

WORLD HEALTH
ORGANIZATION

ORGANISATION MONDIALE
DE LA SANTE

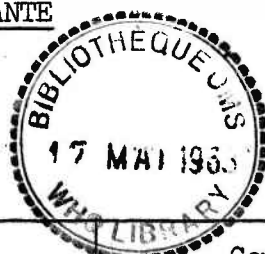
SIXTEENTH WORLD HEALTH ASSEMBLY

A16/VR/9

15 May 1963

SEIZIEME ASSEMBLEE MONDIALE DE LA SANTE

15 mai 1963



Provisional Verbatim Record	Compte rendu in extenso provisoire
NINTH PLENARY MEETING <u>Wednesday, 15 May 1963</u> at 9.40 a.m. Palais des Nations Geneva	NEUVIEME SEANCE PLENIERE <u>Mercredi, 15 mai 1963</u> à 9 h.40 Palais des Nations Genève

President : Dr M. A. MAJEKODUNMI (Nigeria)
Président :

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1. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD
ELECTION DES MEMBRES HABILITES A DESIGNER UNE PERSONNE DEVANT FAIRE PARTIE DU CONSEIL EXECUTIF

The PRESIDENT: The meeting is called to order.

The first item on our agenda is item 1.12, Election of Members entitled to designate a person to serve on the Executive Board. Document A16/10, which was distributed twenty-four hours before this meeting, contains the report of the General Committee, giving the list of twelve Members drawn up in accordance with Rule 98 of the Rules of Procedure of the Health Assembly. In conformity with the same rule, the General Committee has recommended, from among the twelve Members nominated, the eight countries which, in the Committee's opinion, would provide, if elected, a balanced distribution of the Board as a whole. I give the floor to the delegate of Turkey. Will the delegate of Turkey please come to the rostrum?

Dr FISEX (Turkey): Mr President, fellow delegates, on behalf of the Turkish delegation, may I say how much I appreciate being included in the list of candidates for the Executive Board. I wish to thank the members of the General Committee who have supported our candidature.

Considering, however, that there are too many candidates from the European Region, and all the candidates have many mutually friendly countries whose delegations are in a difficult position now in choosing two of the four countries, we have decided to withdraw our candidature on behalf of other countries, especially the Netherlands.

I also wish to take this opportunity to express my gratitude on behalf of my delegation to the countries which encouraged us and promised their valuable support for our election. I hope they will understand our reason, and will keep their interest in our election to the Executive Board next year.

The PRESIDENT: Thank you, sir. I now recognize the delegate of Australia.

Dr FURLONGER (Australia): Mr President, I have asked for the floor before the vote on this item takes place, in order to withdraw the name of my country, Australia, which appears among the twelve countries whose names have been transmitted to the Assembly by the General Committee.

Australia was not represented in the General Committee where the nomination of Members entitled to designate a person to serve on the Executive Board was made, and there was thus no opportunity for us to withdraw at that time. We are very grateful indeed to those who nominated and supported us in the General Committee, and I should like to thank them now for this expression of confidence in us. However, on looking at the list of the eight Members recommended by the General Committee, in document A16/10, my delegation fully agrees with the Committee that this list is designed to give a balanced distribution to the Executive Board as a whole, and, in these circumstances, we feel that it will assist the Assembly in making its choice if we withdraw the Australian candidature. I therefore request, Mr President, that, in putting to the vote the list in document A16/10, you will be good enough to delete the name of Australia.

The PRESIDENT: Thank you. With the withdrawal of Turkey and Australia, we now have ten candidates. The election will be held by secret ballot. Let me remind you of the names of the eight members whose terms of office expire at the end of this year: in the African Region, Ghana; in the Region of the Americas, Argentina; in the South-East Asia Region, Thailand; in the European Region, Iceland and the United Kingdom of Great Britain and Northern Ireland; in the Eastern Mediterranean Region, Jordan and Pakistan; in the Western Pacific Region, Korea. I will now call on the Deputy Director-General to read the Articles of the Constitution and the Rules of Procedure which apply to the voting: that is, Articles 18(b), 24 and 25 of the Constitution, and Rules 96, 98, 99, 100, and possibly 101, of the Rules of Procedure of the Health Assembly.

Le Dr DOROLLE, Directeur général adjoint : les textes que vous avez indiqués, Monsieur le Président, se trouvent dans le volume des Documents fondamentaux, treizième édition, tout d'abord à la page 6, Constitution, article 18, lettre b) :

Les fonctions de l'Assemblée de la Santé consistent à : ... b) élire les Etats appelés à désigner une personnalité au Conseil.

A la page 8, toujours dans la Constitution, article 24 :

Le Conseil est composé de vingt-quatre personnes, désignées par autant d'Etats Membres. L'Assemblée de la Santé choisit, compte tenu d'une répartition géographique équitable, les Etats appelés à désigner un délégué au Conseil. Chacun de ces Etats enverra au Conseil une personnalité, techniquement qualifiée dans le domaine de la santé, qui pourra être accompagnée de suppléants et de conseillers.

Article 25 :

Ces Membres sont élus pour trois ans et sont rééligibles; cependant, parmi les douze 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 dix-huit à vingt-quatre, le mandat de deux de ces Membres sera d'un an et le mandat de deux autres Membres sera de deux ans, la sélection s'opérant par tirage au sort.

Je me permettrai, Monsieur le Président, de faire remarquer que la deuxième partie de l'article ne s'applique plus. La partie qui s'applique est :

Article 25 :

Ces Membres sont élus pour trois ans et sont rééligibles.

Dans le même volume, à la page 119, Règlement intérieur de l'Assemblée, article 96 :

A chaque session ordinaire de l'Assemblée de la Santé, les Membres habilités à désigner des personnes devant faire partie du Conseil sont élus conformément aux articles 18 b), 24 et 25 de la Constitution.

Article 98, à la même page :

Le Bureau de l'Assemblée, compte tenu des dispositions du chapitre VI de la Constitution, de l'article 96 et des suggestions qui lui sont faites par les Membres, désigne douze Membres et en dresse la liste. Cette liste est transmise à l'Assemblée de la Santé vingt-quatre heures au moins avant qu'elle ne se réunisse pour l'élection annuelle des huit Membres habilités à désigner une personne devant faire partie du Conseil.

