



TWENTY-SIXTH WORLD HEALTH ASSEMBLY

COMMITTEE B

INDEXED

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Monday, 21 May 1973, at 9.35 a.m.



CHAIRMAN: Dr A. W. AL-MUFTI (Iraq)

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Note: Corrections to this provisional summary record should reach the Chief, Editorial Services, World Health Organization, 1211 Geneva 27, Switzerland, before 6 July 1973.

1. UNITED NATIONS JOINT STAFF PENSION FUND: Item 3.21 of the Agenda

Annual report of the United Nations Joint Staff Pension Board for 1971: Item 3.21.1 of the Agenda (Document A26/29)

Mr FURTH, Assistant Director-General, said that the only action required of the Committee was to note the Director-General's report (document A26/29). The annual report of the United Nations Joint Staff Pension Board for 1971 had already been submitted to the United Nations General Assembly in autumn 1972; copies of that report were available to those delegates who wished to have them, but the essential elements were contained in document A26/29.

The major preoccupation of the Joint Staff Pension Board had been that of maintaining the value of pensions in the face of inflation and the devaluation of the US dollar. A 15-25% loss in purchasing power of pensions paid to pensioners living in Switzerland and certain other countries had occurred in 1971 and 1972, causing the Pension Board to recommend the readjustment of pensions as an extraordinary measure. Once again, in the spring of 1973, currency fluctuations had caused hardship to pensioners. The staff associations of the international organizations had viewed those developments with growing concern and had been studying the matter together with the executive heads of the organizations. The Secretariat had thought it right to inform the Health Assembly of the gravity of the situation, which affected so many retired international civil servants.

The CHAIRMAN called attention to the following draft resolution:

The Twenty-sixth World Health Assembly

NOTES the status of the operation of the Joint Staff Pension Fund as indicated by the annual report for the year 1971 and as reported by the Director-General.

Decision: The draft resolution was approved.

Appointment of representatives to the WHO Staff Pension Committee: Item 3.21.2 of the Agenda (Resolution WHA23.22; Document A26/30)

The CHAIRMAN drew attention to the note before the Committee (document A26/30), in which the system of appointment of representatives of the Health Assembly to the WHO Staff Pension Committee was outlined.

Dr jur. de CONINCK (Belgium) suggested, in view of Mr Furth's remarks on the previous item, that the appointments of the Health Assembly's present representatives on the WHO Staff Pension Committee should be extended for a further year, since they were already familiar with the facts and were best equipped to deal with the situation arising from monetary fluctuations.

Dr MIKEM (Togo), Rapporteur, read out the following draft resolution:

The Twenty-sixth World Health Assembly,

Having regard to the issues of unusual importance facing the WHO Staff Pension Committee and the United Nations Joint Staff Pension Board at this time; and

Considering it therefore important to maintain continuity of Assembly representation on the Pension Committee,

DECIDES, exceptionally, to extend for a further year the appointments of the persons presently representing the Assembly on the WHO Staff Pension Committee.

Decision: The draft resolution was approved.

2. HEADQUARTERS ACCOMMODATION: FUTURE REQUIREMENTS: Item 3.17 of the Agenda (Official Records No. 201, Resolution WHA25.37 and Annex 13; Official Records No. 206, Resolutions EB51.R38 and EB51.R39 and Annex 10; Document A26/24)

Professor VANNUGLI, Representative of the Executive Board, recalled that the Twenty-fifth World Health Assembly, in resolution WHA25.37, had noted with satisfaction that WHO had acquired the land for the construction of the addition to the headquarters accommodation, taken staffing projections up to 1982 into account, and authorized the Director-General to enter into a contract with the architect for the preparation of preliminary plans and estimates. The contract had been signed in June 1972 with Mr A. Bugna, of Geneva, and the preliminary plans had been considered at the third session of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation in November 1972. The Ad Hoc Committee's report on that session, which appeared as Annex 10 to Official Records No. 206, had been examined by the Executive Board in January 1973. In resolution EB51.R38, the Board had concurred in the Ad Hoc Committee's view that the plans and estimates put forward by the architect represented a satisfactory solution to the anticipated additional needs for headquarters accommodation and had requested the Ad Hoc Committee to study plans for financing the new building. At the same time, in resolution EB51.R39, the Executive Board had asked the Director-General to continue his negotiations with the Fondation des Immeubles pour les Organisations internationales (FIPOI) - a Swiss body established to finance the construction of buildings for the international organizations - and requested the Ad Hoc Committee to report on the matter to the Twenty-sixth World Health Assembly.

