efficacy, economy and acceptability of drugs in use.)

10.9.3 To promote the production and availability of essential drugs.

Approaches and activities

The Organization will identify and quantify imbalances and inequity in the production and distribution of essential drugs.

It will collaborate with countries in developing financial and other arrangements to make essential drugs available, particularly those required for implementation of priority health programmes.

For this purpose, it will collaborate with countries in planning, programming and organizing the production or procurement of drugs and their distribution. Such activities will include advice on management of drug storage and distribution, and establishment of lists of essential drugs.

Activities related to production and distribution will be conducted in collaboration with UNIDO, and other such organizations and bodies which might make a positive contribution to research on and production of essential drugs.

(The output indicator for these activities could be the availability of a range of drugs corresponding to the needs of the principal health programmes in each country and to the needs of the general public, particularly in the context of primary health care programmes.)
11. DISEASE PREVENTION AND CONTROL

Principal objective

11.1 To prevent and control communicable diseases.

Detailed objectives

11.1.1 To strengthen national and international epidemiological surveillance of communicable diseases of major public health importance.

The target will be to ensure world coverage of epidemiological surveillance of communicable diseases of major public health importance.

Approaches and activities

WHO will encourage the development of epidemiological surveillance services in the countries, supported where appropriate by WHO surveillance centres covering specific areas, with special attention to:

- the development of national information services on the incidence of communicable diseases and on the morbidity and mortality they cause;
- the collection, analysis, interpretation and dissemination of data at the regional and worldwide levels;
- action at the national, regional or worldwide levels arising out of the data thus collected and interpreted.

11.1.2 To collaborate with countries in evolving programmes for the control of communicable diseases, in particular: malaria, schistosomiasis, filarial infections, trypanosomiasis, communicable diseases of the respiratory system, tuberculosis, enteric infections, leprosy, sexually transmitted diseases, zoonoses, and other communicable diseases of major public health importance; and to provide prompt and effective assistance in emergencies.

The targets could be the determination, in the countries concerned, of the nature, characteristics and geographical distribution of the endemic and epidemic communicable diseases that most severely affect the communities; the definition, within the framework of the national health plan, of a medium-term programme for the control of these diseases; and collaboration with countries in the implementation of this programme.

Approaches and activities

For all communicable diseases under consideration in a given country, WHO will participate in:

- establishing the profile of the epidemiological situation and determining the health and socioeconomic parameters that justify priority action;
- determining the possibility of preventing or controlling the diseases concerned, using the most effective and economically most suitable methods;
- ensuring that the basic health services are fully utilized and, where this infrastructure is still inadequate, that whatever intervention measures may be considered necessary are implemented;
- making proper use of national epidemiological surveillance services and laboratory services;
- providing an adequate supply of diagnostic, prophylactic and therapeutic substances of recognized quality, safety and efficacy.

Within their overall programmes, WHO may provide countries with special assistance for each of the diseases concerned. The extent of its involvement will depend on the priorities fixed at the national, regional and worldwide levels.

It will endeavour to develop further the approaches and means for providing immediate assistance in emergencies in order to identify the cause, to assess the nature and extent of the problem, to determine the necessary measures and to collaborate with countries in their implementation.

It will not exclude from its own activities a priori any communicable disease that represents a problem for any country whatsoever. With this qualification, and not forgetting or underestimating the possible role of a particular disease in a given national situation, it will concentrate its efforts and resources on the control of the following diseases, which unquestionably command priority at the worldwide level.

Parasitic diseases

For malaria WHO, in accordance with resolution WHA22.39, will develop flexible programmes, using epidemiological and socioeconomic criteria, emphasizing insecticides and antimalarial drugs, but not neglecting other methods of vector control. For this purpose it will:

- participate in evaluating situations and national programmes;
- help to determine, for each country, the antimalaria programme suited to the situation...
and realistic plans of action for implementing it;
- call for a firm resolve on the part of the governments concerned, particularly with regard to the allocation of resources and the support of informed public opinion;
- stimulate research on new forms of action and improved methods;
- draw up and implement, in collaboration with the manufacturing institutions and industries, a plan ensuring the availability of malaria drugs and insecticides in adequate quantities and at prices the customer can afford;
- arouse the interest of multilateral or bilateral international institutions and gain their medium-term and long-term support in the form of equipment, subsidies or loans;
- encourage cooperation between countries in the same ecological and epidemiological region, particularly in border areas.

With regard to schistosomiasis, priority action will be concerned with the epidemiological study of the various etiological forms of the disease, particularly in relation to water resources development; the formulation of action plans in which measures to control parasitic infestation of man are combined with control measures directed against the host; the encouragement of research; and the strengthening of international support for national control programmes.

Within the framework of strengthened action against the filarial infections, onchocerciasis control will continue, particularly through the control programme in the Volta basin area which will permit the economic exploitation of areas freed from the disease. On the model of this programme, taking into account the lessons learned from it, the campaign will gradually be extended to other areas where the disease is rife, particularly in Africa. Trypanosomiasis (African trypanosomiasis and Chagas' disease) will also be given high priority, both in research and in prevention and control activities.

### Bacterial and virus diseases

The programme will be extended from the control of tuberculosis to the control of communicable diseases of the respiratory system, which as a group form one of the principal causes of morbidity and mortality in many countries. This programme should include the chronic noncommunicable lung diseases.

Leprosy will be the subject of an increased research effort under a special international programme for tropical diseases as well as under national control programmes in which WHO will cooperate.

The impetus given to cholera control should be extended, through prophylactic, therapeutic and environmental health measures, to the entire range of acute infections of the intestinal tract, which also represent a major cause of morbidity and mortality, severely affect young children, and require a multidisciplinary approach.

WHO will promote awareness on the part of the community and the responsible authorities, in the health and social sectors, of the importance of the sexually transmitted diseases, and will encourage the adoption of measures to limit their spread.

Veterinary public health, particularly the control of zoonoses, will retain its place among the Organization's activities, particularly in the various regions and according to the health and economic problems specific to each region.

WHO will exercise constant vigilance to detect the appearance or follow the development of diseases with high epidemic potential, current examples of which are cerebrospinal meningitis, influenza and dengue haemorrhagic fever; it will also keep watch on the enzootic reservoirs of diseases communicable to man, such as plague, yellow fever and rabies.