Le Bureau de l'Assemblée recommande les noms de huit Membres figurant sur cette liste qui, de l'avis dudit Bureau, réaliseraient, s'ils venaient à être élus, un Conseil comportant dans son ensemble une distribution équilibrée.

Article 99, à la même page 119 des Documents fondamentaux :

L'Assemblée de la Santé élit au scrutin secret, parmi les Membres désignés conformément aux dispositions de l'article 98, les huit Membres habilités à désigner des personnes devant faire partie du Conseil. Les candidats obtenant la majorité requise sont élus. Si, après cinq tours de scrutin, un ou plusieurs sièges restaient encore à pourvoir, il ne serait pas procédé à un tour de scrutin supplémentaire. Le Bureau de l'Assemblée serait alors requis de soumettre des propositions de candidats pour les sièges restant à pourvoir, conformément à l'article 98, le nombre de candidats ainsi désignés ne devant pas excéder le double du nombre des sièges restant à pourvoir. Des tours de scrutin supplémentaires auront lieu pour les sièges restant à pourvoir et les candidats obtenant la majorité requise seront élus.

Si, après trois tours de scrutin, un ou plusieurs sièges restaient encore à pourvoir, le candidat obtenant au troisième tour de scrutin le plus petit nombre de voix sera éliminé et un nouveau tour de scrutin interviendra, et ainsi de suite jusqu'à ce que tous les sièges aient été pourvus.

Dans tout scrutin qui aura lieu en vertu des dispositions du présent article, il ne sera pris en considération aucune désignation autre que celles qui auront été faites conformément aux dispositions de l'article 98 et du présent article.

Article 100 :

Pour les élections régies par les dispositions de l'article 99, les Membres sont tenus de voter à chaque tour de scrutin pour un nombre de candidats égal au nombre de sièges à pourvoir et tout bulletin non conforme à cette disposition sera nul.

Article 101 :

Si, lors des élections effectuées conformément à l'article 99, deux ou plusieurs candidats obtenaient un nombre égal de voix, créant ainsi une situation ne permettant pas de déterminer lequel doit être proclamé élu au siège ou aux sièges vacants, les scrutins concernant ces candidats seraient déclarés sans résultat et, en conformité des dispositions de l'article 99, il serait procédé à autant de tours de scrutin ultérieurs que nécessaire.

Je viens de lire, Monsieur le Président, les articles que vous désiriez porter à l'attention de l'Assemblée.

The PRESIDENT: Thank you, Mr Deputy Director-General.

Now, to avoid misunderstanding I should like to emphasize that eight names must be chosen from the following ten proposed by the General Committee: Brazil, Indonesia, New Zealand, Sierra Leone, Mali, Netherlands, Norway, Iran, Morocco and Libya. Therefore, only those Members whose names I have just read out should be voted for. Ballot papers which contain more or less than eight names of countries, or which contain the names of countries not included on the list of ten just read out and recommended by the General Committee will be considered null and void. To make it easier for you, ballot papers have been distributed with eight spaces on them. Please write the name of a country in each space.

The countries will be called to the rostrum in the English alphabetical order. I wish to appoint Mr Brady of Ireland and Dr Castillo of Venezuela to act as tellers.

You will observe in document A16/10 that Australia and Turkey are included in the list recommended by the General Committee; but, as you have just heard, Australia and Turkey have withdrawn their candidatures. It will not therefore be necessary for any Member present to vote for them. Hence, as I read out, there are now ten candidates. However, if Australia or Turkey is included in a ballot paper it will not be nullified, since those two names are on the list recommended by the General Committee.

Will Mr Brady of Ireland and Dr Castillo of Venezuela please come to the rostrum.

The two tellers took their places on the rostrum.
Les deux scrutateurs prennent place à la tribune.

The PRESIDENT: Has each delegation received a ballot paper? Would those who have not received any ballot paper please draw my attention to the fact. You will now be called to the rostrum in the English alphabetical order.

A vote was taken by secret ballot, the names of the following Member States being called in the English alphabetical order.

Afghanistan, Albania, Algeria, Argentina, Australia, Austria, Belgium, Bolivia, Brazil, Bulgaria, Burma, Burundi, Cambodia, Cameroon, Canada, Central African Republic, Ceylon, Chad, Chile, China, Colombia, Congo (Brazzaville), Congo (Leopoldville), Cuba, Cyprus, Czechoslovakia, Dahomey, Denmark, Ecuador, Ethiopia, Finland, France, Gabon, Federal Republic of Germany, Ghana, Greece, Guatemala, Guinea, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Republic of Korea, Kuwait, Laos, Lebanon, Liberia, Libya, Luxembourg, Madagascar, Federation of Malaya, Mali, Mauritania, Mexico, Monaco, Mongolia, Morocco, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Pakistan, Panama, Paraguay, Peru,

Philippines, Poland, Portugal, Romania, Saudi Arabia, Senegal, Sierra Leone, Somalia, South Africa, Spain, Sudan, Sweden, Switzerland, Syria, Tanganyika, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Uganda, Union of Soviet Socialist Republics, United Arab Republic, United Kingdom of Great Britain and Northern Ireland, United States of America, Upper Volta, Venezuela, Republic of Viet Nam, Western Samoa, Yemen, Yugoslavia.

