



COMMITTEE B

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INDEXED

PROVISIONAL SUMMARY RECORD OF THE EIGHTH MEETING

Palais des Nations, Geneva
Friday, 15 May 1970, at 2.30 p.m.

CHAIRMAN: Dr W. RAVENNA (Uruguay)
later: Dr C. K. HASAN (Pakistan)



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Note: Corrections to this provisional summary record should be submitted in writing to the Chief, Records Service, Room A.843, within 48 hours of its distribution.

The SECRETARY informed the Committee that the following further agenda items had been allocated to it: 3.15, 3.15.1 and 3.15.2; 3.3; 3.4; 3.5; and 2.9.

1. FOURTH REPORT ON THE WORLD HEALTH SITUATION: Item 2.12 of the Agenda (Documents A23/P&B/4, Part I, A23/P&B/4, Part II, and A23/P&B/4, Part II Add.1; Resolutions WHA19.52 and WHA21.46) (continued)

Dr AVILES (Nicaragua) congratulated the Director-General and his staff on the excellent report on the world health situation. He also expressed thanks to the various bodies in the different countries that had completed the questionnaires, providing information for the report.

To give an accurate picture of the health situation of a country was an exceedingly difficult task, for it involved a whole series of complicated elements that were required not only for diagnosis but also for an assessment of the progress being made in all the different countries. The data could be used to make a comparison either with the past in any one particular country, or with the health situation in other "model" states.

In that connexion, the statement made by the delegate of the USSR had been particularly interesting.

With a view to helping to improve the reliability and efficiency of future reports on the world health situation, he would stress the following points: firstly, the need to give an exact definition of the health sector and the field covered by that concept; secondly, the need to perfect statistical services - demonstrated by the errors which were not the fault of the Organization, but of the countries concerned; thirdly, the importance of standardization of health data - in that connexion, guidelines might be established; fourthly, the need to define the health budget once the extent of the health sector had been determined; fifthly - as had been mentioned by a previous speaker - the need to standardize the unit measure of per capita cost.

Mr HASSAN (Somalia) suggested - not by way of criticism, but with a view to improving future reports - that there should be included in the list of items required for the world health information system (figuring on page 3 of Part I of the report) the amount either of the gross national product or the budget each government allocated to the public health services in its own country, so that it might be possible to see how much had been spent and what had been achieved in different regions or different parts of the world.

Dr KAREFA SMART, Assistant Director-General, assured the delegates that the suggestions made for improving the report had been noted and that every effort would be made to make the next report on the world health situation conform to their wishes and suggestions. Corrections that delegations wished to make to any figures in the report would be very willingly received by the Secretariat, which wanted the report to reflect the actual situation - best known by the representatives themselves of the countries concerned. In that connexion, he stressed that the period covered by the report was 1965-1968.

In reply to the delegate of Malta, he said that the final report would contain a list of currencies, showing their equivalents in US dollars, the currency usually quoted by WHO.

In future, in addition to sending out circular letters the Organization would also send reminders to governments so that the total number of replies might be higher and there would be correspondingly fewer countries not included.

The DIRECTOR-GENERAL referred to the suggestion made by the delegate of Iraq at the Committee's previous meeting regarding the inclusion in the report of information concerning States that were not Members of WHO. In all resolutions on the subject adopted by the Executive Board and the Assembly, the request for the submission of information and material for inclusion in the reports had been addressed to Member States or Member governments.

So far as the "all-states" formula was concerned, at the eighteenth session of the United Nations General Assembly, the Secretary-General had said, on 18 November 1963, that he could implement that formula only if the General Assembly provided him with a complete list of States included in that formula other than those that were Members of the United Nations or the specialized agencies, or parties to the Statute of the International Court of Justice.

At the Fourteenth World Health Assembly, in New Delhi, during the discussion on the draft resolution regarding the universality of membership, and replying to a question as to whether there were in the various regions states that were not Members of WHO, the Director-General had replied as follows:

"that was a question which should be answered not by him but by the delegations present. There were blanks on the world map, but it was not for him to define which country was a state and which was not."

Dr KOUROUMA (Guinea) said that it seemed that the Secretariat observed certain precautions regarding the publication of the report on the world health situation - for example, some governments had to state their express wish to have the data relating to public health in their countries published, and some requested that they should not be published. Also replies to the questionnaire were sometimes not sent within the desired time limit or in the required form, so that the Secretariat was not always well placed to produce the report as requested.