Professor AUJALEU (France), Chairman of the Ad Hoc Committee of the Executive Board on Headquarters Accommodation introduced the report of the Ad Hoc Committee's fifth session (document A26/24) and described progress since the Twenty-fifth World Health Assembly. The preliminary plans made provision for a building with eight storeys above the ground floor and three storeys beneath it, including two levels of garage. The building would communicate with the present block by means of an underground passage. The offices would be based on modules 1.32 metres in width, with a minimum of two modules per office, so avoiding the unduly narrow single-module offices in the present building. A cafeteria would be provided to serve staff in both buildings, while the cafeteria in the present building would become part of an enlarged restaurant. A meeting room would be included capable of seating 100 people at desks or 200 on chairs alone. The architect had provided for possible extensions, either above the cafeteria or by adding to the building on the north side.

The cost of the new building had been estimated at about Sw.fr. 68 million in November 1972, but the cost of building in Switzerland was rising by about 10% per annum, and that trend could be expected to continue. The Director-General had been asked to undertake discussions regarding financing with FIPOI. The Swiss Government, however, had recently imposed limitations on the new building, and was not at the moment prepared to lend the funds. That decision was not final and might be changed.

Broadly speaking, the Health Assembly had three possible courses of action. It could decide to go ahead with the planning and construction; it could decide to stop everything; and it could decide to continue with the plans, which were not yet complete. Delegates would probably not be prepared at the moment to envisage the first possibility, and the question was therefore whether it would be of greater benefit to the Organization to halt work now or to continue at least to the point of completing the plans. The Ad Hoc Committee's view was that it would be best to complete the planning, since it might not be easy to reassemble the team of architects and engineers at a later date. The funds for the planning stage were already available in the Real Estate Fund, and there was no question of additional funds having to be made available. Once the final plans had been completed a decision to build could be delayed, if necessary.

Sir George GODBER (United Kingdom of Great Britain and Northern Ireland) thought that Professor Aujaleu was right in saying that delegates could not envisage going straight on with the building, and so the possibilities remaining were to complete the plans at a cost of \$ 725 000 or to stop everything. He pointed out that the plans might be subject to revision, and it would be expensive to make such changes on the fully developed plans.

Moreover, different decisions might be made by the Health Assembly in the next three to four years. He wondered whether the inevitable demand for office space could not be met in other ways, for example by renting some accommodation in the new ILO building, which would be available by 1975. Uncertainty about the precise way in which WHO would develop must make the Committee doubtful about proceeding with the final formulation of plans. While money was available for the completion of the final plans, it was money that could be recalled if necessary for some urgent purpose and should therefore be conserved. He believed that the Committee should halt the project at the present preliminary stage and not proceed to final planning.

Dr RAMZI (Syrian Arab Republic), said that the Organization was facing considerable financial difficulties and the Executive Board was carrying out a study of the reorganization of headquarters staff. He therefore agreed with the United Kingdom delegate that the Organization should halt the project now and not complete the final plans.

Professor LISICYN (Union of Soviet Socialist Republics) said that the Twenty-fifth World Health Assembly, in resolution WHA25.37, had not only requested a report on the financial aspects but had also asked the Executive Board to institute a study on the optimum future headquarters staff level. The Director-General had submitted to the Board at its fifty-first session a preliminary report on that subject in relation to the development of WHO's activities, but the data available were not sufficient to enable a final decision to be taken. Moreover, in his report the Director-General had recognized that the organizational study on interrelationships between the central technical services of WHO and programmes of direct assistance to Member States, which the Board had recommended that it should undertake, might influence the final decision. That study would, in fact, enable the optimum future headquarters staff level in relation to possible future regionalization to be determined more accurately.

It appeared that the Swiss authorities were not able to give the necessary financial aid for the construction of the new building that the Organization had expected. As the Chairman of the Ad Hoc Committee had stated, it was already necessary to increase by 10% the estimate of Sw.fr. 68 million made in 1972, and it seemed clear that the final cost of the building would be considerably more than the preliminary estimates. Owing to currency fluctuations the 1973 budget had had to be increased by US\$ 6 million and all available casual income had been used up for that purpose. The 1974 budget was already 13% more than that for 1973 and that percentage would undoubtedly be increased by supplementary estimates. Moreover, the Health Assembly's decision to reduce the percentage of the maximum contribution in the WHO scale of assessment would mean that, sooner or later, the assessments of other Member States would have to be revised.