Il est procédé à un vote au scrutin secret, les noms des Etats Membres suivants étant appelés dans l'ordre alphabétique anglais:

Afghanistan, Afrique du Sud, Albanie, Algérie, Arabie Saoudite, Argentine, Australie, Autriche, Belgique, Birmanie, Bolivie, Brésil, Bulgarie, Burundi, Cambodge, Cameroun, Canada, Ceylan, Chili, Chine, Chypre, Colombie, Congo (Brazzaville), Congo (Léopoldville), Côte-d'Ivoire, Cuba, Dahomey, Danemark, Equateur, Espagne, Etats-Unis d'Amérique, Ethiopie, Fédération de Malaisie, Finlande, France, Gabon, Ghana, Grèce, Guatemala, Guinée, Haute-Volta, Hongrie, Inde, Indonésie, Irak, Iran, Irlande, Islande, Israël, Italie, Jamaïque, Japon, Jordanie, Koweït, Laos, Liban, Libéria, Libye, Luxembourg, Madagascar, Mali, Maroc, Mauritanie, Mexique, Monaco, Mongolie, Népal, Nicaragua, Niger, Nigéria, Norvège, Nouvelle-Zélande, Ouganda, Pakistan, Panama, Paraguay, Pays-Bas, Pérou, Philippines, Pologne, Portugal, République Arabe Unie, République Centrafricaine, République de Corée, République du Viet-Nam, République fédérale d'Allemagne, Roumanie, Royaume-Uni de Grande-Bretagne et d'Irlande du Nord, Samoa-Occidental, Sénégal, Sierra Leone, Somalie, Soudan, Suède, Suisse, Syrie, Tanganyika, Tchad, Tchécoslovaquie, Thaïlande, Togo, Trinité et Tobago, Tunisie, Turquie, Union des Républiques socialistes soviétiques, Venezuela, Yémen, Yougoslavie.

The PRESIDENT: Have all the delegations been called to the rostrum? If so, then I will call a recess. It is difficult to fix its duration, but you will be summoned by the ringing of the bell.

The Assembly will now go into recess.

The meeting was suspended at 10.25 a.m. and resumed at 11.35 a.m.
La séance est suspendue de 10h.25 à 11h.35.

The PRESIDENT: The meeting is resumed. The result of the voting for the election of Members entitled to designate a person to serve on the Executive Board is as follows:

Number of Members entitled to vote	108
Number absent	2
Abstentions	Nil
Papers null and void	1
Total number of Members voting	105
Number required for simple majority	53

The names of the Members elected and the number of votes polled for each are as follows:

Brazil	102
Indonesia	100
New Zealand	99
Sierra Leone	97
Iran	92
Norway	91
Netherlands	89
Mali	86

These eight Members have obtained the necessary majority and are elected.

I propose therefore that the Assembly adopt the following resolution:

The Sixteenth World Health Assembly,

Having considered the nominations of the General Committee,

ELECTS the following Members as Members entitled to designate a person to serve on the Board: Brazil, Indonesia, Iran, Mali, Netherlands, New Zealand, Norway and Sierra Leone.

Are there any comments on the resolution? In the absence of any comments, the resolution is adopted.

I ask the tellers to accept my thanks.

Since the thirty-second session of the Executive Board opens on 27 May 1963, we have not very much time left. The Members just elected will be formally notified by the Director-General of their election and they are requested as soon as possible to indicate the names of the persons they wish to designate to serve on the Executive Board.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD AND THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1962 (continued)
DISCUSSION GENERALE DES RAPPORTS DU CONSEIL EXECUTIF ET DU RAPPORT DU DIRECTEUR GENERAL SUR L'ACTIVITE DE L'OMS EN 1962 (suite)

The PRESIDENT: We now continue the general discussion on items 1.9 and 1.10. I give the floor to the delegate of the Union of Soviet Socialist Republics.

Professor [✓]ZDANOV (Union of Soviet Socialist Republics) (translation from the Russian): Mr President, fellow delegates, first of all I should like, on behalf of the delegation of the Soviet Union, to congratulate Dr Majekodunmi on his election as President of our Assembly, and Dr Candau on his reappointment to the post of Director-General of the World Health Organization. The Soviet delegation has studied with interest the Director-General's Report and has followed all the plenary debates, and also the report of Dr Afridi, the representative of the Executive Board.

The year 1962 was characterized by an expansion of the work of the World Health Organization. In some directions the Organization became more active; in particular, a greater amount of assistance was given to countries which recently obtained independence, the volume of scientific research increased, and considerable attention was given to the training of personnel. One positive aspect of the Organization's work was a continued extension of intergovernmental and interregional activity. In 1962 considerably more aid was given than in previous years in connexion with national public health planning as part of general plans for social and economic development in various countries. In this field a great deal of attention was given to evolving methods of work suited to specific conditions.

There were, in particular, definite achievements in the Eastern Mediterranean and Western Pacific Regions in integrating tuberculosis control programmes with the work of the general public health services. In the South-East Asia Region much attention was devoted to integrating the work of in-patient and out-patient establishments. Experience of work in that region, as also in certain countries of America, shows that the effectiveness of out-patient establishments and hospital wards can be increased by twenty-five per cent.

With regard to the strengthening of national health services, the work of WHO in 1962 largely took the form of assistance in the training of national staff, since the lack of trained personnel is one of the most serious obstacles to the extension of medical care. In 1962 WHO gave this question considerably more attention than in previous years. Although a larger number of fellowships were awarded by the Organization in 1962, there was a very serious miscalculation, as the Director-General admits: a considerable number of students who had been granted WHO fellowships dropped out before they completed their training, so that some of the Organization's resources were wasted. Very serious attention must accordingly be given to preventing this happening in future - which will mean raising standards for the selection of students and supervising their training. It is difficult to see, in particular, why very little part is being taken in the medical training programme by UNESCO - an organization that could play a much greater part in the international training of staff of all kinds.

Another very important question in our view is the international control of pharmaceutical preparations, which was referred to in the Director-General's Report.

The dramatic events that occurred in connexion with thalidomide preparations reveal the need for stricter control of many preparations: these are frequently offered for sale by firms without sufficient testing beforehand. It is to be hoped, therefore, that the recommendations of the WHO Executive Board, which specially discussed this matter in January, will be implemented as speedily and completely as possible, in order to prevent damage by pharmaceutical preparations to people's health.

As well as certain achievements, the work of the Organization in 1962 also showed some substantial shortcomings. A number of long-term projects failed to yield the results anticipated and only partially attained their objectives. It is alarming to note that morbidity from some infections that the Organization has been attempting to control or to organize the control of, for many years, far from decreasing has actually shown a tendency to increase. This applies first and foremost to morbidity from filariases and bilharziasis, which increased considerably in 1962 in connexion with the expansion of irrigation work. The rise in the amount of venereal disease is ominous. In 1962 syphilis increased in 76 countries out of 105, and gonorrhoea in 52 out of 111. Although from 1948 to 1962 inclusive about 285 million people were examined and treated for yaws, there are still some 100 million people living in areas where there is no regular yaws control and where the population is exposed to the risk of infection.

