



TWENTY-SIXTH WORLD HEALTH ASSEMBLY

VINGT-SIXIEME ASSEMBLEE MONDIALE DE LA SANTE

ДВАДЦАТЬ ШЕСТАЯ СЕССИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ

26^a ASAMBLEA MUNDIAL DE LA SALUD

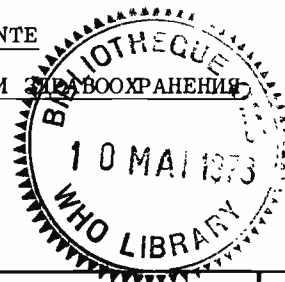
A26/VR/4

8 May 1973

8 mai 1973

8 мая 1973 г.

8 mayo 1973



INDEXED

PROVISIONAL VERBATIM RECORD	COMPTE RENDU IN EXTENSO PROVISOIRE	ПРЕДВАРИТЕЛЬНАЯ СТЕНОГРАММА	ACTA TAQUIGRAFICA PROVISIONAL
<p>FOURTH PLENARY MEETING</p> <p><u>Tuesday</u> <u>8 May 1973</u> <u>at 2.30 p.m.</u></p> <p>Palais des Nations Geneva</p>	<p>QUATRIEME SEANCE PLENIERE</p> <p><u>Mardi</u> <u>8 mai 1973</u> <u>à 14h.30</u></p> <p>Palais des Nations Genève</p>	<p>ЧЕТВЕРТОЕ ПЛЕНАРНОЕ ЗАСЕДАНИЕ</p> <p><u>Вторник</u> <u>8 мая 1973 г.</u> <u>14 часов 30 мин.</u></p> <p>Дворец Наций Женева</p>	<p>CUARTA SESION PLENARIA</p> <p><u>Martes</u> <u>8 de mayo de 1973</u> <u>a las 14,30 horas</u></p> <p>Palais des Nations Ginebra</p>

President

Président

Председатель

Presidenta

Professor Julie SULIANTI SAROSO (Indonesia/Indonésie/
Индонезия /Indonesia)

Note: In this provisional record speeches delivered in English, French, Russian or Spanish are reproduced in the language used by the speaker. Official Records volumes will subsequently be published in separate English, French, Russian and Spanish editions and will reproduce the text of speeches in the original language or in translation.

Corrections to this provisional record should be submitted in writing to the Chief, Records Service, Room A.225, within 48 hours of its distribution.

Note : Le présent compte rendu provisoire reproduit les discours prononcés en anglais, espagnol, français ou russe dans la langue utilisée par l'orateur. Les volumes des Actes officiels, qui seront publiés ultérieurement dans des éditions séparées anglaise, espagnole, française et russe, contiendront le texte original ou la traduction des discours.

Les rectifications au présent compte rendu provisoire doivent être remises par écrit au Chef du service des Comptes Rendus, bureau A.225, dans les 48 heures qui suivent la distribution de ce document.

Примечание: В настоящем предварительном стенографическом отчете о заседании, выступления, произнесенные на английском, испанском, русском или французском языке, воспроизводятся на языке оратора. Впоследствии тома Официальных документов будут изданы отдельно на английском, испанском, русском и французском языках, и в них тексты выступлений будут воспроизведены на языке оратора или в переводе.

Поправки к этим предварительным отчетам следует представлять в письменном виде заведующему службой отчетов о заседаниях (комната А.225) в течение 48 часов со времени их распространения.

Nota: En las presentes actas taquigráficas provisionales, los discursos pronunciados en español, francés, inglés o ruso se reproducen en el idioma empleado por el orador. En los volúmenes de Actas Oficiales que se publicarán posteriormente en ediciones separadas en español, francés, inglés y ruso, figurarán los textos de los discursos en el idioma original o traducidos.

Las rectificaciones que se hagan a estas actas taquigráficas provisionales se enviarán por escrito al Jefe del Servicio de Actas, despacho A.225, dentro de las 48 horas a partir del momento de su distribución.

CONTENTS

	<u>Page</u>
Celebration of the twenty-fifth anniversary of the World Health Organization	3

SOMMAIRE

	<u>Page</u>
Célébration du vingt-cinquième anniversaire de l'Organisation mondiale de la Santé . .	3

СОДЕРЖАНИЕ

	<u>Стр.</u>
Празднование двадцать пятой годовщины Всемирной организации здравоохранения	3

INDICE

	<u>Página</u>
Celebración del 25 ^o aniversario de la Organización Mundial de la Salud	3

CELEBRATION OF THE TWENTY-FIFTH ANNIVERSARY OF THE WORLD HEALTH ORGANIZATION
CELEBRATION DU VINGT-CINQUIEME ANNIVERSAIRE DE L'ORGANISATION MONDIALE DE LA SANTE
ПРАЗДНОВАНИЕ ДВАДЦАТЬ ПЯТОЙ ГОДОВЩИНЫ ВСЕМИРНОЙ ОРГАНИЗАЦИИ ЗДРАВООХРАНЕНИЯ
CELEBRACION DEL 25^o ANIVERSARIO DE LA ORGANIZACION MUNDIAL DE LA SALUD

The ceremony opened with music by the brass quintet of the Convivium Musicum of Geneva

Un morceau de musique joué par l'ensemble de cuivres du Convivium Musicum de Genève marque le début de la cérémonie

Церемония открыта музыкальной интерлюдией силами духового квинтета города Женевы

Inicia la ceremonia la música del conjunto de cobre Convivium Musicum de Ginebra

The PRESIDENT: The meeting is called to order. I declare open the formal celebration of the Twenty-fifth anniversary of the World Health Organization. It is my privilege and my pleasant duty on behalf of the Assembly to welcome our special guests, the representatives of the federal, cantonal and municipal authorities, in particular Monsieur H. P. Tschudi, Conseiller fédéral, chef du Département de l'Intérieur, représentant du Conseil fédéral suisse; Monsieur François Picot, Président du Conseil d'Etat de la République du Canton de Genève; Monsieur Louis Piguet, Président du Grand Conseil; Monsieur Jean Eger, Procureur général de la République et Canton de Genève; Monsieur Willy Donzé, Conseiller d'Etat; Madame Lise Girardin, Mayor of the City of Geneva; Monsieur Albert Chauffat, Président du Conseil municipal; the Secretary-General of the United Nations, Mr Winspeare Guicciardi, Director-General of the United Nations Office at Geneva, the heads of the specialized agencies, their representatives and those of the various bodies of the United Nations.

Message from the Secretary-General of the United Nations, delivered by the Director-General of the United Nations Office at Geneva

Message du Secrétaire général de l'Organisation des Nations Unies, présenté par le Directeur général de l'Office des Nations Unies à Genève

Послание Генерального секретаря ООН, переданное через Генерального директора Отделения ООН в Женеве

Mensaje del Secretario General de las Naciones Unidas transmitido por el Director General de la Oficina de las Naciones Unidas en Ginebra

The PRESIDENT: May I now call first upon Mr Winspeare Guicciardi to deliver the message which the Secretary-General of the United Nations has asked him to convey to us on this auspicious occasion.