The present report covered the period 1965-1968. He could state categorically that the reports of the Republic of Guinea had been transmitted as requested, and that his country had been pleased to receive several high officials of the Organization, and many representatives, experts and consultants of all kinds. It had also been privileged to receive the Regional Director for Africa, Dr Quenum, who at the end of his stay had made a radio broadcast. His country would be delighted to receive the Director-General, and to hear any criticisms, however severe, that might serve to improve the situation. His own remarks at the Committee's previous meeting in no way diminished his great esteem for the Director-General. But the report on the world health situation, like the Organization's projects and the items on the Assembly's agenda, concerned not only the Director-General, but all Member States - for WHO was their organization, and they should take their responsibilities.

His Government would once again transmit to headquarters and the Regional Office documentation regarding public health achievements in Guinea.

At the request of the CHAIRMAN, Dr KOUROUMA (Guinea), Rapporteur, read the following draft resolution for the Committee's consideration:

The Twenty-third World Health Assembly,

Noting the fourth report on the world health situation prepared by the Director-General¹ in pursuance of resolution WHA19.52,

I

1. THANKS Member States and Associate Members for their assistance in providing material for this fourth report; and
2. REQUESTS Member States and Associate Members to submit before 30 June 1970 any additional information or amendments they wish to include in the fourth report.

II

1. REQUESTS the Director-General to prepare for the Twenty-seventh World Health Assembly the fifth report on the world health situation covering the period 1969-1972 and to draw up an outline of the content of the report for the guidance of Member States in the preparation of their contributions; and

¹ Documents A23/P&B/4 (Parts I, II and II Addendum).

2. INVITES Member States and Associate Members to provide as a further step towards fulfilment of their obligations under Article 61 of the Constitution, information for the preparation of this fifth report.

III

1. REQUESTS the Director-General to prepare after an interval of two years a Supplement to the fourth report on the world health situation which should contain:

- (a) Amendments to and expansion of previously published information;
- (b) A review of a special topic of general interest.

Dr DE CONINCK (Belgium) suggested that it might be preferable in the French text of the first operative paragraph to replace the words "en communiquant de la documentation" by "en communiquant la documentation". Otherwise the impression was given that documentation was only relatively complete.

Dr KOUROUMA (Guinea) agreed with the point made by the delegate of Belgium.

Essentially, the draft resolution consisted of the following main elements: it noted the report that was now before the Committee; it requested Member States and Associate Members to submit any necessary amendments to the present report; it referred to the next report that was to be prepared, covering the period 1969-1972; and, finally, it referred to the supplement to the fourth report, which was to be issued two years hence. He was wondering whether, if the information contained in the report now before the Committee - whilst of good quality - was not complete, perhaps a complete report might be published in 1972. He asked in which report would be included the supplementary information that Member States were being asked to supply before the end of the following month.

Dr KAREFA SMART, Assistant Director-General, said it was necessary to distinguish between the fourth and fifth reports. The fourth report - being considered by the present Assembly - dealt with the period 1965-1968. The corrections and amendments which the Secretariat was willing to receive up to the end of June 1970 would refer to the period 1965-1968, covered by the fourth report.

Apart from that, the draft resolution requested the Director-General to prepare a fifth report, which would cover the period 1969-1972, and would be dealt with at a later Assembly in the same way as the present report.

Dr KOUROUMA (Guinea) repeated that his Government had replied to the questionnaire that had been sent by WHO. He stressed the considerable delays that might arise as a result of postal difficulties - a problem that might in fact concern many Member States, and should also be borne in mind when stipulating 30 June 1970 as the latest date for submission of any further amendments.

The DIRECTOR-GENERAL referred the Committee to Article 61 of the WHO Constitution, reading as follows:

"Each Member shall report annually to the Organization on the action taken and progress achieved in improving the health of its people".

The Executive Board had on several occasions discussed the possibility of obtaining that type of information from all countries, and the Assembly had come to the conclusion that the only solution was to have a report once every four years, to start with, and to have supplementary reports in the interim, every two years. Eventually, it was hoped that the report would be compiled annually in accordance with Article 61.

A questionnaire had been sent out with a view to achieving a certain uniformity. Replies had been received from a certain number of Members while there had been none from others. Far more countries seemed to have replied this time than for the previous report, four years earlier. The aim at the moment was to complete the present report. Of course, if there was a problem of postal difficulties with regard to Guinea or any other Member, and a report that had been mailed had not been received, it would be easier to send the report and the Secretariat would try to complete what information it had. If the post was likely to fail, it was always possible to register the correspondence and send the registration number to the Secretariat, which could trace it.