Although poliomyelitis morbidity in the world has decreased by 65 per cent. during the last few years as a result of the use of preventive inoculations, the decrease was only 25 per cent. in Asian countries, while in Africa and in certain countries in South America the incidence of the disease increased by 10 per cent.

Smallpox eradication measures in the endemic areas of Africa and Asia are being implemented very slowly and not effectively enough. As a result smallpox morbidity still remains at a high level, and in 1962 62 094 cases were recorded. Despite the fact that the Soviet delegation has repeatedly raised the question of the need to intensify smallpox eradication measures, and despite the fact that this question was the subject of special discussion at the Fifteenth World Health Assembly, at which an appropriate resolution was adopted, no very noticeable change for the better has taken place.

The fact that a rise in the incidence of smallpox in African countries was observed in 1961 and 1962 should arouse serious concern. There is no doubt that the Organization's approach to the problem of smallpox eradication must be radically changed and that measures for eradicating the disease should be intensified.

I shall not go into the question of malaria, simply because we have already had an opportunity to express our views on that subject in the Committee on Programme and Budget. One thing however is clear, and that is that the future prospects of this programme are giving rise to serious concern, misgivings and anxiety.

In 1962 the Organization devoted much attention to scientific research on various problems of public health and medicine. Numerous meetings of expert committees, scientific groups, conferences and seminars were convened on this aspect of the Organization's work. In addition, the Organization spent very considerable sums of money on contractual research work and on the award of fellowships to research workers. This money came both from the Organization's regular budget and from the Special Account for Medical Research. Although the

stimulation of research by the World Health Organization is highly necessary, certain misgivings are felt as to whether in certain cases the Organization is not paying too much attention to, and spending too much money on, research based on national institutions in countries that could very well carry out the research without WHO help. As a result we are losing sight to some extent of the Organization's function, under its Constitution, of acting as an international co-ordinating and planning centre for medical research.

A fact that is attracting attention and giving rise to concern is that the Organization's budget for 1962 was about five million dollars, or 26 per cent. larger than for 1961. In addition, the 1962 budget considerably exceeded the figure provided by the Fourteenth World Health Assembly for that year. Although the World Health Assembly in resolution WHA14.17 approved an effective budget for 1962 of US\$ 23 607 180, the amount was increased by various supplementary estimates to US\$ 24 863 800, i.e., it was finally \$ 1 683 140 higher than the total originally laid down. Such an increase in the budget, over the sum voted when the budget was originally approved, is undoubtedly undesirable.

In this connexion the organizational study of methods of planning and execution of projects, begun in pursuance of a decision of the Fifteenth World Health Assembly, is of great interest. There are a number of examples - in particular those I have already mentioned, and including some from the Director-General's Report for 1962 - which confirm the need for an organizational study on this question. The study will facilitate the more economical and effective use of the Organization's resources. The resources released by these savings can be more correctly used for expanding the Organization's activities and in particular for assisting the countries that have recently obtained independence.

The rendering of assistance to the newly-independent countries is rightly one of the main features of the Organization's work. In planning a programme of assistance to these countries many methods can be used. One of them is a study of the experience of countries which have achieved considerable success in building up their own health services. Another is the exchange of teaching staff and students between the countries which have recently acceded to independence and countries that have established effective health services, and so on.

The Soviet Union, apart from the help it gives through the World Health Organization, renders considerable assistance to new and developing states on the basis of bilateral agreements. The building of hospitals and schools, the sending of specialists and field teams, the provision of drugs, insecticides and vaccines, the sending of teachers and the reception of students, all these constitute a far from complete list of the forms of Soviet assistance to and co-operation with many countries of Africa, Asia and America. For example, the Soviet Government annually provides in the medical faculty of the Lumumba University between 100 and 150 fellowships for young people from Africa, Asia and America to study to become doctors. The Government of the USSR has provided smallpox vaccine for mass vaccination campaigns in large countries like India, etc.

Sometimes some curious incidents occur. Thus at the request of the Minister of Health of one African country we were preparing to send a group of surgeons on a long-term mission but suddenly received an abrupt refusal, on the grounds that the country already had enough doctors! Obviously there were non-medical considerations of some sort behind this refusal. I do not believe that there can be two forms of surgical technique - one communist, the other capitalist.

To return to the question of assistance to emergent states; I should like to emphasize that in addition to voluntary contributions considerably more use should be made of such sources as the Expanded Programme of Technical Assistance and the United Nations Special Fund and of UNICEF resources. These are very steady and solid sources but clearly so far they have been too little used by the World Health Organization.

One of the prerequisites for the work of the Organization to be successful is that its degree of universality should be as high as possible. The Secretariat at headquarters and the Director-General should pay most serious attention to observance of the principle of equitable geographical representation in appointing WHO staff. Citizens of countries which have recently obtained their independence and citizens of socialist countries, the numbers of whom in the WHO Secretariat are still not proportionately high enough, should be drawn into the work of the World Health Organization, particularly at headquarters, on a wider scale.

Gentlemen, mankind greeted with satisfaction the declaration adopted by the seventeenth session of the General Assembly of the United Nations on the conversion to peaceful needs of the resources released by disarmament.

The carrying out of general and complete disarmament will open up wide possibilities of achieving the basic objective of the World Health Organization, as proclaimed in its Constitution: the attainment by all peoples of the highest possible level of health.

The arms race is swallowing up immense resources which could be used for the development on the widest scale of health services throughout the world, and particularly in the economically less developed countries. An agreement on general

and complete disarmament would make it possible to set aside large material and financial resources for the health needs of Africa, Asia and Latin America and would also open up the widest prospects for a true flourishing of medicine and education and for many-sided co-operation between scientists of all countries and peoples.

In view of the importance of systematic research on all aspects of this matter with a view to assisting Member States, particularly the economically less-developed countries, it would be advisable to take the necessary steps within the competence of the World Health Organization to work out a plan for the development of the health services when general and complete disarmament is put into effect.