Mr WINSPEARE GUICCIARDI, Director-General of the United Nations Office at Geneva: Madame le Président, Monsieur le Conseiller fédéral, Messieurs les Représentants des Autorités cantonales et municipales de Genève, Monsieur le Directeur général, Messieurs les chefs des organisations de la famille des Nations Unies, distinguished guests, ladies and gentlemen, the Secretary-General of the United Nations, Mr Waldheim, is extremely disappointed that he is unable to be here in person today - he is at the moment visiting Scandinavia at the invitation of the Nordic Governments. He has asked me to convey to you his congratulations and warmest good wishes on this historic occasion for your Organization. Disappointed though I know you must be that the Secretary-General is not himself present, it is for me personally a privilege and a particular pleasure to represent him today and to make a statement on his behalf.

This anniversary inevitably takes the mind back to the early days of the World Health Organization. Twenty-five years ago, on 7 April 1948, 26 states ratified the Constitution of WHO. Today your Organization has more than five times as many Members - indeed, it is close to achieving the universality of membership which is envisaged in your Constitution. But it is not the growth in number of Members which is the most significant achievement in the past 25 years. The first Article of your Constitution expresses clearly the primary

purpose and inspiration of the World Health Organization: "the attainment by all peoples of the highest possible level of health". "Highest possible" is a relative term which cannot be exactly measured, but there can be no doubt whatsoever about the very remarkable quantitative as well as qualitative achievements of your Organization during the last quarter century and its contribution to improving the health of peoples throughout the world. WHO has clearly demonstrated the catalytic role open to an international organization with precise objectives, a clear conception of its own part and consistency in its activities, however limited the resources may be at any one time in relation to the needs.

Your place in the United Nations family and system is a source of pride to us all, and the fact of our increasing cooperation in many areas enables us to supplement each other's activities more effectively. Without listing too many examples, I feel I must mention a joint activity in which your Organization has been a pioneer: the environment. But it would be wrong not to refer also to our common concern to implement the International Development Strategy for the Second Development Decade, or our joint efforts in the struggle against abuse of narcotic drugs, your continuing collaboration with UNDP and the long established and well recognized association with UNICEF. The United Nations Geneva Office is especially conscious of your efforts to provide assistance in emergency situations, and is witness to many instances where cooperation as an abstract concept has been translated into effective action at the working level.

While emphasizing, as is natural for the Secretary-General of the United Nations, the role of the World Health Organization within our system in promoting, according to the Charter, "solutions of international economic, social, health and related problems", and while drawing attention to the close cooperation which is so important to us all, this twenty-fifth anniversary must be the occasion to look more closely at WHO's accomplishments in the sector of its own specific responsibilities. One might touch on the most revolutionary results of your work in the health field, the control of mass communicable diseases and the initiation of programmes aimed at the complete eradication of these. But the indicator which, in our mind, most clearly summarizes, in statistical terms, the progress of mankind during the last 25 years is that of life expectancy at birth. No other measure expresses so clearly the remarkable change which has occurred. The average expectation of life at birth increased between 1950 and 1970 from 64.6 to 70.4 years in many developed countries. In the developing countries it increased during the same period by almost eight years from 41.7 to 49.6 years. Those figures not only tell us how much has been done, but the statistics for the developing countries make clear what still remains to be accomplished in the future. However, figures of this kind fail to reveal the more fundamental concern which we share for the quality of life. Throughout the world human beings are increasingly concerned about the quality of their lives. The World Health Organization has always fought for the cause of social development and can claim credit for the greater awareness which now exists for the social aspects of the development process. Your record in the past gives us confidence for the future.

Before closing, it must be right on this occasion to draw attention to the fact that the achievements of your Organization are in large measure due to the remarkable leadership of your Director-General. Mr Waldheim has asked me especially to convey his appreciation to Dr Candau, who will shortly be retiring after serving the World Health Organization and humanity so impressively for 20 years as Director-General. Dr Candau's contribution is generally known - and I am sure is very familiar to you all - in the field of competence of your Organization. What may be less widely appreciated is the very important contribution Dr Candau has also made to the working of the United Nations as a system. He has been unstinting with wise and often witty counsel and his wisdom will continue to bear fruit. May I conclude by congratulating Dr Candau on his most distinguished term of office, and saluting this Assembly on behalf of the Secretary-General on the occasion of this twenty-fifth anniversary.

The PRESIDENT: Thank you, Mr Winspeare Guicciardi. We are most grateful to Mr Waldheim for his inspiring message.

Address by the Representative of the Swiss Authorities
Discours du représentant des autorités suisses
Приветственная речь представителя Швейцарских властей
Alocución del representante de las Autoridades suizas

The PRESIDENT: Mr Hans Peter Tschudi, Conseiller fédéral, will now address the Assembly in the name of the Swiss authorities. Mr Tschudi, I am sure I interpret the feelings of the whole Assembly in saying how honoured we are by your presence today, and I have much pleasure in giving you the floor.

M. TSCHUDI, Conseiller fédéral, au nom des autorités suisses : Madame le Président, Monsieur le Président du Conseil d'Etat de la République et Canton de Genève, Madame le Maire de la Ville de Genève, Monsieur le Directeur général, Mesdames et Messieurs, c'est pour moi un très grand privilège que de pouvoir vous apporter, en ce bel anniversaire de l'Organisation mondiale de la Santé, le salut, les félicitations et les voeux des autorités suisses. Je les apporte au nom du Conseil fédéral, que j'ai l'honneur de représenter ici, au nom aussi du Conseil d'Etat de la République et Canton de Genève et du Conseil administratif de la Ville de Genève qui m'ont prié de les associer à un hommage que nous tenons à rendre, de concert, à votre organisation. Je ne saurais omettre d'ajouter qu'à travers ses autorités, c'est le peuple suisse tout entier qui participe à cette célébration.

La Suisse est heureuse et fière d'héberger l'Organisation mondiale de la Santé. Elle n'oublie pas que l'invitation à participer à la Conférence internationale de la Santé de 1946 à New York était la première à lui être adressée en vue de prendre part à une conférence internationale convoquée par les Nations Unies. Sa politique traditionnelle l'engageait à soutenir, dès le début, cet effort particulièrement nécessaire de la communauté internationale pour alléger les souffrances humaines et atténuer les antagonismes économiques et sociaux. C'est ainsi qu'elle a été le premier pays non membre des Nations Unies à devenir Membre de l'Organisation mondiale de la Santé.

Au même titre que d'autres organisations spécialisées des Nations Unies, l'Organisation mondiale de la Santé est désignée comme "organisation technique". Or nous savons que ses tâches sont plus que d'ordre technique seulement. Lorsqu'elle a été créée, il y a vingt-cinq ans, le monde était sous l'impression laissée par les destructions dues à la Deuxième Guerre mondiale. Le voeu de construire un monde meilleur et d'entreprendre ce qui était humainement possible afin d'éviter à tout jamais la répétition d'une telle catastrophe était ardent et présent partout. La conviction était unanimement répandue que, dans cet effort en vue d'un monde meilleur, une place prépondérante devait être accordée à l'amélioration de la santé physique et psychique.