In addition, the Organization will pay particular attention to those diseases that can be prevented by immunization, notably diphtheria, tetanus, whooping-cough, poliomyelitis and measles, not to mention smallpox and tuberculosis.

Although basically concerned with the communicable diseases that impose a heavy burden on the developing countries in tropical regions, it will devote equal attention to the hazards to which the industrialized countries are exposed through the persistence of diseases such as tuberculosis, respiratory diseases, sexually transmitted diseases, interhospital and intrahospital infections, the spread of Salmonella infections, resistance to antibiotics, or imported cases of tropical diseases such as malaria.

These activities will take into account the evolution of the International Health Regulations.
11.1.3 To complete, if necessary, and maintain world-wide smallpox eradication.

The target will be the total eradication of the disease throughout the world.

Approaches and activities

Until smallpox eradication can be regarded as complete, WHO will endeavour to consolidate the results achieved and will participate in the collection and prompt exchange of information.

It will build up and maintain an international stockpile of smallpox vaccine in case of need.

It will prepare a registry of laboratories working on the smallpox virus and will draw up safety standards for preventing the possible spread of the virus.

(The output indicator will be the absence of cases of smallpox throughout the world.)

It will summarize and describe in a major publication the experience of smallpox eradication throughout the world and will use the experience acquired in this programme for the control of other communicable diseases.

Even if smallpox eradication is an established fact by the end of the Fifth General Programme of Work, it will still be necessary to continue surveillance, particularly for animal pox virus infections and for exanthematous infections in man, and studies on pox virus.

11.1.4 To expand the use of immunization, through the health services, in the control of those diseases for which effective immunizing agents and methods exist.

The expanded programme of immunization will mainly be concerned with the following six diseases: diphtheria, whooping-cough, tetanus, poliomyelitis, tuberculosis and measles.

The targets will be to eliminate or to reduce in size or number the epidemics of whooping-cough, poliomyelitis and measles; to keep diphtheria morbidity at a low level; to reduce the morbidity level of tetanus and tuberculosis in young children; and to increase the proportion of effectively immunized children in groups at high risk because of age, geographical situation or social status.

Approaches and activities

WHO will collaborate with the countries in planning and implementing immunization programmes for certain communicable diseases recognized to be of major importance for the health of the community, and particularly for child health. In the developing countries these programmes will be designed as part of a primary health care policy. Specific attention will be devoted to the development of immunization schedules to facilitate the proper planning and management of immunization activities within the general health services.

In every country, whatever its level of development, WHO will cooperate in immunization programmes for population groups, whether children or adults, that are exposed to special risk because of the epidemiological situation, the environment, or the conditions of work.

Within the framework of the development of these programmes, the major efforts at country level will consist of:

— promoting the basic immunization of children and, where necessary, of the mother, through the maternal and child health services;

— strengthening the services for the supply and transport of vaccines, staff training, and the management, supervision and evaluation of activities related to immunization within the basic health services;

— strengthening or, where necessary, establishing epidemiological surveillance for the six communicable diseases concerned and for other communicable diseases of local epidemiological importance and for which immunization is applicable;

— strengthening, where economically desirable, the national production and control of vaccines;

— disseminating appropriate information, including textbooks and manuals;

— promoting public recognition of the benefits of the vaccination of children and encouraging the public to demand such benefits.

(The output indicator will be the number of countries with which WHO is collaborating for the implementation of the expanded programme of immunization.)

11.1.5 To promote and coordinate the development of research on effective and economical measures for the prevention and control of the communicable diseases, particularly the development of chemoprophylactic, chemotherapeutic and immunizing agents where these do not yet exist.

The targets will be the intensification of research and development of effective vaccines against diseases for which they are not yet available, and the rational
development of new drugs for the control of communicable diseases of major importance, especially parasitic diseases.

Approaches and activities

WHO will make efforts, inter alia through its special programme for research and training in tropical diseases:

— to encourage and assist research on the biology of the agents of the major communicable diseases, particularly the parasitic diseases, and on the immunology and immunopathology of these diseases;

— to extend prevention by vaccination to a greater number of diseases, and to reduce operational costs and problems by encouraging practical studies and research through national and international efforts;

— to encourage improvement of the potency and stability of antigens.

It will also make efforts to coordinate research on the development and evaluation of new drugs and vaccines with the pharmaceutical industry, the scientific bodies concerned, and the national administrations of countries where the parasitic diseases are endemic.

The Organization, in cooperation with Member States and with scientific institutions, will set up a network of research centres for basic research on parasite biology and on the immunology and pathogenesis of the parasitic diseases, including the strengthening of a certain number of medical institutions in the areas where these diseases are endemic. It will encourage the development of research in clinical pharmacology and the testing of new drugs and new vaccines by methods that permit international comparison of results.

11.1.6 To develop and apply chemical, biological, genetic and other means of control of disease vectors, intermediate hosts and reservoirs of pathogenic agents, with due regard to safety for man and the environment.

The target could be the reduction of vector populations and reservoirs of pathogenic agents to a point where the continued transmission of the disease is unlikely.
**Principal objective**

11.2 To prevent and control noncommunicable diseases.

**Detailed objectives**

11.2.1 To promote cancer prevention and control, including coordinated cancer research.

The target could be the development of methods and the coordination of programmes for the prevention and control of cancer with a view to increasing population coverage.

**Approaches and activities**

WHO will continue its efforts to formulate and review standardized nomenclatures, methodologies and reagents and to encourage their widest possible use, and to disseminate information on the latest advances in prevention, detection, diagnosis, treatment and rehabilitation for common forms of cancer.

(An output indicator could be the number of data disseminated and their utilization by the countries.)

It will help countries to mobilize resources for setting up national cancer control programmes within the general health services, based on the above-mentioned standards and on the methods of detection, diagnosis, treatment and rehabilitation. In most regions, prevention will concentrate on programmes for educating the population about known preventive measures, such as programmes to combat smoking. In some regions, emphasis will be placed on particular groups such as children.

The standardization by WHO of systems for the recording, notification and evaluation of the results of the treatment of cancer cases, and the application of the standardized systems in the countries, will lead to an improvement in national programmes as a result of international comparability.

(One of the output indicators for such activities could be the number of countries or institutions that have implemented a standardized system for the recording and notification of cancer cases.)