The World Health Organization, noting with satisfaction the measures taken by the United Nations with a view to strengthening peace and international co-operation, prohibiting atomic weapons and developing international trade and other forms of co-operation between countries and peoples, should again raise its voice in favour of a speedy decision on these fundamentally important matters and appeal to health workers throughout the world to promote a further extension of international co-operation.

The PRESIDENT: Thank you, Professor Ždanov. I now call on the delegate of Sudan.

Mr KHALIL (Sudan): Mr President, distinguished fellow delegates: Sir, I wish to congratulate you on behalf of my country and delegation on your election as President of the Sixteenth World Health Assembly, and also your able Vice-Presidents. I heartily welcome the newly-elected Member countries. To Dr Candau I wish to offer warm and sincere congratulations on his well-deserved unanimous reappointment. My delegation wishes to record appreciation to the Director-General, his assistants and staff and to the members of the Executive Board for the excellent exposition of their comprehensive reports.

I wish also, sir, to thank Dr Taba and the staff of the Eastern Mediterranean Region for their sincere and loyal co-operation and assistance.

The PRESIDENT: Thank you very much, Mr Khalil. I now recognize the delegate of Portugal.

Le Dr SOARES MARTÍNEZ (Portugal) : Monsieur le Président, Messieurs les délégués, je suis très honoré de représenter mon pays auprès de l'Organisation mondiale de la Santé. J'y trouve en ce moment des circonstances qui me touchent profondément et rendent cette tâche particulièrement agréable.

Je mentionnerai en premier lieu le fait lui-même de représenter ici ma patrie dont les très lointaines traditions de charité, d'humanité et de lutte continuelle contre la souffrance, la douleur et la misère ont eu une large influence sur le plan des réalisations récentes dans le secteur de la santé, réalisations qui répondent à la ferme décision d'atteindre le niveau le plus satisfaisant de bien-être matériel. Ce bien-être matériel est d'ailleurs le moyen indispensable d'obtenir aussi les résultats les meilleurs du point de vue du développement moral des peuples, que les institutions sociales ne doivent jamais oublier sous peine de risquer que soient inutiles, ou même préjudiciables, tous les efforts accomplis dans d'autres domaines.

L'esprit qui depuis des siècles anime les institutions portugaises d'assistance sociale entraîne maintenant l'Organisation mondiale de la Santé vers son but, car cet esprit, éminemment humaniste, nous conduit actuellement à une liaison solide et étroite entre tous les peuples conscients de leur interdépendance puisque impuissants, chacun d'eux par ses seuls moyens, à résoudre les problèmes fondamentaux qui se posent aujourd'hui à l'échelle des grands espaces.

Monsieur le Président, je tiens aussi à souligner comme motif de satisfaction l'élection de Votre Excellence à l'honorifique présidence de cette assemblée. Je me rappelle en passant que les navigateurs portugais du XV^e siècle ont été les premiers à établir la liaison entre les peuples des civilisations méditerranéennes et les peuples de la côte occidentale d'Afrique. Et pour nous, Portugais, n'étant pas seulement Européens mais aussi Africains et peut-être encore plus Africains qu'Européens, il n'est pas indifférent que ce soit le Ministre fédéral de la Santé de votre grand pays, le Nigéria, qui assume de plein droit la présidence de cette assemblée. Je vous présente, Excellence, avec mes hommages, mes meilleurs souhaits pour l'avenir et le progrès de votre beau pays, dont je garde le meilleur souvenir.

Je formule aussi les mêmes souhaits à l'égard de tous les pays Membres, et spécialement de ceux qui ont accédé à l'indépendance récemment, avec lesquels le peuple et le Gouvernement du Portugal désirent vivement maintenir des relations amicales et d'étroite collaboration. Tout au long de son histoire, le Portugal a été forcé plus d'une fois de défendre son indépendance, ce qui lui permet de bien comprendre le prix et la valeur de la liberté. Nonobstant, j'ai à regretter que le représentant d'un pays voisin du Portugal se soit permis d'utiliser son siège dans cette assemblée pour rappeler un incident de frontière dont le Conseil de Sécurité s'est occupé déjà, et dont on ne peut tirer qu'une conclusion : la mauvaise foi d'un gouvernement qui a refusé la proposition portugaise tendant à ce qu'une commission d'enquête soit nommée. Mais je passe naturellement.

Monsieur le Président, je viens d'apprendre que la délégation portugaise est en mesure de porter à la connaissance de cette assemblée l'existence et les termes d'un rapport de l'Organisation mondiale de la Santé portant sur les conditions sanitaires des plus vastes provinces portugaises. Je ne saurais passer sous silence l'objectivité et la justesse de ce rapport puisqu'elles nous donnent encore un témoignage du niveau supérieur des travaux de cette organisation. Le rapport établi par l'Organisation mondiale de la Santé, qui a procédé à l'étude de la situation sanitaire dans les trois grandes provinces portugaises d'outre-mer, doit être publié très prochainement et il sera bientôt lu par Messieurs les délégués qu'il pourra intéresser particulièrement. Mais l'importance de ce document pour connaître la direction donnée par mon pays à sa politique sanitaire - selon les principes posés par l'Organisation mondiale de la Santé - me pousse à essayer de résumer les points principaux du rapport des experts de l'Organisation.

Selon les auteurs du rapport - et je suivrai autant que possible dans ce résumé les expressions mêmes qu'ils ont employées - les autorités portugaises ont fait partout tout ce qui leur était possible pour fournir aux experts toute l'aide nécessaire dans l'accomplissement de leur mission. Ils ont pu voir ainsi ce qu'il y avait de mieux et ce qu'il y avait de plus modeste aussi, sans que rien n'ait pu leur être caché.