Vingt-cinq années se sont écoulées depuis la naissance de l'Organisation mondiale de la Santé. Au cours de ces vingt-cinq ans, l'Organisation a traversé une époque qui, à la suite de découvertes spectaculaires, a fourni aux responsables de la santé publique des armes puissantes pour réaliser leurs tâches. Ces moyens ont même permis de propager l'idée que certaines maladies pouvaient être complètement éliminées et d'entreprendre la lutte avec cet objectif. Mais, d'autre part, l'évolution technique qu'a connue cette époque a fait apparaître des problèmes nouveaux, plaçant les responsables de la santé devant des tâches nouvelles. Pour la plupart, ces problèmes, l'homme les a créés lui-même, par ses propres progrès dans les domaines les plus divers. De ce fait, leur solution engendre des aspects nouveaux, d'un caractère et d'une ampleur particulière. Qu'il s'agisse de problèmes d'environnement, de la dynamique de la population, de la propagation des maladies transmissibles par le trafic moderne, ou qu'il s'agisse des maladies dites de la civilisation ou de la protection contre les effets secondaires indésirables des médicaments, tous ils ont en commun de ne pouvoir être résolus par aucun pays isolément. Même là où chaque pays doit choisir une solution propre à sa structure politique et à ses possibilités économiques, par exemple dans l'organisation du système de la santé publique ou de la sécurité sociale, il doit tenir compte de l'expérience des autres pays et des résultats de la recherche entreprise en commun avec eux.

Ainsi l'Organisation mondiale de la Santé, au cours de ses vingt-cinq années d'existence, est devenue en fait ce qu'elle doit être selon sa Constitution, l'"autorité directrice et coordonnatrice, dans le domaine de la santé, des travaux ayant un caractère international". La masse des tâches de santé publique ayant un caractère international ne peut qu'augmenter à l'avenir. On dit

de l'homme qu'il grandit avec les tâches qu'il doit accomplir. Nous sommes convaincu que cela doit aussi être valable pour l'Organisation mondiale de la Santé et nous sommes heureux que la Suisse, en tant que pays hôte du Siège de l'Organisation, puisse continuer de cette manière particulière à favoriser son activité. Nous avons toujours eu le souci de mettre l'Organisation au bénéfice des meilleures conditions d'accueil possibles. En plein accord avec les autorités genevoises, je puis vous assurer qu'il continuera d'en être ainsi à l'avenir.

Je voudrais ici, Madame le Président, Mesdames et Messieurs, rendre hommage à l'homme exceptionnel qui pendant vingt ans a présidé aux destinées de l'Organisation mondiale de la Santé et qui va prochainement la quitter, le Dr Marcolino Candau. Assisté de son excellent Directeur général adjoint, le Dr Pierre Dorolle, il a su mener l'Organisation de manière remarquable et lui attirer le respect de tous ceux qui ont participé à son oeuvre ou en ont bénéficié tout au long de cette période si riche en développements politiques et si chargée de problèmes complexes. Les autorités suisses et genevoises ont toujours eu avec le Dr Candau et ses collaborateurs des rapports empreints de confiance et de compréhension réciproques. Je tiens à l'en remercier, au nom du Conseil fédéral et des autorités genevoises, de la façon la plus sincère, et à lui présenter nos voeux les plus chaleureux pour une retraite au cours de laquelle, nous l'espérons, il continuera de mettre sa grande expérience et ses vastes connaissances au service de la santé dans le monde.

Madame le Président, Mesdames et Messieurs, le peuple et les autorités suisses continueront à considérer comme un privilège et comme un devoir l'appui qu'ils pourront apporter, dans la mesure de leurs possibilités, à votre organisation dans les années à venir.

The PRESIDENT: Thank you, Mr Tschudi.

Musical interlude

Interlude musical

Музыкальная интерлюдия

Intermedio musical

Address by the President of the Assembly

Discours du Président de l'Assemblée

Приветственная речь Председателя Ассамблеи

Alocución de la Presidenta de la Asamblea

The PRESIDENT: Monsieur le Conseiller fédéral, representatives of the cantonal and municipal authorities, representative of the Secretary-General of the United Nations, ladies and gentlemen, fellow delegates, 25 years ago in this same historic hall, the President of the First World Health Assembly solemnly declared "Each country has its own peculiarities, and what may be good for one may not be so good for another. But one basic truth applies to all of them, and that is that every individual has a fundamental right to health. If our new organization directs its activities positively in this sense, it will, no doubt, be crowned by lasting achievements."

The World Health Organization has stood firmly by this predication. Today, as representatives of Member States, we can confirm with pride that the health of every man was always at the centre of the Organization's preoccupations, the objective of its programmes and the motivation of its activities; as individuals our gratitude goes to all those who laboured in that sense.

In celebrating the twenty-fifth birthday of the World Health Organization, this Assembly will endeavour to appraise the past and decide in which direction to move in the future.

To appraise our achievements as well as our failures, we shall soon be listening to the revealing Report of the Director-General of our Organization on the path we have travelled together. No man is better qualified to give us this account.

At this point let me, dear guests and fellow delegates, turn my thoughts briefly towards Dr Candau who, after two decades as the chief technical and administrative officer of the Organization, has decided to retire from that high office. Dr Candau, when some

twenty years ago the World Health Assembly appointed you as Director-General and you took over the direction of the World Health Organization from your distinguished predecessor, the late Dr Chisholm, the Organization was endowed with a progressive philosophy and faith in its missions, yet it was still fragile in structure, inexperienced in functioning and little known to the world. In an extremely complex period of world history you have administered the Organization with exceptional talent and energy. No discovery potentially applicable to health has occurred without your immediate attempt to apply it in the Organization's programme. Under your leadership, the World Health Organization, with strikingly modest resources, has become a wonderful machinery and succeeded in playing a leading role in raising the standard of health the world over - be it in individual countries, on a regional or on a global basis.

Today, as your contemporaries, we all admire you for what you have done; tomorrow, you will go into history as a great humanitarian and a great architect of international health cooperation. On behalf of all of us, of all our peoples and governments, I thank you most sincerely for all that you have done in building a healthier world.

Ladies and gentlemen, fellow delegates, as we look at the conditions under which health action progressed, time and time again we realize that the World Health Assembly, the ultimate authority of the World Health Organization, has played a unique role. It was the World Health Assembly in the troubled postwar period which was the main initiator and organizer of health endeavours on a worldwide scale.

The First World Health Assembly, convened in the Palais des Nations, Geneva, on 24 June 1948, was attended by delegates of all except two of its then 55 Member States, observers from nine non-Member States, from the Allied Control Authorities and from the United Nations and five specialized agencies, the Office international d'Hygiène publique and the Pan American Sanitary Organization. One hundred and thirty-seven countries now belong to the World Health Organization. With the representatives of the People's Republic of China and Swaziland attending this Assembly, and with the admission of the Democratic Republic of Germany which has just taken place this morning the Organization is nearing true universality.