In view, therefore, of the uncertainty of the Organization's financial situation brought about by the international monetary crisis, his delegation would support the wise proposal of the delegate of the United Kingdom that no further work on the building project be carried out. The Health Assembly could consider the matter again when the situation was cleared.

Dr SUMBUNG (Indonesia) thought that the Committee needed additional information before it could come to a decision. In particular, he wished to be better informed on the financial constraints and on the reasons for urgency. The decision, when made, should be based on a projection of the WHO programme and on the consequent increase in staff, and the Committee should not concentrate simply on the financial aspect. He wondered whether a solution might be found in enlarging the existing building. If a new building was indeed urgently required, what was the latest date at which it would be needed?

Dr VASSILOPOULOS (Cyprus) recognized the urgent need for additional accommodation, but in view of the financial situation he was inclined to support Sir George Godber.

Dr SAENZ SANGUINETTI (Uruguay) said that before the requirements of the Organization could be estimated precisely it would be necessary to carry out the study on the redistribution of the staff. In the meantime, it would be wise to complete the planning of the building even at a cost of \$ 725 000, because if the work was stopped it would be much more expensive later on. He suggested, therefore, that the study should be completed and that the matter should be reconsidered by the Health Assembly at a later date, in the light of the new financial situation at that time.

Dr EHRLICH (United States of America) said that there would be a time lag of at least five years before the construction of the new building and that during such a period it was probable that the plans would have to be modified; it might therefore be better not to finalize them too soon. It seemed unwise to spend nearly three-quarters of a million dollars on a project that he found hard to visualize, especially when space would be available in the new ILO building. He suggested that the Secretariat should study that possibility and report to the Executive Board at its next session. He supported the United Kingdom delegate's suggestion to stop any further work on the project until the situation became clearer.

The DIRECTOR-GENERAL said that the Committee was considering an important problem. The comments made by the United Kingdom delegate, which had been supported by several other speakers, had substance and were related to the Organization's financial situation, but in his view, and in the light of the probable evolution of WHO's activities, there was no possibility that a new building would not be required. It should be borne in mind that even if a decision on the subject was taken in 1974, the building would not be ready for occupancy before 1978 or 1979. An investment had already been made in the study of plans for the building: the Committee must decide whether to complete those studies or whether to waste the money that had already been invested. Renting accommodation from the ILO, which had been suggested by two delegates, would involve considerable expense, since it would have to be on a commercial basis.

WHO headquarters was currently occupying two provisional buildings; the land for one of them had been granted for five years by the Swiss authorities, who would have to reclaim the land and demolish the building when the permanent link road with the Route de Ferney was constructed. It was unlikely that the plans, if it was decided to complete them would require any great modification at a later stage since they had been drawn up in relation to the land already purchased, the nature of which, taken in conjunction with the network of roads proposed by the Swiss authorities, imposed considerable constraints on the design. He therefore suggested that the Organization should be authorized to continue with the plans for the new building and that the final decision as to its construction should be taken in 1974.

Dr ALY (Egypt) said that he strongly supported the views expressed by the United Kingdom delegate in view of the present monetary instability and the uncertainty about how long the difficulties currently facing the Organization would persist. Furthermore, it was impossible to foresee the future size and pattern of staff requirements, which were to be the subject of further studies in conformity with resolutions adopted by the Executive Board and the Health Assembly. He thought that work on plans for the new building should be discontinued and the matter should be discussed further at the Twenty-seventh World Health Assembly.

Dr ONYANGO (Kenya) said that it was certain that WHO's programmes and staff would expand in view of the additional activities requested by many countries. It was true that WHO was currently facing financial difficulties, but the cost of building would inevitably rise and it was unlikely that the Organization's financial problems would disappear. He therefore supported the proposal that the studies on the plans for the new building should be continued.

Professor AUJALEU (France), speaking as the delegate of France, was firmly of the opinion that the need for a new building already existed since the temporary buildings were hardly adequate to house present staff and would sooner or later be demolished. If the decision was taken later it would cost more since prices were increasing by about 10% per annum.