WHO, partly through the International Agency for Research on Cancer, will continue to develop its long-term plan for international coordination of oncological research, including studies of environmental, chemical, biological and other factors of carcinogenesis. A review of the different sectors of such research will make it possible to formulate the tasks that still have to be carried out and to determine the possibilities of applying the basic knowledge for clinical purposes. The network of WHO collaborating centres will be enlarged for this purpose and cooperation with relevant governmental and nongovernmental organizations will be strengthened. The Organization will develop an appropriate information system to facilitate the international coordination of cancer research.

It will also conduct adequate epidemiological research on the basis of national registries of cancer morbidity. This research will have specific national objectives, particularly in countries that have only limited experience of cancer epidemiology.

11.2.2 To promote the prevention and control of diseases of the cardiovascular system.

The target will be the development of methods and coordination of activities leading to the establishment of comprehensive cardiovascular control programmes integrated in the general health care systems in communities.

**Approaches and activities**

WHO will collaborate with countries in the search for and the application and evaluation of methods for controlling the major cardiovascular diseases; as far as possible these activities should be integrated in the existing general health services. It will promote the international coordination of such programmes.

(The results of this activity could partly be measured by the number of countries collaborating with the Organization in these matters.)

Information on cardiovascular disease control undertaken by WHO and other agencies will be collected and disseminated routinely. The Organization will also undertake:

- to promote the utilization throughout the world of the WHO standardized nomenclatures, methods and criteria;
- to coordinate the introduction of information services on control programmes, on trials conducted on new control programme models in the various countries, and on the management of cooperative projects;
- to prepare guidelines and manuals for community-oriented programmes for the control of cardiovascular diseases;
- to promote public information that gives great prominence to prevention.

(The output indicators for this activity could be based on the quality, if measurable, and the quantity of information supplied to the countries.)
11.2.3 To promote and develop programmes for the control of other noncommunicable diseases of public health importance, with due regard for the criteria for determining priorities.

The target could be the development of community-based programmes for the prevention and control of chronic noncommunicable diseases.

*Approaches and activities*

WHO will collaborate with countries in developing methods for early detection, diagnosis, timely treatment and research with respect to chronic diseases of public health importance, special attention being devoted in some regions to diabetes, chronic lung diseases, disorders of the nervous system and the sensory organs, rheumatoid arthritis and chronic diseases of the kidneys and the liver.

It will encourage countries within the planning and operation of the general health services to integrate action against these diseases and risk factors leading to them, including tobacco and alcohol.

It will encourage epidemiological surveys so as to obtain adequate knowledge of the problems with a view to incorporating the chronic diseases within the general programmes of epidemiological surveillance.

It will promote research that is primarily aimed at the prevention of the diseases concerned; the formulation of standardized diagnostic criteria and survey methods; community studies; and operational research aimed at the prevention and control of the diseases concerned.

11.2.4 To promote the development of policies and programmes for oral health.

The target could be the development of methods and the coordination of programmes for the promotion of oral health with a view to increasing population coverage.

*Approaches and activities*

WHO will collaborate with countries in studies on the design, planning, administration and evaluation of national and local oral health services. The dissemination of information on the most recent experience in preventive oral health activities will make it possible to include preventive components in these programmes, including the fluoridation of water when possible, and dietary means for dental caries prevention.

(Output indicators could be the number of countries collaborating with the Organization in these activities and the number and quality, if possible, of data disseminated on prevention.)

The Organization will encourage and participate in the preparation of manuals and guides on the planning, replanning and evaluation of oral health services, including aspects of manpower, supplies and equipment.

It will keep up to date an epidemiological information system on the prevalence of and trends in the oral diseases and on research findings and their application.

It will encourage the development of community health education programmes in oral health.

It will encourage research programmes whose aims include:

- developing simplified equipment and instruments so as to reduce the cost and increase the productivity of oral health services;
- establishing the acceptability and applicability of fluoridation.

12. PROMOTION OF ENVIRONMENTAL HEALTH

*Principal objective*

12.1 To promote and develop environmental health policies and programmes.

*Detailed objectives*

12.1.1 To collaborate in the planning and development of environmental health policies and programmes associated with national economic development policies, plans and projects.

The targets could be the definition of national environmental health policies and the introduction of environmental health programmes into national socio-economic plans in the largest possible number of countries, as well as the establishment of international policies at the regional or worldwide level in collaboration with other agencies and sectors involved in the environmental health field.

*Approaches and activities*

WHO will strengthen its coordinating role at the international level with regard to the health aspects of the human environment. For this purpose it will maintain contacts and collaborate with the many international bodies that are involved and that
take an active part in the control of environmental pollution, and will promote the incorporation of environmental health criteria in the projects assisted by other international agencies.

Collection, analysis, synthesis and dissemination of information on environmental health policies and services and on methodologies for assessment of environmental impact will be conducted at all levels of the Organization. This information will be used for reviewing requirements periodically, for setting up or confirming priorities, for evaluation purposes and, in general, for assisting in decision-making.

The Organization will collaborate on request in the interministerial planning of environmental health programmes and services with direct repercussions on public health. It will collaborate with countries in formulating basic policies and legislation for the control of air, water and soil pollution and in formulating national and regional pollution control plans, coordinated with national development programmes.

(An output indicator for this activity could be the number of countries having such policies at the end of the period of the Sixth General Programme of Work.)

In countries where the health ministry does not yet include provision for sanitary engineering, WHO will offer the services of sanitary engineers to assess the public health impact of development policies and projects. Where such departments are not yet fully established, it will make efforts to strengthen them.

(Output indicators for this activity could be the number of countries that have received the services of WHO sanitary engineers and the number of countries which, following WHO intervention, have developed adequate structures within the health ministry.)

The Organization will also encourage studies on the health aspects of the pace of life, congestion, routine and other aspects of life in an urban environment, and for the evaluation of the harmful effects of noise on human health and wellbeing and the long-term effects on public health of the trends towards industrialization and urbanization. The effects of these factors on physical and mental health will be assessed for their implications for the Organization’s programmes with a view to devising preventive and corrective measures.

12.1.2 To promote and collaborate in national planning of services for the provision of community water supplies and for disposal of wastes.

Approaches and activities

WHO will endeavour to achieve better recognition of the importance and priority character of sanitation for human health.