It is of historical significance that, at the 25 World Health Assemblies which preceded the present one, most major policy decisions on health matters were taken without dissenting voices.

From the First World Health Assembly, which touched upon a vast spectrum of health matters, from insulin supply and housing and town planning to malaria, tuberculosis, maternal and child health, and rural hygiene, no Health Assembly has passed without decisions being taken which marked a new milestone in mankind's continual struggle against disease.

Let me only mention in passing the First General Programme of Work adopted by the Third World Health Assembly, this programme having, in fact, covered all the major health problems of the time and foreseen many of the forthcoming ones.

In the field of communicable mass diseases, the historic resolution on the malaria eradication programme adopted by the Eighth World Health Assembly in 1955 in Mexico City initiated the largest international health action ever undertaken to solve the biggest public health problem of the developing countries. If, after 15 years, the progress has not been in all countries as was hoped, over 1.3 billion people have been either freed or protected from the disease. We hope that further development in this field will give protection to more people.

The eradication of smallpox has been one of the World Health Assembly's preoccupations since the first session, when it established a study group on smallpox. The series of decisions and events which followed led to the Eighteenth World Health Assembly's declaring the eradication of smallpox to be one of the major objectives of the Organization. The results of the worldwide campaign against smallpox thus launched in 1967 were quick to confirm the opinion of the Director-General of our Organization: "we can think in terms of its complete eradication within the space of the next few years".

Since the beginning, the World Health Assembly has continued taking interest in the application of earlier conventions relating to quarantinable disease, and has now developed a system of international surveillance more suitable to modern international traffic and adjusted to the changing epidemiological situation.

The lines for WHO's programme of activities in the field of human reproduction were laid down by the Eighteenth World Health Assembly in 1965 after its discussion of a report presented by the Director-General on programme activities in the health aspects of world population that might be developed by WHO. The concern expressed by many governments of developing countries about the slow rate of economic growth in relation to the high rate of their population increase and the United Nations demographers' anticipation that at its current rate of increase the world population will reach 6.5 billion by the year 2000 had to be taken into consideration by the World Health Organization, and the problem has also been intimately linked with family health. In tackling from the health and human genetics point of view the somewhat controversial problem of family planning, the Health Assembly noted that scientific knowledge with regard to the biology of human reproduction and the medical aspects of fertility control was insufficient. Since the Eighteenth World Health Assembly, these problems and the provision of services to the governments requesting the Organization's assistance have remained the preoccupation of each World Health Assembly.

The Health Assembly was also in the forefront in matters connected with the environment, and since the beginning it was mindful of the contribution to be made by the Organization in focusing attention on the adverse effect on human ecology of the many different forms of environmental pollution and problems associated with urbanization and population growth. The Twenty-fourth Assembly laid down the Organization's long-term programme in human environment, a programme of far-reaching importance.

The protection and improvement of our environment need, of course, a multidisciplinary approach. The solution of these problems requires considerable capital investments and human resources. Aware of this, the Assembly has invited "voluntary contributions from governments and other sources to accelerate the pace of effort and to extend the scope of activities now being limited by lack of sufficient funds".

Education and training is another activity in which the Health Assembly displayed energy and initiative. Already the First World Health Assembly had considered fellowships and medical literature, and the Sixth Assembly approved a plan for assistance to national training institutes. The shortage of health personnel has remained, however, critical, which led the Twenty-fourth World Health Assembly to reconsider the whole concept of training. To improve the situation we need not only to intensify our efforts in the training of national health personnel, but to adapt training programmes to the realities of health situations in each country.

It would take me too far if I tried to give even a scanty record of the past World Health Assemblies, the global analysis of specific problems made at various sessions. May I only add that, parallel with determining the policy and programmes in world health matters, the World Health Assembly, assisted by the Executive Board, also guided the constitutional, administrative and financial development of the Organization. For that purpose it has been reviewing every year the financial position of the Organization as well as its managerial and administrative evolution in a constant search for its most efficient and effective functioning. If the financial situation of the Organization remained sound throughout the past year, that is undoubtedly due to the budgetary policy and foresight of the Health Assembly.

When recalling the role of the World Health Assembly in the past 25 years, we are deeply indebted to those remarkable men who presided its sessions. Outstanding as national health workers, they were all great internationals as presidents. May we at this solemn moment remember more particularly those who have passed away: Professor A. Stampar, President of the First Assembly; Rajkumari Amrit Kaur, the first woman to hold this office in the Organization, President of the Third Assembly; Professor M. Khater, President of the Sixth Assembly; Professor J. Parisot, President of the Ninth Assembly; Sir John Charles, President of the Twelfth Assembly; Dr S. V. Kurashov, President of the Fifteenth Assembly; and Dr M. K. Afridi, President of the Seventeenth Assembly.

In remembering those who left an inspiring imprint on the life of WHO, another name sticks out - the name of Dr Brock Chisholm, the first Director-General of this Organization, whose devotion, imagination, courage and, above all, deep faith in the future of this Organization we tried to evoke this morning.

Ladies and gentlemen, fellow delegates, although much progress has been made in the field of health during the last 25 years, we should not be complacent about it. The centuries-old scourges like malaria, leprosy, cholera and tuberculosis still affect millions of human beings. The high population increase continues, accompanied by an accelerated migration from rural areas towards towns. In the developing countries the urban population is expanding at an unprecedented rate of over 4.5% a year, creating new, concentrated foci of disease and malnutrition.

Diseases deriving from development are increasing in the industrialized countries. Our waters also are becoming contaminated and the air we breathe polluted. There are many indications that the biosphere of our planet and the technosphere of man's creation may be getting out of balance.

It would be neither in harmony with this occasion nor in my capacity to indulge in listing the multitude of factors which shape our destiny and condition health developments. Nevertheless, we should not miss this solemn occasion to express our concern over the inadequacy of resources for health action. This inadequacy is even more striking when compared with the astronomic figure of over 200 billion dollars spent each year on armaments, a sum equal to the total incomes of all the developing countries on this earth.

This anniversary year is also the year of the first appraisal of the implementation of the International Development Strategy in the current Decade, in which so many hopes have been placed. As the appraisal action progresses, we will learn more precisely to what extent countries have been orienting their policies to fulfil their responsibilities with regard to the Decade's targets. There should be no illusions that action in the health sector will be greatly impaired if the transfer of resources and knowledge to the least privileged parts of the world does not meet justified expectations.

Today, we indeed stand at a fork on history's highway. The task to bring health to every home is a formidable one - but feasible, and within our reach. The world is far from utilizing the available resources to anything like their maximum potentiality for the welfare of mankind.

What we need primarily is more knowledge and better tools to tackle more efficiently the problems ahead. May I recall how right was my distinguished predecessor, Dr Layton, when, in his opening address yesterday, he stressed that in future WHO programmes should place new emphasis on multidisciplinary research. In this connexion, new priority should be given to community health research. The development of health services for the community requires not only the appropriate human resources and the financial means, but also a better knowledge of the many factors involved in establishing an adequate and effective health care delivery system.