His main concern was with the possibility of securing a loan, since that was the most advantageous way of financing any construction. He recognized that it would not be possible to start on the construction until a loan was granted, but if funds suddenly became available it would be harmful to the Organization if it had to delay a year or more in order to prepare final plans before it could take advantage of the offer. He therefore hoped that the Committee would recommend that the plans should be completed and that the actual construction should await an improvement in the financial position of the Organization and the availability of a loan. He did not consider that a delay of even three years in starting on the construction of the building would entail any considerable modification of the plans because the quantitative requirements would remain the same and it was unlikely there would be many qualitative alterations.

Professor FERREIRA (Brazil) said that there had been a considerable outlay of funds in order to reach the present stage of planning and it would be difficult to restart if continuity was lost. He therefore supported the French delegate's proposal. He hoped that when the building was eventually constructed, WHO would not need to reduce its scale, but to enlarge it.

Dr TAYLOR (New Zealand) agreed that a second permanent building was necessary. He therefore supported the proposal that the planning studies should be continued. He noted that the plans provided for further extensions if the present predictions of staff requirements were exceeded. His delegation would, however, prefer WHO to place the stress on regionalization and regional expansion.

Dr MORA (Colombia) agreed with the delegates of Brazil, France, and Uruguay that it was necessary to build a new headquarters building. He was of the opinion that the planning studies should be completed, in view of the money already spent on them, and that a final decision on the subject should be taken at a later date.

Mr ARMSTRONG, Director, Division of Personnel and General Services, replying to the suggestions of the United Kingdom and United States delegates regarding the possibility of renting accommodation in the new ILO building, which was scheduled to be completed in the latter part of 1974, said that WHO had been in contact with the ILO about renting office space until the completion of the new WHO building. The United Nations had already asked for an option on all the available space in the ILO building. However, the ILO had responded favourably to WHO's request to rent 100 offices, which was the estimated requirement between autumn 1974 and summer 1978, which was the earliest date at which the new WHO building could be completed. The ILO had made no commitment with regard to the duration of the tenancy and was at present asking an annual rent of about Sw.fr. 750 000 for 100 offices, which was comparable to commercial rentals in Geneva.

Delegates had wondered whether the plans for the new building would require much revision if there were a delay between the completion of the plans and the start of construction, and the United Kingdom delegate had pointed out that the Organization's needs might vary. The Director-General had already replied to that point, but he wished to remind the Committee that the Secretariat had required the architect to make his preliminary plans very flexible so that there would be provision for an extension if required and also the possibility of building fewer storeys if that were appropriate. No modification would be required in the basic design in order to adapt it to WHO's needs when the construction took place.

The CHAIRMAN said that two draft resolutions on the future requirements for headquarters accommodation had been submitted. He suggested that further consideration of the item be deferred until the texts had been circulated.

3. REAL ESTATE FUND: Item 3.18 of the Agenda (Official Records No. 206, resolution EB51.R50 and Annex 13; Document A26/25)

Professor VANNUGLI, Representative of the Executive Board, said that, as was his usual practice, the Director-General had submitted to the fifty-first session of the Executive Board a report on the status of projects being financed from the Real Estate Fund. That

report was reproduced in Official Records No. 206, Annex 13. At the time of the Board's session, the probable cost of some projects had been in excess of earlier estimates, whereas other projects would cost less than had been anticipated, but the overall excess was balanced by the Fund's accumulated interest earnings. There was therefore no need for an appropriation in 1973 to cover the immediate requirements of the Fund.

When the Executive Board had met in January 1973 it had been hoped that there would be a balance in the casual income account, after covering the supplementary estimates for 1973 and the programme and budget for 1974, which could be transferred to the Real Estate Fund in order to build up reserves to meet a considerable part of the total cost of the new Headquarters building, when the time came, in conformity with the provisions of resolution WHA25.38. The Board's resolution EB51.R50 had been framed accordingly. Unfortunately, as the Committee was aware from its consideration of agenda item 3.3, no funds would be available from casual income for that purpose.

In its resolution WHA23.14, establishing the Real Estate Fund, the Health Assembly had requested the Executive Board to carry out a triennial review of the Fund, the first review to be made during the fifty-first session of the Board. The Board had complied with that request and in resolution EB51.R50 had expressed its satisfaction with the operation of the Fund during the first three years.