Et, sur cette base, les experts de l'Organisation mondiale de la Santé ont pu noter que dans les territoires portugais d'outre-mer il y a des services sanitaires qui méritent d'être cités en exemple; que les populations locales ont une pleine confiance dans les services sanitaires; que dans ces territoires on applique strictement le Code du Travail rural, loi que les experts qualifient d'évoluée et qui, s'appliquant

à tous les groupements ethniques et culturels, assure l'assistance médicale aux travailleurs et à leurs familles. Ils ont pu constater aussi que la réalisation des programmes actuels permettra d'obtenir rapidement une augmentation substantielle du niveau de vie des populations dans ces provinces; que dans ces territoires, il y a des hôpitaux bien installés, modernes et bien conçus, de toute première valeur (c'est l'expression même des experts); que le réseau des postes sanitaires permet de donner rapidement les premiers secours dans presque toute l'étendue des territoires; que presque tout le personnel sanitaire est constitué par des autochtones. La mission de l'Organisation mondiale de la Santé a pu assister à des séances publiques de vaccination pendant lesquelles Noirs, Blancs, Indiens et Jaunes - ce sont les expressions des experts - faisaient la queue en commun; elle a pu voir qu'il n'existe aucune discrimination raciale dans les hôpitaux où l'on rencontre, dans les mêmes dortoirs et côte à côte, Blancs, Noirs, Indiens et Jaunes - je suis encore les expressions du rapport.

Et la conclusion générale des experts de l'Organisation mondiale de la Santé est celle-ci : "Les provinces d'outre-mer du Portugal, assez peu connues, surprennent les visiteurs par leur développement économique et social." Voilà, Messieurs les délégués. Le Portugal et ses provinces sont assez peu connus, comme le disent les experts de l'Organisation mondiale de la Santé, et cela même a permis des jugements peu fondés sur mon pays, lequel, pour être bien compris, a besoin d'être bien connu.

Je crois que les moeurs ne sont pas tellement changées, que la justice et la vérité justifient des remerciements. Mais je ne me déroberai pas au devoir de reconnaître que l'objectivité qui a permis aux experts de cette organisation d'établir un

rapport dans lequel est mis en évidence tout l'effort réalisé par mon pays dans ses provinces d'outre-mer constitue un service de plus rendu par l'Organisation mondiale de la Santé à la cause de la paix. L'Organisation mondiale de la Santé a fait justice au Portugal et, dans les conditions actuelles, cela revêt une importance qui dépasse même le secteur sanitaire, étant donné les rapports de celui-ci avec tous les aspects de la vie sociale.

Il paraît que les experts de l'Organisation mondiale de la Santé n'ont trouvé, dans l'équipement sanitaire des provinces portugaises d'outre-mer, qu'un défaut d'une certaine importance : l'insuffisance des statistiques. Mais ils reconnaissent aussi que ce défaut est commun à tous, ou presque tous les Etats et territoires d'Afrique. Un autre défaut a trait à l'insuffisance du personnel sanitaire, mais cette carence-là, à l'heure actuelle, paraît à tout le moins menacer tous les pays, quelle que soit leur situation géographique. Au Portugal, la création prochaine de l'école nationale de santé publique viendra certainement aider à résoudre ce problème de la formation des cadres sanitaires, problème partout d'une extrême gravité. Il y a quelques mois déjà qu'ont été créées aussi, en Angola et au Mozambique, des universités auxquelles sera confiée, entre autres, la tâche de préparer des cadres sanitaires.

Ne voulant aucunement renier son histoire ni ses traditions, le Portugal est fermement décidé à ne pas oublier, sur le plan du renouvellement des conditions sanitaires, qu'il a ouvert en Europe, en plein Moyen Age, des hôpitaux et d'autres établissements d'assistance de tout premier rang; qu'en Afrique, en 1504 déjà, au début du XVIe siècle, les Portugais ont créé un hôpital de charité dans l'île de São Tomé; que la fondation

de l'hôpital de Luanda remonte à 1628, et celle du premier hôpital de la province portugaise de Guinée à 1646; qu'en 1844 a été fondée l'Ecole médico-chirurgicale de Goa, la première école médicale de tout l'Orient. Le Portugal n'est pas décidé non plus à oublier que l'Institut d'Hygiène de Lisbonne, fondé en 1899, est un des plus anciens du monde.

En un mot, sur le plan sanitaire aussi bien que sur tous les autres, le Portugal demeurera fidèle aux principes essentiels qu'il a toujours soutenus, et ces principes sont ceux de l'Organisation mondiale de la Santé, appliqués toujours dans mon pays, on pourra dire même avant la lettre.

En conséquence, le Portugal n'a aucune difficulté à assurer l'Organisation mondiale de la Santé de sa collaboration la plus loyale et de l'apport de son expérience, partout et en toutes circonstances, toujours en vue d'atteindre le but supérieur de l'Organisation. Des trois grandes et anciennes universités portugaises sont sortis des savants de renommée internationale, dont un Prix Nobel de médecine. Nous avons là un capital culturel magnifique, qui se trouve à la disposition de l'Organisation mondiale de la Santé et de toutes les nations du monde, surtout des pays en voie de développement.

A M. le Directeur général, je suis heureux d'exprimer mes meilleurs voeux pour l'accomplissement du nouveau mandat qui vient de lui être confié, dans des conditions qui témoignent de la reconnaissance des qualités exceptionnelles dont M. Candau a fait preuve pendant une longue carrière déjà au service de la santé, et par conséquent au service du bonheur mondial. Que Dieu vous accompagne toujours dans l'accomplissement de votre tâche difficile, M. Candau.

Je me permets aussi d'adresser à M. Candau mes félicitations les plus vives et les plus cordiales pour son excellent rapport sur l'activité de l'Organisation mondiale de la Santé en 1962. Ce rapport a été l'objet d'un examen attentif de la part de la délégation portugaise, qui n'a pas été surprise de son niveau scientifique et aussi - que le mot me soit permis - de son niveau social et humain au plus large sens de cette expression. L'habitude constitue toujours la meilleure défense contre la surprise. Les commentaires du rapport au sujet de l'éducation sanitaire, de l'emploi de drogues dangereuses et de l'éradication du paludisme ont intéressé tout spécialement la délégation portugaise, puisque ces problèmes sont au nombre de ceux qui retiennent en ce moment toute l'attention des services portugais de santé. D'ailleurs, les différentes conditions météorologiques et climatiques des provinces portugaises exigent de nos services de santé qu'ils fassent porter leur attention sur tous les problèmes traités dans le rapport, puisque ces conditions exigent l'adoption, en même temps, de mesures qui visent les maladies caractéristiques des territoires plus développés et les maladies caractéristiques des territoires en voie de développement.