The medical world has long been aware of the fact that we are all travelling on the same vessel and that there is no room on that vessel for a healthy part and a sick part. As we now turn towards the future, we know that only in working together in a truly cooperative endeavour can we continue to progress. Today, more than ever before, we realize how health problems, old or new, cannot be permanently solved in isolation by a single country.

In that context it is of primary importance to strengthen the World Health Assembly and perfect its functioning as a world forum which makes it possible to pool the political will of governments and the medical knowledge of health workers for analysing and promoting health development.

Let me express my firm conviction that every one of us present here will make the utmost contribution to that purpose and that this World Health Assembly, marking the 25 years of our Organization, will give new impetus to and open new vistas in the common march of all countries - rich and poor, small and big - towards the World Health Organization's ultimate goal, which is the attainment by all peoples of the highest possible level of health.

Address by the Chairman of the Executive Board
Discours du Président du Conseil exécutif
Приветственная речь Председателя Исполнительного комитета
Alocución del Presidente del Consejo Ejecutivo

The PRESIDENT: I now have much pleasure in giving the floor to Dr Molapo, Chairman of the Executive Board of the World Health Organization.

Dr MOLAPO: Madam President, Mr Federal Councillor, representatives of the cantonal and municipal authorities, Mr representative of the Secretary-General of the United Nations, ladies and gentlemen, fellow delegates, allow me, Madam President, perhaps at the risk of monotony, again to say I congratulate you on your election to the high office of President of this Twenty-sixth World Health Assembly, which marks the commemoration of 25 years of existence of this Organization and a quarter of a century of remarkable achievements in international health work and in the service of mankind.

By your eloquent speech which we have just heard, you have indicated to me the lines I should follow. You glanced back over 25 sessions of the Assembly, that supreme authority of this Organization. You talked about the function and characteristics of the World Health Assembly and its accomplishments. I feel, therefore, bound to review briefly on this memorable day certain features of what the Constitution has set out as a second organ of this Organization and the executive arm of the Health Assembly - the Executive Board of the World Health Organization. From Articles 24 and 29 of WHO's Constitution, the first characteristic of the Executive Board which emerges is its integrity. Twenty-four persons of outstanding qualifications in the field of health, designated by as many Members with due regard to equitable geographical distribution, exercise as independent experts and health administrators on behalf of the whole Health Assembly the delegated powers - thus the responsibility of the Executive Board members in connexion with their views and decisions goes wholly to the World Health Assembly and not to their own governments in any degree whatsoever. The Board members ponder, act and decide in their personal capacity. Certainly it is not easy for any health worker to detach himself from the problems and realities of his own country, but the experience of the 25 years has shown that all members of the Executive Board can transcend their national concepts and apply their varied experience to the needs of the world at large in a purely international spirit. There were also sincere attempts to convert the Board into a body made up of government representatives. Up to now, however, the view of the founders of the Organization has prevailed. They believed that the independence and technical character of the Executive Board were basic to the integrity of the World Health Organization and the fulfilment of its mission.

Article 25 of the WHO Constitution provides us with the second characteristic of this body, its continuity. Elected for three years with annual replacement of only eight of its members and with the possibility of re-election, the smooth running of the Board's work has never suffered, due to the sense of continuity which has prevailed from its first session to this moment. Another feature which cannot be found in any legal text, but which I am certain is felt by all of us who have served on the Board, is the educational impact that working on the Executive Board has on its own members. As scientists, health workers and pioneers in the health field of different culture and background, they learn to work together in multiple health matters, which inter alia enhances the value of the individual to his nominating government.

Regarding the many functions assigned to the Executive Board, consideration of the Organization's programme and budget ranks amongst the first. The Executive Board has been examining systematically and in detail each annual financial report and the proposed annual programme and budget with expertise and judgement which resulted in many observations and recommendations. The Board's analysis and conclusions prove to be invaluable to the Health Assembly in its consideration and approval of the Organization's annual programme and budget.

Carrying out studies known as the Executive Board's organizational studies is another function assigned specifically to the Board. These studies, dealing with diverse subjects, have been of particular importance in the search for the most efficient and effective operational and administrative functioning of the Organization. I shall mention here only a few examples. The first study concerned the organizational structure and administrative

efficiency of the Organization, in which the Board addressed itself to several matters such as staffing, including the maximum use of local personnel on field projects and geographical distribution. To develop effective coordination of WHO programmes with those of the United Nations, its organs and specialized agencies, the Board conducted two studies at an interval of six years; the analysis and findings of these studies led to the conclusion that coordination of health action with other components of development is most desirable. It further concluded that the Organization should continue to emphasize the role of health as a fundamental factor and an inseparable element in the development process, which should be duly taken into account in coordination arrangements. The Board's organizational study on medical literature services to members was another cornerstone in developing the Organization's policy in this matter. The study emphasized WHO's role in the development, coordination and improvement of biomedical communications, the improvement in the distribution of WHO scientific and technical publications, and the importance of medical libraries, with particular emphasis on the development of regional medical libraries. The last such study - which, as I mentioned this morning, is going to be submitted to this Assembly - is on methods of promoting the development of basic health services.

In assisting the World Health Assembly to frame the policy of the Organization in the planning of its activities, the Board has also prepared five general programmes of work covering the period 1952-1977, which were subsequently approved by the World Health Assembly. These programmes substitute for a rigid list of priorities a set of guiding principles elastic enough to take account of the needs and circumstances of individual countries so that they may be provided for in the Organization's programme. They have been basic to the development of the World Health Organization's action. The programme for the period 1973-1977 foresees that the Organization, while covering all other necessary fields of action within its financial and other limitations, will focus its attention on four major programme objectives - namely, strengthening of health services, development of health manpower, disease prevention, and promotion of environmental health.

Madam President, I venture to highlight only a few of the Board's outstanding contributions to the performance of the Organization during the past 25 years of its life. The Board has indeed performed its task efficiently, with serenity and integrity - for which honour is due to all those who have participated in its work and achievements. Achievements are exciting, but the faith which was the forerunner and continues to be the moving spirit of those achievements is of even greater importance. May I express my most sincere wish that it flourish as abundantly and in ever increasing measure in the hearts of individuals.

The PRESIDENT: Thank you, Dr Molapo. I shall now take my leave of those of our distinguished guests who find it difficult to stay with us until the end of the celebration. I would like to renew to them our deeply felt appreciation of their presence here on this auspicious occasion.

Musical interlude
Interlude musical
Музыкальная интерлюдия
Intermedio musical

The PRESIDENT: We will now have the privilege of hearing speakers from each of the six WHO regions. The speakers are, I recall, the delegates of the following countries, which have been designated by their respective Regional Committee: Guinea for the African Region; Brazil and Trinidad and Tobago for the Region of the Americas; Sri Lanka for the South-East Asia Region; Pakistan and Egypt for the Eastern Mediterranean Region; Belgium for the European Region; Laos and the Philippines for the Western Pacific Region.