Mr AL-ALLAF (Syria) noted that Syria was not included in the report; he supposed that there had been the same difficulties as Guinea had encountered. The Director-General's statement had helped to clarify the matter. He thought that all countries should be given a good chance to complete the information. There seemed to be no reason why the additional information should not be included in the final edition of the fourth report.

Dr KOUROUMA (Guinea) thanked the Director-General for the reassurances he had given. He had been pleased to note the remarks made by the delegate of Syria. Since he had full confidence in the Director-General, he would not insist that the draft resolution be amended to take into account the idea he had expressed.

Dr MATUNDU-NZITA (Democratic Republic of the Congo) said that he would be interested in seeing the questionnaires that had been sent, since he had the impression that his Government had submitted reports, but his country was not included in the report now before the Committee.

Dr NHONOLI (United Republic of Tanzania) suggested that it might be a better procedure if the Assembly authorized the WHO representative in each region to collect annual reports and send them to the Regional Director. That would serve to ensure that all annual reports were received by the Director, and to provide a better picture of the health situation.

Dr KOUROUMA (Guinea) asked whether the report on the world health situation was a scientific document or not. He had been unable to find in Basic Documents any legal basis for adopting a resolution concerning the report.

The DIRECTOR-GENERAL said that the report was not really a scientific report, but more in the nature of a statistical or information document. As he had previously stated, it was an attempt to meet the requirements of Article 61 of the Constitution of WHO. It was included in the Assembly's agenda, and a conclusion should be reached for each agenda item. The draft resolution now before the Committee was no more than a conclusion to the agenda item, and was perfectly in order.

The CHAIRMAN asked the Committee whether it approved the draft resolution now before it.

Decision: The draft resolution was approved.

2. THIRD REPORT OF THE COMMITTEE (Document A23/B/4)

At the invitation of the CHAIRMAN, Dr KOUROUMA (Guinea), Rapporteur, read out the draft third report of the Committee.

Decision: The draft report was adopted.

The CHAIRMAN announced that he was unfortunately obliged return to his country, and he asked Dr Hasan, Vice-Chairman, to take over the chairmanship of the Committee. He expressed thanks to the Director-General and the Secretariat for all their assistance, and to the delegates for their support.

Dr Hasan (Pakistan) took the Chair

3. ORGANIZATIONAL STUDIES BY THE EXECUTIVE BOARD: Item 2.13 of the Agenda

Review of the Organizational Study on "Co-ordination with the United Nations and the Specialized Agencies": Item 2.13.1 of the Agenda (Official Records No. 178, resolution EB44.R13; Official Records No. 181, resolution EB45.R34 and Annex 4)

Introducing the item at the CHAIRMAN's request, Dr JURICIC, representative of the Executive Board, recalled that the Twentieth World Health Assembly had requested the Executive Board to make an organizational study on co-ordination, and that at its fortieth session the Executive Board had appointed a working group to carry out the organizational study, composed of Dr Venediktov, Chairman, Professor Aujaleu, Dr Badarou, Dr Hasan, Dr Olguin and Sir William Refshauge. He expressed his regret that Sir William Refshauge was unable to report to the Committee on behalf of the Board.

At its first meeting the working group had decided that the study should be detailed and comprehensive. During the preparation of the report, members of the group had consulted each other by correspondence or at meetings of the Health Assembly and Executive Board, as well as at the meetings of the group itself. Immediately before the Twenty-second World Health Assembly, the working group had approved a report which had been submitted to the forty-fourth session of the Executive Board. After examining the report in detail, the Executive Board had decided to refer it to the Twenty-third World Health Assembly.

He recalled that the Executive Board, at its forty-fifth session, had expressed the opinion that the document now before the Health Assembly would be a most useful source of information for several years, and had complimented the group on its work.

On the occasion of the twenty-fifth anniversary of the United Nations, he wished to mention some of the considerations that led to the establishment of the World Health Organization. Referring to the first organizational study, carried out in 1962, he recalled that the Executive Board had pointed out in that connexion that the countries which had approved the United Nations Charter in 1945, at San Francisco, had decided that certain sectors of the work of ensuring peace and security should be the responsibility of autonomous specialized agencies, and had therefore taken certain measures for co-ordination between those agencies.