Merci, Monsieur le Président, merci, Messieurs les délégués de l'attention bienveillante avec laquelle vous avez bien voulu m'écouter.

The PRESIDENT: Thank you, Dr Soares Martínez. I now call on the delegate of Ceylon.

Mr PERERA (Ceylon): Mr President and fellow delegates, while thanking you for your indulgence, sir, in reopening the list and permitting me to make my contribution to these proceedings, I wish to take this opportunity, on behalf of the Ceylon delegation, to felicitate you warmly on your election to the Presidential Chair of this Assembly. In your understanding of the ideas and problems of this organization and with your knowledge and experience of this type of work, I have no doubt that you rank in line with your distinguished predecessors in this office, all of whom have guided the deliberations of this Assembly with dignity, patience and understanding. To the outgoing President, too, we extend our hearty congratulations and grateful thanks for a job of work well done. I should like to associate the three Vice-Presidents in these felicitations.

Mr President, today it is most comforting to all of us to see that this organization has established itself in the confidence and esteem of all the Member countries. From the tentative strivings of 1948 it has grown into the robust body that it is today, with no less than 120 Member nations extending their resources and collaborating with this organization. One still recalls with pride the results of the work done by WHO in meeting the emergency health situation that arose in the Congo soon after Independence. It was a rather difficult challenge which the Organization had to face in this emergency, that of providing essential services to this newly-independent State under most trying conditions. In carrying out its task, this organization proved one thing, if ever such proof was needed: the soundness of its structure and the maturity and experience it has gained in the course of its work. It is most fitting therefore that today WHO has earned the well-deserved tribute of being referred to as the greatest co-operative venture for the common good.

Our congratulations have also gone, from time to time, in ample measure, to the Director-General for his outstanding work as the Organization's chief executive, as well as to the other members of the Secretariat who have ably backed him. Today we congratulate him again on his reappointment to this exalted office by a unanimous vote.

Mr President, I would now like to confine myself exclusively to the report, and would like to take a few minutes of your time to make some passing comments on it: comments which we are making in the nature of general observations related to the health scene in my own country, which today we like to think enjoys a better position in regard to health services than ever before. It is gratifying to note that the Introduction to the Report brings out in clear perspective the need for correlating economic and social welfare work with the activities that are planned for the promotion of public health. We steadfastly believe in this correlation of activities ourselves, and have done our best to implement it in our own work. It has been very rightly urged that during the ensuing decade national governments should aim at a 10 to 15 per cent. yearly increase in the funds allocated for their public health services. I feel sure that it is a target we will all strive to achieve, however urgent our other calls on the national exchequer may be.

Another point in the introductory chapters of this Report that needs mention is the Director-General's plea for special attention to the training of professional and auxiliary health staff. Although this emphasis has been a running feature in previous reports too, this year's report blazes a new trail in that it suggests that, in addition to the conventional training given to health personnel, special

training facilities are also necessary in the fundamental planning work so as to ensure a broader understanding of the socio-economic problems that confront those who undertake the execution of health programmes. We agree without reservation that such training will pay dividends.

The chapter on malaria eradication, which is a dedicated objective of this Organization, also arouses keen interest in my country because malaria, once public enemy No. 1 in Ceylon, has virtually been eliminated today. It will be of interest to report that when malaria control work with DDT spraying was first launched in 1946 we had nearly 2.8 million cases, with 12 500 deaths. Last year there were only thirty-one cases, with no deaths; and in the first four months of this year none at all. What this has meant for the economy of the island is shown by the fact that 1.4 million acres of land are under cultivation today - an increase of nearly 50 per cent. on the pre-1946 figures. We are, however, convinced that we cannot rest on our laurels and relax the vigilance and supervision needed to avert fresh outbreaks of malaria in epidemic or endemic form, through infections introduced into Ceylon from external sources, or through the emergence in our own country of a DDT-resistant type of malarial mosquito. The health authorities have therefore maintained the minimum field personnel necessary to meet all contingencies, realizing that eternal vigilance is the price we have to pay for the health and safety of our nationals.

While we have achieved in this manner a substantial reduction in the death rate of our country, which has come down to eight per 1000 of population, we are now faced with the problem of the natural increase in our population consequent upon this;

today it stands at the high figure of 28 per thousand. The authorities appreciate fully the implications of this situation for our economy, and are doing everything possible to deal with the situation in consultation with other ministries concerned.

Another chapter which interests us frequently is the one on communicable diseases, because we have these diseases in our country and have organized special campaigns to combat them, e.g., antimalaria, antituberculosis and antifilaria campaigns. We have also found that the epidemiology unit established to assist in the control of diseases of the communicable varieties has been extremely useful. In conjunction with the medical research institute of the national health department, this epidemiology unit has lately carried out studies into the problem of leprospirosis and for the first time in the history of research work in Ceylon the causative organism of the disease has been isolated. These studies, I am glad to announce, have stimulated much interest among physicians, and more cases of leprospirosis are now being diagnosed in the country. The unit and the medical research institute are also studying the arthropod-borne virus infections.

Before concluding my comments on communicable diseases, I must dwell on the national polio immunization campaign, which was scheduled to begin this month, to eradicate the threat of poliomyelitis from our country. Last year before this Assembly, our delegation referred to the widespread outbreak of poliomyelitis which hit the country, and which has remained a threat ever since, making us think in terms of complete eradication of this disease. We wish to record at this point our appreciation of the Regional Director's gesture in making available to us early the services of no less a man than Dr Albert Sabin himself, who studied the pattern

of the outbreak and established that the group to be immunized for the purposes of effective eradication was the three months to eight years age-group of children. It was further decided that immunization of over 80 per cent. of this group would avert further outbreaks. All I wish to say in passing is that we require, and that urgently, no less than five million doses of this vaccine to conduct this campaign effectively.

Of considerable interest to us also is the chapter on environmental health, because nearly 40 per cent. of morbidity in our country is related to causes that emanate from faulty environmental sanitation. This is one of the activities in public health in which both the central government and the local authorities are actively engaged at the moment. Ways and means of improving water supplies already available and also installing new water supplies are under active consideration. We have also discovered that roundworm infestation is the chief cause of morbidity and mortality among the pre-school age-group. As a result of painstaking research we have discovered a latrine to suit this pre-school age-group and the conditions obtaining in their homes. This is known as the "water-seal" type, and it is located near the house.