Mr ARMSTRONG, Director, Division of Personnel and General Services, introducing the Director-General's further report (document A26/25), said that there had been few developments since the Director-General had submitted his full report to the Executive Board (Official Records No. 206, Annex 13). Some figures had required revision as a consequence of monetary developments since January. There had been some increase in the cost in dollar terms of activities being financed from the Real Estate Fund, but it was anticipated that the additional amounts could be covered from interest earnings in 1973 and that no additional appropriation would be required to deal with current projects.

Paragraph 7 of document A26/25 referred to the possible need to construct housing for project staff in south Sudan. UNDP had indicated that it expected to deal with the problem by constructing and managing housing units for all project staff in that area. It was hoped, therefore, that there would be no need to use the Real Estate Fund for that purpose.

Dr MIKEM (Togo), Rapporteur, read out the following draft resolution on "Staff housing in south Sudan":

The Twenty-sixth World Health Assembly,

Noting from the report of the Director-General on the Real Estate Fund that the Organization may need to provide housing units for its project staff in south Sudan if arrangements cannot be concluded with UNDP to provide such housing,

1. REQUESTS the Director-General to continue his negotiations with UNDP with a view to UNDP constructing and maintaining housing for the staffs of all the specialized agencies working in south Sudan;
2. AUTHORIZES the Director-General to finance the construction of housing for WHO project staff in south Sudan, should it become necessary, from any credits available in the Real Estate Fund that are not earmarked for other purposes and, as may be required, from the allotments of the projects concerned.

Decision: The draft resolution was approved.

Dr MIKEM (Togo), Rapporteur, read out the following draft resolution, which took the place of the proposal of the Executive Board in operative paragraph 2 of its resolution EB51.R50:

The Twenty-sixth World Health Assembly,

Noting the report of the Director-General to the fifty-first session of the Executive Board with regard to the status of the Real Estate Fund and the projects being financed from it;

Noting the additional information presented by the Director-General in his report to the Assembly;

Noting that at present no balance of casual income remains available for appropriation to the Real Estate Fund and that the Assembly is thus unable to give effect to the recommendation of the Executive Board in the second operative paragraph of resolution EB51.R50,

EXPRESSES its satisfaction with the operation of the Real Estate Fund during its first three years.

Decision: The draft resolution was approved.

4. HEALTH ASSISTANCE TO REFUGEES AND DISPLACED PERSONS IN THE MIDDLE EAST: Item 3.13 of the Agenda (Resolution WHA25.54, paragraph 4(b) and (c); Documents A26/21 and Add.1, 2, and 3, A26/WP/5 and Add.1 and Corr.1)

Dr BELLERIVE, Director, Division of Coordination, said that the report on the item (document A26/21) differed in form and content from its predecessors. The intention was to be concise while remaining comprehensive, and to be as objective as possible. The form had been adopted in compliance with resolution WHA25.54, in which the Director-General was requested, *inter alia*, to prepare a comprehensive report on the physical and mental health of the population of the occupied territories and to submit it to the Twenty-sixth World Health Assembly. The steps leading to the dispatch of a personal representative of the Director-General in order to collect material for the preparation of the report were summarized in paragraph 3 of document A26/21 and in Annexes 1 and 2 of that document. The second part of document A26/21 was devoted exclusively to the discussions held and the information obtained by the Director-General's representative during his visit to West Jordan, the Gaza Strip and the Sinai Desert, together with his observations. It did not contain any information on the state of health of the refugees and displaced persons: that aspect was dealt with in part III of the report on the basis of information provided by UNRWA.

The representative of the Director-General had not been able to visit all the places about which observations might have been made but he believed that he had visited the most significant places for the purpose of formulating some general conclusions. It was to be noted that the report referred to the situation as it appeared in March 1973. That situation could doubtless be interpreted in a number of different ways: part II of the report gave the facts as they had appeared to the representative of the Director-General. He emphasized that the report had not been prepared on the basis of information from any one state, but on the basis of on-the-spot observations and of discussions with Arab doctors and other Arab personnel with whom the representative of the Director-General had maintained constant contact. The Director of Health of UNRWA, Dr Sharif, would provide further information on the state of health of the refugees.

Dr SHARIF (United Nations Relief and Works Agency for Palestine Refugees in the Near East) said that the Palestine refugee community registered with UNRWA, which at present numbered some 1 523 000, clung tenaciously to the hope that ultimately an equitable solution to its problem would be found, pending which it continued what it believed to be its temporary sojourn in the Arab host countries and elsewhere.