Among the conclusions of the organizational study before the Committee, he singled out the statement that "The United Nations system is founded on a distribution of competences and responsibilities which seeks to allow for the best development of each agency's ability and resources, with interlocking of the various sectoral programmes in the furtherance of common or related objectives" (Official Records No. 181, page 117). Thus, far from being an abstract concept, co-ordination was one of the principal means of achieving the Organization's objectives.

The analysis in the organizational study of the channels of co-ordination between WHO, the main organs of the United Nations and the various programmes of the specialized agencies showed the unquestionable influence exerted by that co-ordination between the various organizations of the United Nations system. Frequently, resolutions adopted by other bodies called for WHO participation in meetings or the submission of documents or surveys requested by organs of the United Nations such as the Economic and Social Council.

In resolution EB45.R34, the Executive Board had called attention to the fact that co-ordination was "a necessary means for the Organization to fulfil its own aims" and that the Organization "should continue to emphasize the role of health as a fundamental factor of human well-being and as an inseparable element of the development process". The Board considered that co-ordination was a means which should be pursued towards an end, but not an end in itself, and that the mechanisms and procedures should be so devised as to ensure maximum effectiveness without imposing excessive burdens upon the Organization. The Board had further pointed out in its resolution that "there is ample evidence to date of positive results attained in the collaboration of the Organization with the United Nations, the specialized agencies and IAEA". The Board had gone on to state that it would be necessary to pay continuing attention in the coming decade to ensuring that "co-ordination arrangements give adequate recognition to the aims and purposes of the Organization as the directing and co-ordinating authority in the field of health and ... that adequate resources are made available for the promotion of health". In conclusion the Executive Board affirmed the conviction that co-ordination at the country level remained the key factor and that, without underestimating the role of the United Nations system, the major role in that co-ordination devolved upon the governments themselves, as only they could determine the nature and amount of external assistance to be devoted to their health needs.

The organizational study showed that co-ordination was one of the most important of the Organization's activities for achieving the objectives laid down in its Constitution.

Dr ENACHESCU (Romania) recalled that resolution WHA22.55 called for improved co-ordination of activities between WHO, the specialized agencies of the United Nations and IAEA.

The Director-General's report for 1969 showed that those activities had consisted, during the year under review, in an FAO/IAEA/WHO seminar on agricultural and public health aspects of environmental contamination by radioactive material; an IAEA/WHO symposium on the handling of radiation accidents; a joint IAEA/WHO symposium on radiation-induced cancer, and other similar activities (Official Records No. 180, pages 86 to 87). It therefore seemed that collaboration between WHO and IAEA consisted almost entirely in the organization of meetings, at the central level. It would seem that the practical activities, such as joint programmes for the rational use of ionizing radiation in medicine, improved radiological protection of the population, and the promotion of epidemiological research into effects of ionizing radiation on health, were not receiving the attention they deserved as manifestations of the use of ionizing radiation for peaceful purposes, which constituted one of the major problems of contemporary life.

The organizational review now before the Committee had revealed some overlapping in the functions of the two organizations where ionizing radiation was concerned. In the complexity of the modern world, that could be avoided only if the purposes of the two organizations were delimited and their efforts combined.

Where the delimitation of functions was concerned, especially in the field of atomic energy, the existing tradition and priorities characteristic of the two organizations contributed to maintain a situation which was hampering the definition of the specific activities which each of the two organizations was called upon to carry out in the frontier zone of radiation and health. His delegation was convinced that it would be not only useful but necessary to work towards a clear definition of functions.

Combining efforts meant, where WHO and IAEA were concerned, working out joint programmes, preferably on a longer-term basis, in such a way as to avoid the difficulties deriving from material conditions such as the different structure of the two organizations (the structure of IAEA being centralized while that of WHO was regionalized), and the lack of synchronization of their budgetary cycles. Programmes of joint activities should centre on the training of personnel in the medical use of radiation, the development of radiation medicine, the systemic reduction of unnecessary irradiation of the population, epidemiological studies of the effects of radiation on health, radiological protection, and so on.

The fact that the two organizations were linked with different national authorities in their various Member States and that the work of those national authorities was not as a rule sufficiently co-ordinated within the country meant that national co-ordination would be improved, to the general advantage of activities in the field of radiation and its effects on health.

There being no further comments, the CHAIRMAN invited the Rapporteur to read out a draft resolution for the Committee's approval.