It will collaborate with countries as required in formulating policies and legislation and in setting up infrastructure for the surveillance of wastes disposal networks and of drinking-water quality, and particularly for the detection of a number of deleterious substances. It will encourage the simultaneous development of adequate administrative and legal structures.

Collaborative undertaking of national sector studies for community water supplies and wastes disposal will lead to the definition and formulation of priority projects integrated within national development plans or compatible with them. This activity will receive special attention in planning for rural development.

The Organization will collaborate with the national and multinational agencies concerned, with a view to mobilizing national and/or international resources for the implementation of sanitation programmes. It will maintain its international coordinating role with regard to the health aspects of technical assistance programmes, including the application of health norms and criteria.

It will promote national surveys and the strengthening of techniques of data collection for planning purposes. Guidelines will be offered on policies, programmes, institutions and legislation for water supplies and wastes disposal.

It will formulate and execute pre-investment feasibility studies. This activity will often be linked with the previous activities for obtaining domestic and foreign finance.

In view of the increase in travel and tourism, it will provide advice on the solution of sanitation problems associated with international travel.

It will participate in or encourage the production, at regional and worldwide levels, of guidelines, codes and manuals that stress low-cost and readily adaptable techniques.
Principal objective

12.2 To promote recognition, evaluation and control of environmental conditions and hazards that may affect human health.

Detailed objectives

12.2.1 To promote the development and implementation of programmes for the early detection and control of pollution in the environment (chemical, physical and biological).

The target could be the existence in most countries, at the end of the Sixth General Programme of Work, of programmes for the control of environmental pollution and hazards.

Approaches and activities

WHO will promote the development of methods and techniques for measuring environmental hazards and the effects of pollution and for assessing their influence on human health. It will also undertake to develop guidelines for the application of methods of early detection, prevention or reduction of air, water and soil pollution and other environmental hazards to the population, whether of biological origin (excreta), chemical origin (industrial wastes), or physical origin (noise, radiation, heat), with due regard to social and economic considerations.

It will collaborate with countries in developing national and international programmes for pollution control, based on criteria to be determined by it. (The output indicator could be the number of countries that have developed programmes for the control of environmental pollution and hazards.)

It will collect and disseminate information on all relevant aspects of environmental pollution, early detection and control. It will encourage the development of relevant information services in the countries. It will also supply information on management techniques and technological problems.

12.2.2 To evaluate the effects of environmental factors on health, to promote and coordinate relevant research, and to foster the practical application of research findings.

Approaches and activities

WHO will develop a programme on criteria for environmental health, consisting in particular of the following activities:

— review and dissemination, in collaboration with national centres, of scientific information on the effects of environmental factors on human health, and preparation of documents setting out the criteria to be applied;

— development of information services and mechanisms for collaboration between WHO, national scientific institutions and other agencies;

— using epidemiological and toxicological techniques, the promotion and coordination of research, particularly on harmful immediate and long-term effects, including combined effects, and on indices for measuring adverse effects of pollution on public health in general and on the health of high-risk groups;

— promotion of and cooperation with other agencies concerned in the conduct of studies on the long-distance spread and chemical transformation of pollutants in the environment and on the combined effects of multiple pollutants;

— formulation, testing and publication of recommendations on maximum permissible limits.

The Organization will encourage and support applied research on environmental health problems, stressing in particular the adaptation of existing techniques to the needs of developing countries.

12.2.3 To promote environmental sanitation, related to urban and rural development, that contributes to the prevention of communicable diseases.

The target might be the reduction of biological hazards which could lead to an increase in the spread of communicable diseases, particularly in relation to ecological changes due to urban and rural development.

Approaches and activities

In collaboration with Member States and with the international organizations and institutions concerned, the Organization will encourage the study and analysis of situations in which ecological changes, particularly changes due to urban and rural development, might give rise to biological hazards that could lead to the transmission of communicable diseases. For this purpose it will promote the study and analysis of, and the collection of information on, types of ecological changes that might create such hazards; research on the prevention of communicable diseases that are spread by deficient sanitation and that are associated with rural and urban development; coordination at national, regional and worldwide levels of measures for the control of biological hazards; improvement of the knowledge of biological health hazards among development project experts; and the participation of health experts in the planning of rural and urban programmes in order to make the control of such biological hazards an integral part of the implementation of such plans.
12.2.4 To promote the development of programmes to ensure food safety and the supply of information for their planning and implementation.

The targets could be the reduction of morbidity due to contamination and chemical or biological adulteration of food, the establishment of international regulations on food hygiene and adoption of national legislation; and the existence in the largest possible number of countries, by the end of the period of the Sixth General Programme of Work, of standards for quality control of foods compatible with the international standards.

**Approaches and activities**

WHO will develop internationally acceptable standards on food safety, including standards that would facilitate the movement of food products between countries. These standards will be periodically reconsidered and updated.

Within the framework of the Codex Alimentarius Commission, WHO will collaborate with the other organizations involved and with the countries concerned in assessing needs, in particular of developing countries. Moreover, it will collaborate with countries to establish food safety standards adapted to specific national needs and to develop programmes for ensuring the gradual acceptance and application of these standards.

(The output indicator for this activity could be the number of standards issued by WHO and the number of countries that have accepted them.)

It will develop strategies and methods for detecting and controlling food hazards, taking into account the diversity of physiological, social and economic needs.

In order to reduce human illness and economic losses caused by the microbial contamination and the chemical or physical adulteration of foodstuffs, WHO will stimulate the establishment and development of national food safety policies, programmes and services so as to make food compatible with the international standards and to prevent the national and international spread of foodborne diseases.

It will promote the establishment of an information and monitoring programme on food contamination and foodborne diseases to provide the necessary information for determining priorities and assessing the effectiveness of food monitoring activities. It will prepare codes, guidelines and manuals on food safety and related matters, including techniques for the preparation of various products and standards with respect to their related accessories.

It will participate in activities for the evaluation of food safety such as the determination of food additives, pesticide residues and biological and chemical contaminants. It will also endeavour to promote the evaluation and development of safe methods of food preservation, packaging, storage and transportation.

To stimulate awareness of the importance of food quality for the health of the consumer, it will promote health education programmes for the general public and for executives and other personnel in the food industry. These programmes will emphasize the need for strict observance of the rules of hygiene in food factories, warehouses, markets, shops, restaurants and houses and for accurate labelling of packaged foodstuffs.