In providing some 1 329 000 eligible refugees with their basic health service needs, UNRWA was guided by WHO's humanitarian principles and the laws of the Arab host governments. UNRWA welcomed the assistance it continued to receive from WHO in the technical direction and supervision of the Agency's health services.

Those services, simple as they were, were based on the concept of an integrated and comprehensive health programme designed to maintain and promote the health of the refugees to the extent feasible within the Agency's limited resources. A brief account of those services during 1972 was provided in document A26/WP/5 and Corr.1. The publication of the detailed annual report of the Director of Health of UNRWA for the year 1972 had been delayed for reasons beyond UNRWA's control.

Part III of document A26/21 related to the health of refugees and displaced persons in East Jordan and the Syrian Arab Republic and of the refugee population living in the occupied territories of West Jordan and Gaza, which were serviced by UNRWA.

Certain important gaps still remained to be filled in the health programme in order to make it more effective and productive, particularly in regard to a more complete coverage of the pre-school age group by the regular supervisory health care service; the provision of positive mental health guidance and medical assistance for needy pre-school and school children; inclusion of measles vaccination in the regular immunization programme; reconstruction of the remaining few unsatisfactory premises of health centres; addition of more clinical laboratories and specialized clinics at selected health centres; additional dental units and such equipment as autoclaves; and further improvements in environmental sanitation. Those improvements and additions, although very important, could not be made without the necessary funds.

Once again UNRWA faced financial difficulties, with a deficit currently estimated at about \$ 4.5 million in a total 1973 budgeted expenditure of about \$ 61 million. It was to be hoped that the financial difficulties would, as in the past, be overcome through the generosity of contributors. UNRWA was very grateful for the assistance it received from contributing governments, voluntary agencies, philanthropic societies and individuals, without which it could not fulfil its obligations and in particular maintain the health programme. It was also very appreciative of the understanding, cooperation, and assistance provided by the governments of the areas in which it operated, without which it would be unable to discharge its responsibilities, often under very difficult conditions.

Professor MAHFOUZ (Egypt) said that WHO had a great responsibility with regard to the health situation of the Palestinian refugees and displaced persons and of the population of the occupied territories.

Dealing first with the problem of the Palestinian refugees and displaced persons, he expressed his appreciation of the work done by the Health Department of UNRWA. However, referring to document A26/WP/5, he believed that the fundamental problem of the refugees remained a problem of alienation. Hence the only solution lay in allowing them to return to their homes. The health problem of the refugees was further aggravated by the constant Israeli attacks against them in their camps and tents. In that connexion, he referred to paragraphs 6 and 29 of document A26/WP/5 and to document A26/21 Add.2. The Secretary-General of the United Nations and the Commissioner-General of UNRWA had both protested against the Israeli operations and the United Nations General Assembly had deplored their inhumanity.

Furthermore, UNRWA's financial crisis was due in part to the Israeli attacks and the demolition of camps, since it had to spend large sums of money, which should have been used to meet the minimum human requirements of the refugees, on rebuilding. He hoped that the Health Assembly would lay emphasis on the need for the refugees to be enabled to return to their homes and, until that was done, strongly condemn Israel's demolition of their shelters. Paragraph 16 of A26/WP/5 and the table in Appendix 1 to that document showed the high prevalence of diarrhoeal and gastroenteric infections among the Palestinian refugees and indicated the great need for radical environmental changes for the refugees.

As regards the inhabitants of the territories that had been occupied since 1967, namely Sinai, Gaza, the West Bank of the Jordan, occupied Jerusalem and the Golan Heights, they should have been legally protected by the Geneva Convention of 1949, which had been ratified by both the Arab States and Israel. However, Israel had refused to implement the Convention, and had been condemned by the United Nations and other bodies for the destruction of houses, the massive transfer of population, and the collective punishment of the people in the occupied territories. Those inhuman acts created serious physical and mental health problems.

That fact, together with the deterioration and disruption of the health services in the occupied territories, created a situation in which WHO was called upon to take action with regard to the health of the population in those territories; otherwise, the people would be at the mercy of the occupiers. That was why the Director-General had been requested at the Twenty-fifth Health Assembly to submit a comprehensive report on the health conditions of those populations.