Dr KOUROUMA (Guinea), Rapporteur, read out the following draft resolution:

The Twenty-third World Health Assembly

Having considered the organizational study on co-ordination with the United Nations and the specialized agencies prepared by the Executive Board,¹

1. CONCURS in the finding of the Executive Board that co-ordination with the United Nations, the specialized agencies and the International Atomic Energy Agency has proved, over the years, a necessary means for the Organization to fulfil its own aims and to contribute effectively to the attainment of the common objectives of the United Nations system;
2. EXPRESSES its agreement with the other conclusions set forth in operative paragraph 2 of the resolution of the Executive Board;² and
3. REQUESTS the Director-General to continue his participation in co-ordination arrangements of the United Nations system with a view to assuring the Organization's full contribution to the overall effort to attain for all peoples the full enjoyment of their economic, social and human rights.

Decision: The draft resolution was approved.

Future Organizational Study: Item 2.13.2 of the Agenda (Resolutions WHA9.30 and WHA10.36; Official Records No. 181, resolution EB45.R16)

The CHAIRMAN reminded the Committee that the Executive Board had recommended, at its forty-fifth session (resolution EB45.R16), that the subject of the next organizational study should be "Medical literature services to Members". A report would be prepared for the Twenty-fourth World Health Assembly.

Professor AUJALEU (France) said that he found the subject well chosen, but he wondered whether one year was not too short a time for the conclusion of the study, especially as the Executive Board would not be able to start work before its forty-seventh session, early in 1971.

¹ Off. Rec. Wld Hlth Org., 181, Annex 4.

² Off. Rec. Wld Hlth Org., 181, EB45.R34.

The DEPUTY DIRECTOR-GENERAL explained that the proposal was for the current Health Assembly to approve the subject and for a report to be made to the Twenty-fourth World Health Assembly "on the progress of the study". It could be inferred that the study might not be finished by the time of the Twenty-fourth World Health Assembly.

The CHAIRMAN put to the meeting the resolution recommended to the Health Assembly in Executive Board resolution EB45.R16.

Decision: The draft resolution was approved.

4. GENERAL PROGRAMME OF WORK COVERING A SPECIFIC PERIOD: Item 2.15 of the Agenda (Official Records No. 181, Resolution EB45.R5 and Annex 7)

At the CHAIRMAN's request, Dr JURICIC, representative of the Executive Board, introduced the item, recalling that Article 28 (g) of the Constitution provided that the Executive Board submit to the Health Assembly a general programme of work covering a specific period which should provide a broad general policy to serve as an appropriate framework for the orderly development of the detailed yearly programmes within the period (resolution WHA4.2). In accordance with resolution WHA5.62 of the Fifth World Health Assembly, the Executive Board had to ascertain that the annual programme submitted by the Director-General followed the general programme of work for the period.

Between 1952 and the present day, the Health Assembly had approved four general programmes of work of the type under discussion; the fourth was valid for the period 1967 to 1971.

The preparation of those programmes of work began at the country level, in consultation between governments and WHO representatives, taking into account national health plans. Afterwards the regional offices prepared consolidated programmes, which were reviewed by the regional committees. They would carry out that review at their 1970 sessions, in preparation for the fifth general programme of work. Consequently, the Executive Board would not be able to study the fifth general programme of work until its forty-seventh session, in January 1971, and the Health Assembly would adopt it in May of that year. The detailed programme and budget for 1973 would therefore be the first which could come under the fifth general programme of work. In view of that time schedule, the Executive Board had recommended the prolongation of the fourth general programme of work for one year and had submitted for consideration of the current Health Assembly a resolution to that effect, which was contained in resolution EB45.R5. For similar reasons the Twelfth and Seventeenth World Health Assemblies had similarly prolonged the second and third general programmes of work (resolutions WHA12.27 and WHA17.38).

Dr VENEDIKTOV (Union of Soviet Socialist Republics) said that his delegation attached great importance to long-term planning of WHO's activities as a source of information for Member States. The Health Assembly had studied the matter on many occasions. For example, at the Eighteenth World Health Assembly health planning had been the subject of the technical discussions, and the Twenty-first World Health Assembly had adopted resolution WHA21.49 on long-term planning in the field of health. At its forty-third session the Executive Board had passed a resolution (EB43.R19) in which it had stressed the importance of integrating national, regional and global planning in the development of the programme of the Organization on a long-term basis. The Twenty-second World Health Assembly, in resolution WHA22.53, had emphasized that realistic long-term planning of WHO's programme depended, in large measure, upon methodical health planning at the national level, and had requested the Director-General to ask Member States to send WHO their observations and recommendations on questions of long-term planning in the field of health and the establishment of a new general programme of work of WHO. His Government had given that request the closest attention.