WHO will promote and coordinate research where necessary to improve the interpretation of the results of toxicological tests, on methods for identification and enumeration of microorganisms and other biological disease-producing agents in foods, and on related public health problems. Particular attention will be given to combined and long-term effects.

12.2.5 To improve health conditions in human settlements and housing.

The target will be the systematic introduction of health factors into the development of human settlements and housing.

**Approaches and activities**

In collaboration with the other international agencies and nongovernmental organizations and/or with their financial assistance, WHO will establish environmental health criteria for housing and human settlements, taking into account the different climatic and sociocultural conditions met throughout the world. This activity will be supplemented by the establishment of WHO collaborating centres for health problems related to housing.

The Organization will encourage the development of intersectoral collaboration policies on the planning and organization of the various types of human settlement, from the small village to the large conurbation.

It will promote the health and psychosocial aspects of town and country planning and urban development, laying down principles and standards. Studies will also be encouraged on the health conditions of industrial development and the development of industrial or residential areas, and on problems associated with urbanization.
In its endeavours to contribute to the development of human settlements and housing that respond to countries' needs, WHO will pay particular attention to such aspects as human factors (e.g., size of houses), environmental factors (e.g., ventilation, thermal protection, rodent control, basic sanitation and accident prevention), and the social organization of the community (e.g., entertainment, distribution of health care services). Particular attention will be paid to these factors with respect to the design of low-cost housing in developing countries.

13. HEALTH MANPOWER DEVELOPMENT

Principal objective

13.1 To promote the development of appropriate health personnel, to meet the needs of entire populations.

Detailed objectives

13.1.1 To promote the planning for and training of the various types of health personnel composing “health teams”, with the proper knowledge, skills and attitudes for the execution of national health plans and programmes, including personnel with appropriate levels of skills for the provision of primary health care, as well as environmental health personnel.

The target could be the development in the various countries of appropriate programmes for the training of adequate health personnel for comprehensive national health services.

Approaches and activities

WHO will promote the integration of planning, production and management of health manpower, including environmental health staff, within a coherent system responsive to national needs, as well as the evaluation of this system.

It will promote the training of teams for community-oriented health work based on complementarity of the roles and functions of the various health workers and the members of the community and wherever necessary placing the responsibility for primary contact with patients on auxiliaries able to carry out well-defined activities after a minimum of training. It will participate in the development, trial and dissemination of information on suitable methods for determining health team requirements, including the distribution of duties within them.

It will participate in defining balanced staffing patterns for health services at all levels, including patterns for health teams. In each country the requirements of clinical, administrative and support staff will be determined in accordance with the socioeconomic context so as to increase the productivity of the health personnel, who will if necessary be formed into teams. An effort will be made to satisfy the health personnel needs of primary health care services with a view to providing total population coverage.

WHO will participate in establishing criteria for improving the quality of the training of health personnel and the numbers of trained staff in existing establishments and for setting up new establishments. (An output indicator could be the number of persons trained for various types of health professions according to the criteria established in collaboration with WHO.)

It will prepare guidelines on the analysis and formulation of health manpower policies, health manpower planning and the control of implementation of plans, the definition of tasks on a team basis and systems for developing health manpower so as to meet health needs.

It will expand considerably its internal programme of staff development and training, paying particular attention to training in the planning, management and evaluation of health programmes as well as to training in specific technical areas in which there is a lack of suitably trained personnel.

It will act in collaboration with other international organizations, especially ILO, in order to improve the international classification of health manpower.

13.1.2 To promote the integration of health manpower planning, production and utilization within the context of plans for national health and socioeconomic development, in collaboration with the general education system.

The target will be the development of a permanent mechanism to ensure the integration of health manpower development within the framework of health services on the one hand, and of the educational services and the more general framework of socioeconomic development on the other hand.

Approaches and activities

WHO will encourage the integration of health manpower planning into the overall process of socioeconomic development planning.
(One output indicator for this activity could be the number of national economic and social development plans that include a health manpower planning component.)

It will promote collaboration and closer relations between those responsible for the training of health personnel and those responsible for the health services.

It will encourage better coordination of the efforts of health and education ministries, and more generally of all concerned with education, to solve health manpower problems.

13.1.3 To promote optimum utilization and reduce undesirable migration of trained manpower.

The target will be the development by interested Member States of methods and the formulation of an appropriate management system aimed at persuading health personnel to remain in their profession or the geographical location in which they are required.

Approaches and activities

WHO will encourage countries to apply a policy for attracting and retaining health manpower in deprived areas.

(The output indicator for this activity could be the improvement of indices for distribution of staff, retention of staff, and wastage due to departure or to inappropriate utilization.)

It will promote the development of selection policies and of the tapping of new sources of manpower within the community.

It will promote the introduction of career development and of continuing education for all categories of health personnel in order to improve their performance through education relevant to community health needs.

It will promote the strengthening of the manpower component of health information systems in order to maintain ongoing surveillance of the number and distribution of health personnel.

It will stimulate research in order to develop better understanding of the motivation, satisfaction, morale and sense of social responsibility of health workers, particularly in rural areas, so as to appreciate their aspirations better and provide them with suitable career development plans and conditions of work.

To reduce or regulate the migration of trained manpower, it will, as far as possible, encourage the public authorities to take adequate measures at the national level to combat undesirable international migration of health manpower.

Principal objective

13.2 To promote the development and application of relevant processes for basic and continuing education.

Detailed objectives

13.2.1 To promote curriculum development, planning, methodology and evaluation of basic and continuing educational processes for all categories of health personnel.

The target should be to reach a situation by the end of the Sixth General Programme of Work in which interested Member States should, in collaboration with WHO, have developed the learning objectives applicable to the basic training and continuing education of all categories of health personnel; have prepared suitable curricula supported by adequate communication systems; have produced a specified quantity of teaching materials for basic or continuing education; and have developed mechanisms for the evaluation of the relevance of their educational processes to the needs of the health services and the population.

Approaches and activities

WHO will encourage and participate in the preparation of practical guidelines on the development of learning objectives based on task analysis and guidelines on methods of curricula preparation, and in the development of teaching programmes and methods appropriate to the learning objectives based on the immediate and long-term needs of the population.

It will encourage the preparation by teaching staff, in consultation with staff of the health and related agencies, of standard curricula for the basic and continuing education of the various professional and auxiliary categories of health manpower; it will promote the preparation of international criteria to assess educational objectives.