Turning to the health situation in Sinai and Gaza, he compared the medical services in Sinai prior to the occupation with the present position. Only two hospitals were now functioning in Sinai and Al Arish General Hospital, the main hospital, was operating on a skeleton staff. The situation with regard to health units serving villages was equally deplorable as compared with the position before 1967, and services for the nomad population had declined in the same way. The state of the hospitals in the Gaza Strip was deteriorating, and the nine blood banks at hospitals in Sinai and Gaza no longer existed. The number of medical personnel in Sinai had declined sharply. He referred delegations to document A26/21 Add.1 and the map that appeared on page 8 of the annex to that document for fuller details of the deterioration in the health services of the people of the occupied territories.

As a result of the prevailing conditions, in particular inadequate nutrition, and the deterioration of the medical services in the occupied Egyptian territory of Sinai, the incidence of tuberculosis was high, but the number of beds in the Bureij chest hospital, which served both Gaza and Sinai, had decreased and it was staffed by only one physician. There was a high prevalence of skin diseases, infantile diarrhoea, and ophthalmia in the village of Sheik Zouid in North Sinai, which had been served by a rural health unit prior to 1967. There were no such services in the villages of Sinai at the present time. Malaria was a problem in the Salmana area; because of the lack of local laboratory facilities in Sinai, cases were referred to Al Arish hospital for treatment but laboratory tests were performed in Israel.

His delegation would have liked to have before it comprehensive and scientific data about the population in the occupied areas, similar to those available on the health situation of the refugees. That would have enabled the Health Assembly to evaluate present health conditions in those areas. Accurate information was certainly needed. At the last Health Assembly his delegation had cited the case of the 10 000 inhabitants of Sinai who in January 1972 had been forcibly transferred from their homes into an arid area. A competent international organization which had sent a mission to the area in September 1972 had said that they had been concentrated in the locality for many months and were still there without any medical care, and that their physical and mental health had been seriously affected as a result. Yet at the last Health Assembly the delegate of Israel had stated that they had been temporarily removed from their area while military manoeuvres had been in progress but that they had then all been returned to their normal areas. During the same debate the delegate of Israel had promised to submit a full report on health conditions in territories administered by Israel, but no such report had been produced.

His delegation had hoped that the report submitted by the Director-General would have provided a much more comprehensive account of health conditions prevailing among the inhabitants of the occupied territories in general. The situation in which some of the population of three of its Member States suffered from inadequate health conditions, as well as being subjected to physical and mental disturbance by the occupying power, was one with which WHO was bound, under its Constitution, to concern itself.

Dr EL-YAFI (Syrian Arab Republic) said that to be a truly international institution an organization had to be really impartial and just in its judgements and in order to do so it had to obtain objective and accurate information. The contents of document A26/21 were based on two main sources. The first was the information provided by the Director-General's personal representative following his visit to occupied Palestine and some of the occupied Arab territories and the other was the information given by the Director of Health of UNRWA, which dealt only with the health of refugees and displaced persons.

A first reading of the part based on the observations of the Director-General's representative showed that it was full of unjustified personal views. He would like to ask the representative, for instance, whether he considered the occupied Golan Heights to be occupied Syrian territory or not. If the answer was in the affirmative, why had he failed to visit them, why did the hospital at Quneitra now serve only the military occupation troops, what had become of the dispensaries that had served the population of Golan before 1967; and why had he failed to visit Syria to see for himself the deteriorated mental health of the displaced persons?

The Syrian delegation was extremely disappointed that the report was so uncomprehensive and hoped that the Committee would recommend appropriate steps to enable the Director-General to implement resolution WHA25.54 in an acceptable manner.

Dr MASADEH (Jordan) said that the subject matter of the abridged report of the Director of Health of UNRWA on the physical and mental health of the population of the occupied territories and of populations served by UNRWA in the Middle East (document A26/WP/5 and Corr.1) was of particular concern to Jordan, in which the majority of the refugee community now lived.

The Government of Jordan had noticed the gradual deterioration of the health services provided for the inhabitants of the occupied West Bank since 1967. Developments in that area had included the conversion of a hospital in East Jerusalem into a police station; the closure and partial closure of clinics, including the complete closure of the Salfet clinic serving 10 000 people; the decrease in the number of hospital beds because of the shortage of drugs and equipment; the refusal to admit supplies and anti-cholera vaccine sent during cholera outbreaks on the occupied West Bank by the Jordanian Government through the Red Cross; the deportation of specialists to the East Bank, forcing the population to seek specialized medical care in Israeli clinics and hospitals; new regulations that obliged Arab patients who had received free treatment under Jordanian regulations to pay for their treatment; and the transfer of the Health Department in East Jerusalem, which had provided preventive and curative services to the Arab population, to another town. The aim of the Israeli authorities was to force the Arab population to seek medical care in Israeli hospitals and to create a state of confusion and misunderstanding among that population. Another aim was to force the Arab population to accept the situation, which could lead to a kind of collaboration, so that the Arab personality would no longer exist in the area.