Address by the delegate of the country designated by the Regional Committee for Africa
Discours du délégué du pays désigné par le Comité régional de l'Afrique
Приветственная речь делегата страны, назначенной Африканским региональным комитетом
Alocución del delegado del país designado por el Comité Regional para Africa

The PRESIDENT: I now give the floor to the first speaker, the delegate of Guinea.

Le Dr CAMARA (Guinée) : Madame le Président, Monsieur le Directeur général de l'Organisation mondiale de la Santé, honorables délégués, Mesdames, Messieurs, je voudrais tout d'abord remercier le Comité régional de l'Afrique de l'honneur fait au peuple de Guinée, à son parti et à son Gouvernement, en me désignant comme porte-parole de la Région africaine en ce vingt-cinquième anniversaire de l'Organisation mondiale de la Santé.

Madame le Président, honorables délégués, Conakry, capitale de la République de Guinée, vient d'abriter les dernières assises du Comité régional de l'Afrique, session au cours de laquelle tout le peuple de Guinée s'est mobilisé comme un seul homme derrière son grand leader, le Président Ahmed Sékou Touré, pour marquer sa totale confiance dans les destinées de l'Organisation qui, à travers son long et sinueux cheminement, s'est donné au cours de la dernière décennie une trajectoire dynamique conforme aux véritables intérêts de nos masses populaires. Sinueux cheminement en vérité, car pour nous, Africains, les premières années de l'OMS ont été très dures : la seule voix africaine qui retentissait dans les assemblées était celle du Libéria, durant de longues années. Que vouliez-vous qu'il fit un contre tous ? Et c'est alors la régionalisation, avec le siège de la Région de l'OMS pour l'Afrique en Europe, administré par des européens.

Ce rapide survol, Madame le Président, n'aura d'autre but pour nous que de mesurer le chemin parcouru, en voyant siéger aujourd'hui, non plus un seul Africain, mais un nombre considérable de fils authentiques de l'Afrique, représentant trente et un pays indépendants, souverains et libres, constamment préoccupés de l'avenir sanitaire des collectivités dont ils se sentent partie intégrante. En ce jour anniversaire de l'OMS, qu'ils soient remerciés tous ceux qui, de façons diverses mais déterminantes, ont permis le triomphe jour après jour du principe d'universalité de notre organisation. Et vous êtes de ceux-là, Docteur Candau, notre talentueux et courageux Directeur général, à qui il n'a manqué ni le tact, ni la persévérance, ni même parfois la témérité pour faire admettre que la santé, cette unité qui fait valoir tous les zéros de la vie, ne peut être assurée que sous la protection de toute la communauté des nations. Puissent ceux qui prendront la relève renforcer et faire fructifier au fil des années cet idéal d'humanisme universel que vous avez incarné, Docteur Candau, durant tout votre mandat, dans toutes les entreprises, dans toutes les dimensions de notre entreprise commune. Mais, Madame le Président, par la même occasion, permettez-moi de féliciter mes frères et soeurs qui se sont battus pour faire entendre la voix de l'Afrique sanitaire, car ils ont compris que, même dans ce domaine aussi, rien n'est donné, mais que tout se gagne et se mérite. Ils nous ont montré, ceux-là, que la santé comme la liberté est un droit inaliénable des peuples. En effet, l'humanisme de notre organisation, qui préside à la recherche constante de la promotion de la santé des peuples, n'est-il pas le même humanisme qui doit sous-tendre nécessairement nos efforts pour la conquête et la protection, partout et à tout prix, de la liberté et de la dignité de tous les peuples.

Madame le Président, honorables délégués, il est tout naturel que, fêtant l'anniversaire de notre organisation, qui fait aujourd'hui la fierté de toutes les nations, on dresse un bilan, et ce bilan est positif. Une institution qui a vingt-cinq ans d'existence et d'expérience a déjà traversé l'âge de raison pour atteindre sa pleine maturité à travers la spécificité et les approches sinueuses de la problématique sanitaire dans le monde.

Mais s'il est bon de parler de bilan de l'OMS dans sa Région africaine, nous croyons qu'il est encore meilleur d'appréhender et de bien analyser les raisons réelles du succès pour préparer de nouvelles victoires.

En effet, une des décisions les plus opportunes de notre institution a été de constituer des organisations régionales. Cette régionalisation des activités de l'OMS a permis de mettre sur pied dans les Etats Membres de la Région africaine des services mieux adaptés à leurs besoins tout en rendant plus responsables les autorités sanitaires nationales, mieux imprégnées que quiconque des réalités locales. La deuxième raison du succès est dans la recherche et la mise en application d'une véritable philosophie de l'action médico-sanitaire dans toute la Région africaine, impliquant l'unité complémentaire de la santé et du développement économique ainsi qu'une conception unitaire et intégrée des services de santé. Mais nous disons qu'un principe ne vaut que ce que valent les hommes chargés de son application. Aussi l'une et l'autre de ces raisons n'ont-elles pu être opérantes que grâce à l'existence, à la tête de la Région africaine, d'une équipe dynamique, profondément pénétrée des problèmes sanitaires africains et consciente de sa responsabilité devant l'histoire. A cela, s'ajoute la contribution singulière que vous, honorables délégués des pays africains, n'avez cessé d'apporter à la qualification de notre organisation lors de chacune des sessions du Comité régional.

Madame le Président, c'est munie de ces précieux outils que notre Région a défini les quatre options fondamentales déjà connues, c'est-à-dire le développement des services de santé de base, la lutte contre les maladies transmissibles, l'assainissement et l'hygiène du milieu et la formation du personnel médical. Dans l'un et l'autre de ces domaines, des succès ont été remportés qui font la fierté de notre Région et de l'OMS. Des résultats spectaculaires ont été obtenus dans le domaine de la lutte contre la variole, le pian, la lèpre, le paludisme. Cependant, pour consolider les résultats de ces campagnes de lutte contre les maladies transmissibles, l'OMS doit porter une attention particulière au développement des services fixes dans les collectivités rurales et améliorer partout et à tout prix l'hygiène du milieu. Il faut pour cela donner la priorité à la formation et à la surformation du personnel, c'est-à-dire de l'homme qui reste en définitive la source essentielle de tout développement véritable.

Mais, Madame le Président, à l'énoncé de toutes ces multiples tâches et malgré les résultats encourageants déjà obtenus, vous avez compris que, dans notre Région, le chemin qui mène au meilleur état de santé possible est encore jalonné d'obstacles sérieux. Pour tenter de les franchir rapidement et au moindre coût, laissez-moi confier à cette auguste assemblée l'économie de notre entreprise, c'est-à-dire l'expérience de mon pays, la République de Guinée.