With regard to other chapters - on health protection and promotion, medical research, and health statistics - education and training continues to get priority in the planning of medical care. We have also taken steps to see that the health statistics division and the epidemiological unit work in close collaboration. The epidemiological unit is now responsible for screening all morbidity statistics received from hospitals and other medical institutions, before they are tabulated and made ready for publication by the health statistics unit.

The chapters on the work done in the different regions of WHO provide informative and interesting reading. Suffice it to say in passing that the South-East Asia Region, to which Ceylon belongs, works as a team to solve mutual health problems, with the active and able assistance received from the Regional Office.

Finally, my delegation takes delight in expressing the gratitude of my country to WHO for the valued assistance it has received from the Organization in the past year, which I can truthfully say has stimulated and supported Ceylon's advance on the health front. In providing us with such assistance the Regional Office at New Delhi, under the able direction of Dr Mani, has been most co-operative and helpful. While we gratefully acknowledge these gestures, we earnestly hope the stream of aid will continue to flow more abundantly for our urgent needs and many-sided activities on the health front. I say so because we, like most or all Member nations, pin our faith resolutely and confidently on WHO. Thank you again, Mr President, for giving me this opportunity.

The PRESIDENT: Thank you, Mr Perera.

We have now exhausted the list of speakers on items 1.9 and 1.10, and I should like to ask the representative of the Executive Board, Dr Afridi, if he has any remarks to make.

Dr Afridi answers "No". Thank you, Dr Afridi.

We shall wait until the next plenary meeting before we take the necessary resolutions and ask the Director-General to say a few words.

3. ANNOUNCEMENTS
COMMUNICATIONS

The PRESIDENT: Before the meeting is adjourned, I have one announcement to make. As you know, as from Thursday, 16 May to Tuesday, 21 May, the Assembly Hall will not be available for our plenary meetings as it will be required for the proceedings of another organization. I should therefore like to ask delegates not to leave any of their belongings behind in the Assembly Hall after the last plenary meeting today.

The Deputy Director-General has two announcements to make.

Dr DOROLLE, Deputy Director-General: First, Mr President, the Working Party of the Committee on Administration, Finance and Legal Matters on Item 3.8 (Status of collection of contributions) will meet immediately in Room XI. The members of this working party are India, Iran, Ireland, Philippines, Poland, Sierra Leone and Venezuela.

At 2.30 p.m. the Committee on Programme and Budget will meet in Room XVI to consider agenda items 2.2.1 and 2.2.2 (Examination of the main features of the programme, and recommendation of the budgetary ceiling). During the discussion of these items by the Committee on Programme and Budget, the Committee on Administration, Finance and Legal Matters will not meet, according to the decision of the Assembly, so as to give an opportunity to all members of all delegations to attend. After the completion of the work on items 2.2.1 and 2.2.2 if time permits, the two main committees will resume their work in Room XVI and Room XII.

4. STATEMENTS BY THE DELEGATES OF ALGERIA AND PORTUGAL
DECLARATIONS DES DELEGUES DE L'ALGERIE ET DU PORTUGAL

The PRESIDENT: The delegate of Algeria has the floor.

M. TALEB (Algérie) : Monsieur le Président, honorables délégués, je tenais tout particulièrement à faire une courte intervention à la suite de celle prononcée par le délégué du Portugal. Le délégué du Portugal, au cours de son intervention, a bien voulu nous adresser, ou adresser à tous les pays nouvellement indépendants et donc nouvellement compris au sein de l'Organisation mondiale de la Santé, ses vœux de bienvenue. Nous voulons bien croire qu'il est animé de sentiments sincères et, au nom de la délégation algérienne, je tiens tout particulièrement à l'en remercier.

Cependant, je profiterai de l'occasion qui m'est offerte pour faire un appel solennel - et je suis sûr d'exprimer là le point de vue et le sentiment de tous les pays africains, non seulement des pays africains mais de tous les pays épris de liberté et de progrès - pour que le Portugal mette tout en oeuvre afin de faciliter l'accession à l'indépendance de l'Angola et lui permettre de venir agrandir la grande famille de l'OMS pour la prochaine Assemblée mondiale de la Santé.

The PRESIDENT: The delegate of Portugal has the floor.

Le Dr SOARES MARTÍNEZ (Portugal) : Monsieur le Président, je suis touché par les remerciements de la délégation algérienne.

Au sujet de l'appel de cette délégation, je tiens à déclarer que cet appel n'est pas lancé en vain - et d'ailleurs un appel pareil n'aurait jamais été lancé en vain, même avant cette séance - puisque les provinces portugaises, auxquelles le délégué de l'Algérie s'est référé pendant cette séance, sont ici représentées, comme elles participent à tous les organes de la souveraineté portugaise. C'est de l'Assemblée nationale que dépend la législation portugaise et c'est d'elle que dépendent toute l'organisation portugaise et tout le fonctionnement de l'administration, c'est de l'Assemblée nationale portugaise que relèvent toutes questions.

Dans cette assemblée, au contraire de ce qui s'est passé pour les territoires qui légitimement ont voulu accéder à l'indépendance, dans cette assemblée, les provinces d'Angola, de Mozambique ainsi que toutes les autres ont leurs représentants, dans une proportion supérieure à celle des départements d'Europe, si l'on s'en tient aux populations de ces territoires qui disposent du droit de vote, c'est-à-dire qui sont dotées du minimum de possibilités culturelles leur permettant de voter, parce qu'au Portugal - comme dans presque tous les pays - il faut au moins savoir lire et écrire pour pouvoir voter.

Je ne veux pas m'étendre à ce sujet, car il s'agit naturellement d'un point essentiellement politique qui est hors de la compétence de l'Organisation mondiale de la Santé.

The PRESIDENT: Thank you, Dr Soares Martínez.

The meeting is now adjourned.

The meeting rose at 12.50 p.m.
La séance est levée à 12 h.50.