It will cooperate in the development of training systems with a wide range of methodology, including the use of self-instruction, small group learning and simulation methods, in order to create and reinforce problem-solving and decision-making skills within the health team.
It will promote the development of a coordinated programme for the production, adaptation, and dissemination of low-cost learning materials, including self-instruction materials, for all categories of health personnel and their teachers. A central network will facilitate the design of these methods and training systems and their adaptation to local conditions.

(The output indicator for these activities will be the number of countries having a sufficient quantity of learning materials, including self-instruction and simulation devices.)

It will promote the development, adaptation and application of valid short-term, medium-term and long-term evaluation mechanisms for all types of educational activity so as to measure the degree of achievement of the educational objectives by the learners (individuals and health teams). The relevance of the objectives, programmes, methods and evaluation tools themselves to the health needs and demands of the population will be evaluated, as will health personnel performance in relation to community needs.

(The output indicator for this activity should be the number of countries where valid and reliable evaluation mechanisms are being used.)

Practical guidelines for the evaluation of training activities and processes and for the utilization of educational methods and media will be prepared.

(The output indicator for this activity should be the availability of tested practical guidelines and their utilization by countries.)

13.2.2 To promote the development of national teaching staff and educational technologists able to apply a systematic approach to educational processes.

Approaches and activities

WHO will collaborate with interested Member States in the development of their own training process and of research and training centres for the teachers of health personnel.

It will encourage and participate in the preparation of comprehensive educational packages for teachers; it will promote research on local factors and problems that favour or impede the preparation or implementation of educational plans.

It will encourage the development and strengthening of regional and national institutions able to provide the necessary resources for teacher training, advisory services, technical support and educational research.

It will encourage the development of training activities designed to familiarize multiprofessional groups of teachers and educational managers with educational planning methods, with teaching processes and with the management of educational systems, including mechanisms for the evaluation of teachers.

(The output indicator for this activity could be the number of persons by country trained in national research and training centres for teachers of health personnel.)

It will participate in the collection and dissemination of relevant data that may be needed for decision-making and for the preparation of training programmes.

14. PROMOTION AND DEVELOPMENT OF BIOMEDICAL AND HEALTH SERVICES RESEARCH

Principal objective

14.1 To promote and collaborate in the development and coordination of biomedical research, including health services research.

Detailed objectives

14.1.1 To identify research priorities, strengthen national research capabilities and promote international coordination of research, especially with respect to problems of major importance to WHO.

In accordance with resolution WHA27.61 the Organization is committed to promote and initiate research in developing countries and to strengthen research and training centres in these countries, particularly with respect to disease problems of importance to the area. To do so, it has to ensure the close cooperation and support of those countries which have an adequate reserve of biomedical research workers and to channel their activities, including the application of basic scientific disciplines such as genetics, immunology and biochemistry, to problems of developing countries. At the same time it has to exercise its coordinating role with a view to expanding knowledge for the world as a whole, for example in relation to such questions as cancer, cardiovascular diseases and environmental health, and to mobilize the research capacities of the world without unduly burdening its own limited budget.
The targets will be the pursuit of the humanitarian aims of biomedical research to strengthen the scientific basis needed for the development and maintenance of comprehensive national health services and international health programmes, as well as the international coordination of research with respect to the priority areas outlined in the Sixth General Programme of Work in such a manner as to maintain a proper balance between research and service.

Approaches and activities

To this end, WHO will, with the assistance of the Advisory Committee on Medical Research, regional research advisory committees, members of expert advisory panels, national medical research councils and WHO collaborating centres:

— identify priority areas for research and promote collaboration between countries for conduct of such research. This will include review and periodical updating of priority research areas in order to give continuing support to such research.

— foster the creation or further development of regional health research advisory committees and national health research councils or analogous groups.

— develop the exchange of appropriate information to facilitate international research coordination and channelling of resources.

— stimulate collaboration between countries for the conduct of research on problems of common interest.

— pay particular attention to the health research needs of developing countries and to the promotion and conduct of research in priority areas which are not being adequately supported.

— develop its research programme through a variety of mechanisms including networks of collaborating research centres and research task forces.

(An output indicator for this activity could be the number of research projects stimulated by WHO’s programmes.)

14.1.2 To promote the application and proper transfer of existing and new scientific knowledge and research methods to serve as the basis for the development of comprehensive national health services.

The target will be to shorten the time elapsing between scientific discoveries and their practical application.

Approaches and activities

The Organization will, in both the biomedical and public health research fields:

— promote the rapid transfer of information on research findings through the use of appropriate information systems;

— foster close contact and collaboration between national health research organizations, institutions and health administrators with a view to accelerating the application of advances and discoveries;

— assist in the development of methods for adapting such research findings to meet the needs of various regions.

15. PROGRAMME DEVELOPMENT AND SUPPORT

Principal objective

15.1 To promote, within the context of overall socioeconomic development, support of health-promoting activities.

Detailed objectives

15.1.1 To collaborate in the preparation, execution and evaluation of health plans, programmes and development efforts in accordance with periodically revised or confirmed health policy.

The target could be the formulation and implementation by the end of 1983, in the maximum number of countries, of national health policies, corresponding strategies and the mechanisms required for their timely review and adjustment.

WHO will collaborate with countries in studies and analyses of their health policies and policymaking and will encourage collaboration between academic institutions and government authorities for the development of research leading to methods for translating policy into strategy.

In collaboration with other multilateral or, where applicable, bilateral assistance agencies, the Organization will participate in the process of country health programming (or equivalent process) leading to the formulation and/or execution of health development programmes or projects. National findings will be used for periodic review and improvement of
the relevant theory and practice. Information on these processes will be widely disseminated.

(An output indicator for these activities could be the number of countries that have introduced country health programming or developed a project formulation process.)

The priorities selected in country health programming and requests made for WHO assistance may form an important basis for the Seventh General Programme of Work.

(An output indicator for this activity will be the number of countries whose country health programming results have been taken into account in the Seventh General Programme of Work.)

With the aim of integrating health planning into the overall framework of national socioeconomic development planning, WHO will where necessary promote effective intersectoral communication in collaboration with other multilateral and bilateral assistance agencies.

15.1.2 To promote the development and application of efficient managerial, information and evaluation systems for the planning and operation of health programmes, including the financing of health activities.