En effet, aucun pays, aucun peuple n'a pu se constituer et se perpétuer sans avoir préalablement résolu d'une façon plus ou moins valable le problème vital de sa santé. Pendant des millénaires, les peuples d'Afrique se sont développés grâce à leur seul et propre génie. Sans aide extérieure, ils ont su résister à la nature, à la maladie, à la mort; ils ont utilisé leurs ressources intellectuelles, leurs capacités de travail pour mettre au point des remèdes qui leur ont permis de survivre et de prospérer. L'Afrique a donc effectué bien des démarches dans le domaine de la préservation de l'existence humaine et de son développement. L'organisation médicale en Afrique est ainsi et sans conteste antérieure au fait colonial, et l'Afrique a effectivement inscrit au registre du développement de la science, de la technique et de la technologie bien des ressources, bien des moyens propres à notre continent. Dès lors, il se dégage pour nous non pas un besoin de retour à l'authenticité, mais la nécessité historique d'exploiter et de valoriser cette médecine populaire en symbiose enrichissante avec la médecine moderne. Qui plus est, s'impose une nouvelle conception de la médecine pour la majorité, médecine de masse, qui doit être motivée auprès du peuple, assimilée, comprise, adoptée et pratiquée par le peuple. La médecine démystifiée doit être mise à la portée de tous dans ses notions fondamentales de traitement et de prophylaxie : c'est la condition et de son efficacité à moindre coût, et de sa valorisation à travers la pratique et le génie créateur de nos masses laborieuses. Dans nos pays en voie de développement, les tâches sanitaires sont tellement immenses face à nos possibilités que nous sommes condamnés à assurer au peuple et avec lui, avec sa participation consciente et permanente, la lutte contre les maladies et leurs causes. C'est à travers l'éducation sanitaire populaire permanente à la maison, car la santé commence à la maison, sur les chantiers, dans les usines, dans les écoles, dans les hôpitaux et les maternités, c'est à travers l'éducation que l'on pourra mettre avant longtemps la santé à la portée de tous.

Madame le Président, c'est parce que nous savons que les problèmes de santé qui se posent à nos pays sont encore innombrables et que tout problème dont le peuple se saisit et fait sien est un problème à moitié résolu, parce que nous savons aussi que les véritables solutions de nos problèmes ne viendront jamais du dehors, mais de nous-mêmes et de nos propres efforts, parce que nous croyons sincèrement que tous les peuples du monde possèdent des potentiels biologiques égaux leur permettant d'atteindre n'importe quel niveau de civilisation ou de pensée à condition qu'ils aient la volonté d'être et de faire l'histoire, parce qu'enfin nous sommes conscients que l'amélioration de la santé dans le monde concerne toutes les nations et que l'avenir appartiendra non pas à ceux qui pique-niqueront sur le sol lunaire, mais à ceux qui auront le plus fait pour l'humanité souffrante, voilà pourquoi, Madame le Président, au nom de la Région africaine, j'ai tenté de formuler rapidement quelques considérations qui me paraissent mériter votre haute attention. Et puissé-je avoir répondu en partie à l'attente de mes frères africains qui m'ont tant honoré et comblé aujourd'hui en singularisant à cette grandiose et historique cérémonie mon pays, la République de Guinée, et son peuple.

The PRESIDENT: Thank you, Dr Camara.

Addresses by the delegates of the countries designated by the Regional Committee for the Americas

Discours des délégués des pays désignés par le Comité régional des Amériques

Выступления делегатов стран, назначенных Американским региональным комитетом

Alocuciones de los delegados de los países designados por el Comité Regional para las Américas

The PRESIDENT: I now give the floor to the delegate of Brazil.

El Dr. MACHADO DE LEMOS (Brasil): Señora Presidenta, señor Director General de la OMS, distinguidos colegas que integran la delegación de los 137 países que componen la gran familia de la OMS, autoridades, señoras y señores: Es para mí una gran satisfacción dirigirme a esta augusta Asamblea para dar cumplimiento a tres misiones de especial relieve.

La primera es una honrosa deferencia que agradezco: interpretar el pensamiento de mis colegas que integran las delegaciones de los países de la Región de las Américas en esta ceremonia, en la que se conmemora el vigesimoquinto aniversario de la Organización Mundial de la Salud.

La segunda, de gran contenido histórico, expresar las esperanzas de los especialistas de salud pública y, por extensión, de los gobiernos de todos los países del mundo, en las conclusiones y recomendaciones de esta reunión, en la que van a discutir el planteamiento y la solución de problemas fundamentales de las ciencias biomédicas, con sus proyecciones internacionales.

La tercera, impregnada de sentimientos de afecto y gratitud, es saludar no sólo en nombre de las Américas sino también de todos los países de todos los continentes al Dr. Marcolino Candau, mi querido amigo y compatriota, y en la actualidad auténtico ciudadano del mundo, que en el presente ejercicio, por expirar su quinto mandato, va a abandonar la Dirección General de la Organización Mundial de la Salud tras 20 años consecutivos de labor altamente constructiva, casi un tercio de su vida, y un 80% del periodo de existencia de la OMS. Que esta gratitud se extienda al Dr. Chisholm, el primer Director General de la OMS.

No hay duda de que estamos viviendo un gran momento histórico de efusivo júbilo, en que los Estados Miembros se reúnen en familia y en este edificio de nobles tradiciones para conmemorar el aniversario de la OMS, que hace 25 años nació bajo la égida de la ciencia y del amor al prójimo, y cuyo objetivo básico es el bienestar físico, mental y social de la humanidad. Como consecuencia del gran acervo de conocimientos e innovaciones tecnológicas resultantes de la experiencia adquirida durante la Segunda Guerra Mundial, así como de los avances de la investigación biomédica en los primeros años del decenio de 1940, se hizo patente la conveniencia de que todos los países se asociaran en una acción conjunta y organizada en el campo de las ciencias biomédicas a través de un organismo internacional que los aglutinase en torno a los objetivos comunes.

En estas condiciones, el mundo dejaría de tener en el campo de la salud la configuración geográfica fragmentaria y aislacionista de un mosaico de países y, por la naturaleza universal de su problemática que exige la formulación de planes intercontinentales, pasaría a convertirse en una gran comunidad de salud.

De esta concepción doctrinal nació la OMS, fruto del cerebro y el corazón, símbolo y ejemplo del acuerdo científico de todos los gobiernos y de la fraternidad universal de todos los pueblos.

Nació con la vitalidad de una semilla que germina en tierra fértil, convirtiéndose en árbol fructífero a cuya sombra hoy se cobijan 137 países, bajo la protección efectiva de su asistencia técnica y financiera.

Esto ocurrió en 1945, en la Conferencia de San Francisco, cuando, al fundarse las Naciones Unidas, la delegación del Brasil - por indicación de uno de sus componentes, Geraldo de Paula Souza - juntamente con la de China propuso la convocación urgente de la Conferencia Internacional de Salud, que se celebró en el año siguiente, en 1946, en la ciudad de Nueva York.