His delegation agreed with the proposal of the Director-General and the Executive Board to defer the preparation of the fifth general programme of work for another year. It had made a careful study of previous general programmes, which, although they contained many similarities, reflected a definite evolution. The new general programme should be new in quality, in that it should take account of correctives in the aims of the Organization and in its priorities, and of the changes in the main problems with which the world was faced.

It seemed to him also that five years was too short a period for a general programme of work. Many countries were planning their economic and scientific development for the next thirty years - up to the year 2000. There was no shortage of forecasts and plans concerning the development of science, including medical and biological science, and of technological processes, which should bring about radical changes in public health and social conditions. Certainly, WHO could not make a definite plan for so far ahead, but it was time to start work on at least a preliminary forecast of its activities for the next ten or fifteen years, based on national forecasts of scientific and technological developments. The role of science and technology in society was changing, and might bring about changes in the nature of international co-operation and the role of international organizations, including WHO, in the solution of fundamental public health problems.

In working out the next general programme, it was important to take account of the functions of the Organization, as laid down in its Constitution. Those were reflected in the decisions of previous Health Assemblies, but sometimes in rather diluted form, whereas it might be possible at the present time to concentrate on the basic aspects of WHO's activities.

There were a number of points that should receive careful attention in the elaboration of long-term plans. First, an analysis should be made of data on the state of world health, and also of data on the human environment - since a satisfactory human environment was the prerequisite for the health of the present and future generations. The aim of the analysis should be to determine morbidity trends and work out a strategy to guide the activities of WHO in the direction that would give the best results for the advancement of health and medical science. The analysis should be based, inter alia, on the study of the general discussions at regional committees and the Health Assembly, of the reports on the world health situation, of the documentation pertaining to the technical discussions, and of statistical and other data from Member States.

Secondly, there should be a careful study and analysis of planning methods, and an organizational and socio-economic analysis of various national health systems and services, with the object of formulating scientifically based recommendations for their development under different conditions. Although there were general principles for the development of public health, the methods for obtaining optimum results might vary in different parts of the world. Particular attention should be paid to questions which individual countries were not in a position to answer - the questions of how much of the national budget of countries in various stages of development it was reasonable to spend on health, and how those resources could best be employed. Very often the point of view prevailed that the greatest possible amount should go to meeting health needs, but the time had come to consider what the optimal amount was; and to determine that required a scientific analysis, for scientifically based recommendations on the subject had never been worked out.

Thirdly, WHO should continue its work of preparing international agreements, conventions, regulations, and recommendations on the main health problems, including environmental sanitation, the control of communicable diseases, quarantine, and quality control and adverse effects of drugs. Those problems had many aspects that could not be dealt with by individual countries or groups of countries.

Fourthly, WHO had important functions and great experience in formulating international recommendations with regard to standards and nomenclature for chemical, immunological and other preparations used in public health programmes. Even recommendations, not binding on Member States - the international pharmacopoeia, for example - were of great value.

Fifthly, there was WHO's role of co-ordination of medical research, aimed at helping national and international institutes to obtain the best results from their work. There were many problems connected with virus diseases, oncology, heart diseases, epidemiology, organization of health services, etc., where the experience of one country or of a group of countries was insufficient to enable the desired result to be achieved. It was essential that WHO should continue its work of co-ordination of research, so as to facilitate the comparability of results and provide for the exchange of information between countries that had no means of direct communication with one another.

Sixthly, WHO's work of assisting Member States to develop their health services, train staff, control diseases, and so forth, had to be pursued, within the limits of the Organization's financial resources and those imposed by its Constitution. Thought had also to be given to the means of providing that assistance most effectively. His delegation was of the opinion that WHO could play an exceptionally important role in co-ordinating the various forms of aid from international, bilateral and other sources. Such co-ordination, however, should take the form not of an attempt to assume control of the execution of programmes, but of an effort to provide objective guidance which there would be no obligation to accept. If WHO's advice was sound, then international and bilateral agencies, and donor and recipient countries, would gladly follow it.

Finally, the Organization should take steps in the near future to enlist the help of all countries of the world in its work.