The targets could be the elaboration and dissemination of guidelines on managerial techniques for planning and operating health programmes and the creation of permanent mechanisms for health management, information and development in as many countries as possible.

Approaches and activities

WHO will cooperate with countries on request in creating permanent mechanisms for health planning, programming and evaluation.

(An output indicator for this activity could be the number of countries collaborating with the Organization in creating such mechanisms and the number of countries having introduced them.)

It will improve its programme management system. It will further develop an information system to promote the collection, processing, analysis and appropriate dissemination of information to provide support for planning, programming, programme implementation and evaluation at all levels. It will build up this system from information derived from the various programmes. It will also develop further an evaluation system for analysing the results and effectiveness of these programmes at all levels, particularly at country level. Like the information system, this will be developed in coordination with other planning, information and evaluation activities of the United Nations system.

WHO will advise countries on the management of national development programmes related to health. This will include adapting to national contexts such principles as planning and managerial techniques, evaluation procedures and information systems developed by the WHO programme management system, including where applicable, the use of dynamic models of health systems. Where necessary, the Organization will pay particular attention to improving the quality of coverage and the updating of vital and health statistics. It will emphasize the incorporation of health statistics, including statistics on health expenditure and finances, into more extensive health information systems on the one hand and into social and economic statistics on the other. Some regions will give special attention to the rational use of computers in national health systems.

The Organization will encourage the introduction and review of health legislation and regulations relating to health programme planning and management.

It will provide information and collaborate with countries in developing and introducing improved methods for financing health activities. This will include the development and improvement of methods of costing health development activities.

It will encourage countries to base their decisions on health services development on such criteria as results and cost. With a view to achieving a more equal distribution of care, it will encourage the development and application of research methods for the study of different systems of financing health activities. It will encourage the identification, rationalization and use of all potential sources to finance country health programmes and health related activities.

15.1.3 To promote the integration of appropriate health components into socioeconomic development plans and current social and economic activities, with a view to reducing health hazards and increasing health benefits.

The targets could be the promotion of the understanding of the relationships between the various sectors and health, and the establishment of intersectoral programmes, services or activities.

Approaches and activities

WHO will examine whether levels of health could be enhanced by socioeconomic development activ-
anies in a number of specific areas by widely dis-
seminating relevant information to social, health
and health-related sectors.

It will collaborate with countries in analysing and
reviewing national development plans and pro-
grames to derive the maximum health benefit from
national socioeconomic policies and economic activ-
ities, and ministries of health will be provided with
support on request to strengthen their active parti-
cipation in national development activities such as
urban planning, housing, agricultural development,
industrial development, educational planning and
social welfare with a view to improving national
health conditions.

(Output indicators could be the number of socio-
economic plans reviewed and/or modified to include
a health component or to take health effects into
account and the number of requests for consultations
addressed to the ministry of health by other minis-
tries or by other bodies in other sectors.)

The Organization will assess, promote and sup-
port, through appropriate health programmes, gen-
eral socioeconomic development measures respond-
ing to the priorities of socioeconomic development
plans of benefit to health or reducing health hazards
to a minimum.

(An output indicator for this activity could be the
number of socioeconomic development projects con-
taining a fully defined health component with proved
positive health effects or corrective and comple-
mentary measures suitable for maximizing health
effects.)

Principal objective

15.2 To increase United Nations and other international,
multilateral and bilateral collaboration in solving
priority health problems or other socioeconomic
problems with significant health implications.

Detailed objectives

15.2.1 To increase international collaboration and the
amount of external assistance available for health pro-
grames, for the health component of development pro-
grames, and for development programmes with iden-
tifiable effects on health, including community water
supply and disposal of wastes, particularly in developing
countries.

The targets could be the efficient use of assistance
offered to supplement available national resources for
solving national health problems and the increase in
the extrabudgetary resources of the WHO programme
as a result of collaboration with other organizations in
the context of health programme development.

Approaches and activities

WHO will collaborate with the United Nations
and other organizations of the United Nations sys-
tem, as well as with multilateral or bilateral agencies,
in international action and studies aimed at pro-
moting and supporting national and regional socio-
economic programmes having an impact on health.
It will develop mechanisms for the coordination of
international efforts and of the investment of re-
sources from several sources into high priority
national or international health programmes. In
so doing it will actively seek the synchronization of
country health programming with other country
programming activities throughout the United
Nations system and with national development
planning.

(An output indicator for this activity could be the
number of organizations with which WHO collabo-
rates and which collaborate with WHO, and the
increase in their contribution to WHO's programmes,
with particular reference to the priority programmes
of the Sixth General Programme of Work.)

The Organization will collaborate with countries
on request in formulating concrete proposals which
will attract external financial support for the solution
of identified problems in a country or group of
countries, including the formulation of project docu-
ments. For this purpose, the Organization will
develop a mechanism for the provision of inform-
ation on national and international needs and on
the specific interests and capabilities of bilateral and
multilateral agencies. It will endeavour to imple-
ment the recommendations contained in the Execu-
tive Board's organizational study on the planning for
and impact of extrabudgetary resources on WHO's
programme and policy. It will accept external funds
only if they relate to programmes that are technically
sound, whose objectives coincide with WHO's poli-
cies and the administration of which conforms to
the Organization's control mechanisms. WHO will
emphasize in particular that all resources from
whatever sources of funds that the Organization
handles or which it has been instrumental in attract-
ing for country and intercountry programmes,
should be devoted to the integrated international
health programme of WHO and its Member States
as defined in the General Programme of Work and
formulated in subsequent programme budgets.

(The output indicator for this activity could be the
number of requests for assistance made by countries
and the response received in the way of external financial support.)

15.2.2 To plan for and provide an adequate and appropriate response to emergency situations resulting in particular from natural disasters.

The target could be an adequate response in as short a time as possible to any emergency situation with health implications.

Approaches and activities

WHO will assist in the coordination of health plans and actions related to emergency situations, in collaboration with the League of Red Cross Societies and the Office of the United Nations Disaster Relief Coordinator.

It will collaborate in establishing facilities (focal points) in each country to take decisions and action to solve the health problems arising in emergency situations. It will also collaborate in developing, both centrally and locally, mechanisms to prevent foreseeable events that might lead to catastrophic conditions. This will include establishment of national and intercountry warning systems for disasters or other emergencies.