He appealed to the Health Assembly to stop such measures and to safeguard the health and wellbeing of the Arab inhabitants of all occupied territories.

Mr AL-ADHAMI (Iraq) said that when an individual was appointed to carry out an important mission for an organization in the United Nations family, as was the case with the appointment of the personal representative of the Director-General to report on health conditions in the occupied territories, it was customary for the Member States, and particularly the States concerned, to be consulted. In the present case that had not been done and he considered the procedure adopted unacceptable, since several Arab States were directly concerned, and they should have been consulted both with regard to the appointment itself and the method of implementation of the relevant resolution of the Twenty-fifth World Health Assembly.

The report itself was incomplete. It did not cover the occupied Syrian territories and Sinai, with certain minor exceptions. He could not understand why the personal representative of the Director-General had not visited those parts of the occupied territories. He should have had the time to do so, since resolution WHA25.54 had been adopted in May 1972, or had impediments been placed in his way by the occupying power? If that were the case, it should have been made clear. Requests to certain Arab States for information had not been sent until 23 February 1973.

The report was also superficial, since it approached the question of the physical and mental health of populations on the basis of the existing staff and equipment. While they were important, other factors were equally important, and the personal representative of the Director-General had himself recognized that when he had referred to the fact that the new charge for doctors' and hospital services on the West Bank might well prevent patients from receiving attention. Moreover, the Director-General's representative had also recognized that there was a great shortage of qualified nurses in the occupied territories.

The statement in paragraph 19 of the report gave the impression that the occupants of the Gaza Strip were going about their daily occupations as usual and that there was no tension between the population and the occupying authority. In his view, that statement was superficial and hasty, as was borne out by the Report of the International Committee of the Red Cross for 1971, which referred to the destruction of dwellings and the request that ICRC had made to the Government of Israel to desist from such practices. Israel had replied that such measures were essential for the preservation of security in the occupied territories. The Committee on the Protection of Human Rights in Occupied Territories, reporting to the United Nations General Assembly at its twenty-seventh session, had referred to the evidence obtained by the ICRC and reached the conclusion that if the actions of the occupying power were not checked by the international community the result would be the total eradication of the original population. To sum up, his delegation rejected the report, which it considered incomplete, superficial, and partial. He hoped that the Health Assembly would take appropriate action to prevent a further deterioration in the mental and physical health of the population of the occupied Arab territories and condemn Israel for its action.

Mr HYSENAJ (Albania) said that it was well known that the health of the Arab population of the occupied territories had grown worse as a result of inadequate medical services and personnel. The very serious economic situation of the Arab population in the area, and its deprivation of all national, political and social rights, had increased the number of sick in the population and mortality among children, and had made the future uncertain for them. The Israeli Zionists, pursuing their aims to create a Greater Israel at the expense of the Arab countries, was carrying out a policy of mass extermination of the Arab population, by creating extremely difficult living and housing conditions, turning the people out of their homes, pillaging, and stepping up arrests, imprisonment, and torture.

The deterioration in the health of the Arab population of the occupied areas was a direct consequence of the imperialist Israeli aggression of June 1967 against the three Arab States. As long as that aggression continued, the serious health problem of the Arab population of those areas would not improve. Albania had repeatedly emphasized that justice, which was on the side of the Arab peoples, should be restored and the Israeli aggressors should withdraw unconditionally from all the occupied Arab territories and recognize all the legitimate rights of the Palestine people.

The super-powers that sought to consolidate their political, economic, and military presence in the Middle East were responsible for the maintenance of the cold war there. But the Arab people had already drawn the necessary conclusions and would reject the plots to deprive them of their sovereign rights.

The Albanian people and Government had always supported the just cause of the Arab peoples and the Palestinian people and their determination to regain possession of every inch of their territory. He would accordingly support any measure that would genuinely meet the interests of the Arab people and the unchallengeable rights of the Palestinian people, and the improvement in the deplorable health conditions of the Arab population of the territories occupied by the Zionist aggressors.

The meeting rose at 12.30 p.m.