In his delegation's view, it would be difficult for the Secretariat, or for the Executive Board and the Health Assembly in the short time at their disposal, to prepare a general programme based on all the complex and important considerations to which he had referred unless careful preparatory work were undertaken. He proposed, therefore, that a special committee of the Health Assembly, consisting of twenty to twenty-five members chosen on a wide geographical basis, should be set up to examine the suggestions and documentation submitted by the regions for the fifth general programme of work before the draft was presented to the Executive Board at its forty-seventh session and to the Twenty-fourth World Health Assembly. The committee could also study proposals and outlines concerned with the long-term planning of the Organization's work for the next ten to twenty years. His delegation had prepared a draft resolution to give effect to that proposal.

The CHAIRMAN invited the delegate of the USSR to hand in his draft resolution to the Secretariat for reproduction and distribution.

Dr EHRlich (United States of America) recalled that when the fourth general programme of work was developed, in 1967, the proposed budget for WHO had been US\$ 83 100 000. In addition, the Director-General had estimated that US\$ 8 600 000 the cost of projects requested by governments but not included in the programme and budget estimates. There were 124 Member States at the time.

For 1971 the Director-General was proposing a total budget of US\$ 116 100 000 and an additional US\$ 9 600 000 was the estimate for projects requested but not included. That represented an increase of 39.7 per cent. over the proposed total budget of 1967 and of 55.1 per cent. over the regular budget for that year - US\$ 73 200 000 as against US\$ 47 200 000. The number of Member States had risen to 131.

During that period all countries had experienced increasing demands on their resources, and so health needs would have to continue competing with other requirements for national development. It was therefore essential for WHO to consolidate the rapid expansion of the past five years, review present activities critically, and be very selective in undertaking new ones, for which quantified priorities should be used to ensure optimum use of available resources. Past achievement should be related to the goals previously set.

For the fifth general programme of work it would be necessary to reassert the philosophy underlying the earlier programmes - that WHO assistance had to foster the best possible self-reliance and initiative in national and community health services.

Among the problems requiring the most urgent action, WHO should select those it was best equipped to solve and allocate its resources on the basis of quantified priorities, taking into account the plans of activities of Member States, of the regions and of related international organizations such as the United Nations Development Programme, the United Nations Children's Fund and the Food and Agricultural Organization of the United Nations.

Specific elements that should be included in the preparation of the general programme of work were the following.

There should be a re-statement of the criteria for the selection of projects, as listed in the first general programme of work, including their international feasibility and acceptability; the universal nature of the problems; the possibility of assessing progress and results; financial feasibility/maximization of return; and availability of qualified personnel.

Those criteria should be applied to the programmes and projects of the past and present, in order to determine how successfully they had been applied. The criteria might also be re-examined from the point of view of applicability to the future, and modified as appropriate.

A second essential element in the preparation of the general programme of work would be a special group in the office of the Director-General and operating in a staff capacity, which would work closely with national and other international staff and have access to outside expertise, as required.

A third element was the identification of the areas into which WHO expertise and resources could be most meaningfully channelled and concentrated.

In conjunction with the foregoing elements, a clearer distinction should be made between the types of projects financed from the regular budget and those financed from the Voluntary Fund for Health Promotion. For example, in 1971 an estimated US\$ 6 000 000 or more would be available in eight of the eleven special accounts in the Voluntary Fund for Health Promotion. Some of the special accounts supported programme activities for which there was already provision in the regular budget. Although the Director-General had stated that voluntary contributions were to supplement, and not supplant, the financing of activities carried out under the regular budget, consolidation of those activities might make for a more productive use of resources. One possibility might be the establishment of projects, limited in time, to be funded from the special accounts or special contributions, for a designated period subject to periodic review and extension as appropriate, but always funded through extra-budgetary funds. The portions of the regular budget thus released should be concentrated on priority objectives. Emergency situations such as outbreaks of cholera and yellow fever would be met under the authorization already given the Director-General in the resolution on the Working Capital Fund.

Those time-related projects would be a source of basic information for WHO to analyse and disseminate. They would also supply a data base which should significantly assist WHO in planning and evaluation of global health activities and help to ensure the "promotion, co-ordination and direction" to which the Director-General had referred in his introduction to the 1971 programme and budget.

He mentioned as an example the recent trend towards funding a rapidly increasing percentage of the medical research programme from the regular budget. That trend might not be consistent with the criteria which he had mentioned earlier. In 1961, 54.5 per cent. of that programme had come from the regular budget; in 1967, 88.5 per cent. Through the time-limited project approach which he had suggested, that trend could be reversed, as also the proliferation of activities. There was an increase of US\$ 500 000 for medical research in the regular budget, which was not readily identifiable. Environmental health projects were to be supported by three of the special accounts in 1971 - the Special Accounts for Medical Research, Community Water Supply, and Miscellaneous Designated Contributions.