(Output indicators for this activity could be the speed of response to natural disasters and other emergencies and the extent to which emergency needs are met by outside assistance.)

WHO will encourage and support the introduction of appropriate means for the mobilization and distribution of relief resources in emergencies. In particular, it will cooperate in the preparation of an inventory of relief requirements.

(Output indicators could be the qualitative and quantitative matching of supplies and requirements; the balance of distribution of emergency supplies to populations in need; and the proportion of emergency supplies reaching the point of application.)

16. EVALUATION

Evaluation will be an integral component of WHO's activities at all levels. To develop a valid system of health programme evaluation, the range of quantitative and qualitative indicators used for evaluating programmes and projects will have to be extended and systematically improved. In the planning of activities strict account has to be taken of the possibility of evaluating the degree of implementation of a given set of actions and the results obtained. In the definition of objectives and formulation of programmes due regard should therefore be paid to the measurability of results from both the quantitative and qualitative points of view, and wherever possible targets should be determined in specific terms. Evaluation should be continuous during the implementation of a programme, so that it can provide a reliable basis for adjusting the approaches and methods of work adopted.

In most cases regional and global targets have been difficult to define for the Sixth General Programme of Work, depending as they do on national targets. An important activity during the period of the Sixth General Programme of Work will therefore be to determine national needs and priorities and to define national targets for each of the programmes concerned, as well as regional and global targets. This is of extreme importance for the planning and evaluation of health programmes and services themselves. In addition, it will facilitate the synthesis of national priorities into regional and global priorities for WHO in subsequent programmes of work.

In conformity with the above principles WHO is developing a new system of evaluation as an integral part of programme planning and delivery at all organizational levels, based on sound programme information. This system will be used for the evaluation of the Sixth General Programme of Work. It is based in large measure on a new reporting system, which is in the process of being developed. Reports will now focus on progress made in implementing activities and on the assessment of the effect these activities are having on attainment of the objectives of the programme area concerned. The system will be introduced for reporting from projects in countries in which WHO is collaborating, from WHO representatives, from regional offices and from headquarters programmes.

Sections 10-15 contain details of the objectives, and — wherever possible — targets and output indicators of the Sixth General Programme. The basis of the evaluation of this Programme will be the subsequent comparison between planned and actual achievements.

In addition to periodic reporting it is intended to conduct specific evaluative reviews of WHO's programmes in countries in close collaboration with the national health authorities concerned. The evaluation of specific programmes will also be conducted by
of the Sixth General Programme as a whole will be reviewed by the Executive Board at appropriate intervals and, in particular, before the Board embarks on the formulation of the Seventh General Programme of Work covering a specific period.

Appendix

GLOSSARY OF TERMS

1. **Objective**: A desired aim or end—for example, "the improvement of child health".

2. **Detailed objectives**: The breakdown of an objective into subsidiary objectives—for example, for the objective "the improvement of child health", detailed objectives might be the reduction of perinatal mortality, the reduction of infant mortality, the improvement of child growth and development, the prevention of childhood infections and the prevention of accidents among children.

3. **Target**: An objective or detailed objective, or a group of detailed objectives that has been made more specific in quantified terms and or in terms of time—for example, the reduction of the infant mortality rate to 30 per 1000 live births by 1980.

4. **Approach**: A means, expressed in broad terms, for attaining an objective—for example, surveys for assessing the infant mortality rate with a view to facilitating and monitoring the attainment of reduction in the infant mortality rate, or public information on infant care with a view to reducing the infant mortality rate. Some approaches can be considered as intermediate objectives; for example, the promotion of community participation, the attainment of which will help to reduce infant mortality but requires a special effort in itself.

5. **Type of activity**: The practical interpretation of an approach in methodological and/or technical and/or logistical terms—for example, a repeated cluster sample survey of a number of communities for assessing the infant mortality rate and for monitoring its reduction, or the formation of a community mothers’ club for promoting community participation in activities designed to reduce infant mortality.

6. **Output indicator**: Variable for estimating the outcomes of programme or project activities—for example, the percentage of births attended by physicians, nurses, midwives or auxiliary nurse midwives as an indicator of the outcome of a programme for improving obstetric care. Ideally, relevant baseline information should be available or should be collected at the beginning of the determined period in order to measure differences at the end of the period. However, the measurement of indicators requires an effort in itself and is often costly; therefore the cost/benefit relation of the measurement has to be considered. Wherever it can be done at reasonable cost, ways of determining the indicators should form an integral part of the programme.

7. **Impact indicator**: Variable for estimating the change in health or socioeconomic situation brought about by the programme or project activities—for example, the maternal and perinatal mortality rates as indicators of the effectiveness of a scheme for improving obstetric care, or the diminution of absenteeism as the consequence of a programme of occupational health.

8. **Plan**: A scheme of action for bringing about change in a specific period of time. This scheme should outline the objectives and the approaches and types of activity required to attain these objectives.

9. **Programme**: An organized aggregate of services, activities and development projects directed towards the attainment of defined objectives—for example, programmes for maternal and child health, the promotion of mental health, and cancer control. A programme should ideally include the precise objectives, targets, methods, manpower, physical facilities, financial resources, time and their interrelationships required for the implementation of each service, activity and development project and for the aggregate of these services, activities and projects of which the programme is constituted, as well as output indicators for the evaluation of efficiency and effectiveness.

10. **Development project**: An aggregate of activities that have a definite time limit and a predetermined amount of resources, and that are directed towards the attainment of precisely defined, quantified objectives—for example, the development of a specific number of health centres, the construction of a sewage disposal plant, or the building, equipping, staffing and commissioning of a hospital.

11. **Country health programme**: The totality of the health programme in a country.

12. **Country health programming**: The systematic identification of priority health problems in a country, the specifying of operational objectives for the solution of these problems, and the formulation of programmes consisting of interrelated methods, activities, resources, time and organization required for the attainment of these objectives.

13. **Long-term**: Anything from 10 to 20 years and more, depending upon the nature of the plan.

14. **Medium-term**: A period of time that coincides with the time frame of a WHO general programme of work, at present six years.

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1 The interpretation current in the United Nations system. In a number of countries the term “plan” means a precise definition of objectives to be attained, the determination of the resources to be deployed and the time taken for attaining them, and the allocation of responsibility for implementation.
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