It was only through the application of effective planning procedures in the development of the general programme of work, the sharpening of the Organization's criteria, the definition of its objectives in quantitative terms, and systematic and thorough evaluation of progress, that WHO could ensure that optimal use was being made of its limited but growing resources for the advancement of human health.

Dr EVANG (Norway) expressed his gratitude to the delegates of the Soviet Union and of the United States of America for their valuable contributions to the debate. It was his understanding that the Committee should not start actually preparing the general programme of work; that was the task of the Executive Board, as could be seen from the draft resolution before the Committee.

He supported the Executive Board's recommendation to extend the fourth general programme of work; but he had two comments to make on the machinery for the preparation of the fifth.

The first concerned the long-term planning of WHO work as an international agency, co-operation with the other specialized agencies, relations between the regions and headquarters, and between the Regional Offices and Member States.

During the whole existence of WHO there had been organizational studies, and good co-ordination had been maintained with the other organizations of the United Nations system. During the period of validity of the fifth general programme of work, those problems of co-ordination were likely to increase.

As regards the work of WHO itself, the Executive Board should turn to the Constitution, as Dr Venediktov had done, to see if full advantage was being taken of the role laid down therein for the Organization. He had in mind particularly its possibilities under Article 21, which gave the Health Assembly authority to adopt regulations. So far, only two texts had been adopted under that article, neither of which concerned health standards. He agreed with Dr Venediktov that the Organization might expand its work in that direction.

In regard to programme evaluation by the Organization, it would appear logical for WHO to be able to evaluate any programme in which it had participated. But in fact that was out of the question, since it would involve evaluation of the work of sovereign states and even criticism. It should be admitted from the start that WHO could not evaluate its programmes as governments did theirs. There were, however, other approaches to the evaluation problem.

He also agreed with the delegate of the United States of America that the criteria for project selection should be revised. But as regards the limitation of WHO activities to well defined priorities - and that brought him to his second comment - it should be remembered that WHO existed only through and for its Member States. Everything depended on the relations between the Organization and its Member States. He would suggest that priorities could only be established on a national and regional basis and not for the world as a whole. For instance, smoking was a public health problem in some countries, but not in others. It would be wise to regionalize the Organization's programme even more fully, starting to build it up on a national basis and consolidating it at the regional level before subjecting it to international discussion as indeed had been recommended in the Jackson Capacity Study.

In conclusion, he wished to sound a note of optimism for the future. He had been meeting more and more high-level economists who were of the opinion that in no field had investment been so highly profitable as in health, and that investment in health would continue to be profitable. In his opinion the confidence of economists in the profitability of investment in health would increase in the future.

Dr KOUROUMA (Guinea) thanked previous speakers for their useful suggestions. There was nothing new, for the health administrators of the developing countries, in the idea that they had, in addition to responsibilities of health administrators everywhere, the special responsibilities dictated by the degree of development reached in various aspects of their countries' life.

President Sékou Touré had said that the worst organization was better than none. Without organization and co-ordination the left hand would not only not know, but would undo, what the right hand was doing. As an example of the need for detailed planning, he described how the success of the maternal and child health service in his country had depended, at a crucial period of lack of trained staff and of crash training programmes to make good the deficiency, on the petrol allocation for the few vehicles essential to liaison between the new maternal and child health centres set up at the level of each socio-political unit.

For the improvement of their services, the developing countries had no choice but to concentrate on building up their human resources. They had not merely to combat the scourges of today, but to give absolute priority to those of them which were decisive for the birth, survival and development of the personnel of tomorrow. If his country had been able to meet the needs of the situation, it was only because it had recognized, very early, the need to select medium and long-term priorities and had subjected development plans, at every stage, to critical study and decision at the national level. Similarly, WHO should increasingly select its priorities and meet them by sound and well-designed studies, in order to assist Member States in solving their health problems. In the process of making available the tools for the job of evaluation, of selecting medium and long-term priorities, the developing countries would play their part. His delegation, in particular, would support any draft resolutions which would open up new means of action as widely as possible and which would help the Organization to apply the available resources to the continually increasing problems of health, so that in the thirty, forty or fifty years to come a society might evolve where, through training and research, the scourges which today were the shame of the times would have disappeared from the scene.

The meeting rose at 5.30 p.m.