En aquella ocasión quedó aprobada la Constitución de la OMS, que no entró en vigor hasta el 7 de abril de 1948, fecha de su ratificación por la Asamblea General de las Naciones Unidas, enfrentada entonces con la inmensa tarea de reconstruir un mundo mejor sobre los escombros de la Segunda Guerra Mundial. La acción de la OMS se amplió y diversificó progresivamente, definiendo prioridades y recomendando el establecimiento de metas específicas en las áreas programáticas de educación, planificación, enfermedades transmisibles, salud maternoinfantil, nutrición, saneamiento del medio, investigación y financiamiento.

En la Región de las Américas, cuyo análisis me incumbe especialmente por la representación que se me ha concedido, los resultados y el esfuerzo conjunto de la OMS y de la OPS son muy prometedores.

No estará de más recordar que en 1946, cuando se fundó la OMS, existía ya en las Américas una Organización Panamericana de la Salud que había sido fundada en 1902. Como esta Organización perseguía los mismos objetivos y se desenvolvía en el ámbito continental, en 1949 se decidió, con el fin de evitar duplicaciones representativas, establecer un convenio entre ambos organismos internacionales. Como consecuencia de este acuerdo, la Oficina Sanitaria Panamericana, órgano ejecutivo de la OMS, quedó convertida en Oficina Regional de la OMS para las Américas, enriqueciéndose así con un aflujo ininterrumpido de ideas, experiencias e innovaciones tecnológicas procedentes de todo el mundo.

En la Región de las Américas, el plan decenal de salud pública de la Carta de Punta del Este fijó las directrices para la formulación de los programas y proyectos de los distintos países en el periodo 1968 a 1971.

En octubre de 1972 se celebró en Santiago de Chile la Tercera Reunión Especial de Ministros de Salud de las Américas con un temario de gran contenido científico y social y con la finalidad principal de evaluar los progresos alcanzados durante el último decenio, establecer las directivas y metas debidamente cuantificadas y definir actividades, directrices y mecanismos que nos permitan satisfacer las aspiraciones e inquietudes de más de 300 millones de habitantes que constituyen la gran familia latinoamericana.

En su declaración final, los Ministros de Salud señalaron que todavía estamos lejos de alcanzar las metas señaladas, pero que el camino trazado orienta nuestra acción para que, mediante un análisis sereno de nuestros problemas internos en el ámbito de un mundo sin fronteras, se puedan sumar los esfuerzos y fortalecer los lazos de solidaridad que asegurarán a nuestros pueblos el desarrollo integral - es decir, físico, mental, social, cultural y económico - a que todo ser humano tiene derecho, haciendo así efectiva una justicia social en beneficio del hombre y de la colectividad.

Estamos persuadidos de que la magnitud y la complejidad de nuestra tarea provienen básicamente del propio concepto de salud en sus múltiples correlaciones intersectoriales de causa-efecto-causa y en su doble condición de componente básico y de objetivo síntesis del proceso global de desarrollo socioeconómico.

De acuerdo con este amplio concepto doctrinal, la salud, síntesis del equilibrio ecológico del individuo, abarca la totalidad del ser y adquiere la categoría y la universalidad de un derecho fundamental del hombre. Entretanto, la salud apenas constituye en sí misma un bien individual que interesa únicamente al que la posee; se trata de un derecho que por su origen y naturaleza engendra un compromiso tácito de retribución social: nadie tiene derecho a poseerla sin el deber consiguiente y necesario de utilizarla en beneficio de todos y solamente cuando es utilizada, la salud, que básicamente es un patrimonio personal, se proyecta y actúa sobre la sociedad como fuente creadora de riqueza.

Estimamos, pues, que la salud del individuo es un patrimonio inalienable de la colectividad y que figura entre los componentes básicos del proceso de desarrollo, con sus características de progresividad, proporcionalidad y contemporaneidad.

De este modo adquiere plena significación la afirmación de Maquiavelo según el cual "incumbe al higienista la tarea de preservar la salud y al hacendista la responsabilidad de utilizarla adecuadamente".

Nadie ignora que el hombre latinoamericano vive en un proceso myrdaliano de causalidad circular acumulativa, entre múltiples factores que se entrelazan en la composición de un círculo vicioso biosocioeconómico cuya área central se convierte en cementerio de niños, toda vez que el organismo infantil, que es la pieza más frágil del conjunto, tiende a registrar en su comportamiento físico y psíquico las perturbaciones socioeconómicas con la sensibilidad de un sismógrafo.

Y todavía Myrdal nos advierte que "el reciente y tremendo desarrollo de la ciencia médica, al facilitar y abaratar la prevención de la mortalidad (incluso cuando los niveles de vida son excesivamente bajos), tiende a debilitar el control de la población y, en consecuencia, a dislocar el equilibrio de estancamiento hasta un grado todavía mayor de miseria humana".

Como consecuencia, el prodigioso desarrollo de la salud pública, al facilitar la eliminación de las grandes endemias y al favorecer la adaptación ecológica del hombre, ha alterado algunas características demográficas provocando un descenso vertical de la mortalidad en innumerables países, sin una reducción concomitante de la natalidad y sin mejoría alguna de las condiciones económicas y culturales, en completa discordancia con las previsiones clásicas.

Así pues, en vez de disminuir, la natalidad tiende a aumentar a consecuencia de dos factores básicos:

a) mayor proporción de jóvenes que sobreviven y entran en la edad de la madurez biológica para la reproducción de la especie; y

b) mayor número de individuos que alcanzan los cincuenta años de edad, elevando (por ese aumento de la expectativa de vida) la capacidad reproductora de la población.

En estas condiciones, las tasas de mortalidad general y de mortalidad infantil en América Latina han sufrido un acentuado descenso durante los últimos decenios, al par que la natalidad permanece elevada, situándose entre las más altas del mundo. Con el aumento consiguiente de la expectativa de vida, la pirámide demográfica conserva y conservará durante un tiempo imprevisible la configuración típica de las estructuras eminentemente jóvenes, con bases amplias y simétricas y vértice progresivamente aguzado.

La tasa anual de crecimiento demográfico que, a principios de siglo, era de 1,8%, se ha elevado en los últimos cincuenta años hasta el nivel actual de 2,8%, lo que corresponde en valores absolutos (si el ritmo persiste, como se espera, en el presente decenio) a un incremento demográfico de más de 95 millones de habitantes hacia 1980, con lo que la población latinoamericana alcanzará la cifra de 284 millones de habitantes.

No hay que olvidar que esta vigorosa expansión demográfica, la más alta de todos los continentes, constituye una seria advertencia y un auténtico desafío a los hombres públicos, debido a sus consecuencias en todos los sectores de actividad.

Cabe deducir, pues, que si se mantiene el ritmo histórico de crecimiento económico (aumento medio anual de 2,6% del producto interior bruto en los últimos tres años), el problema de la desocupación estructural, objetivo fundamental de toda la estrategia del desarrollo latinoamericano, se agravará considerablemente y tendrá profundas repercusiones sociales por la incapacidad de absorción de los sistemas económicos vigentes. Según recientes estimaciones de la CEPAL, el 40% de la población económicamente activa de América Latina está desempleada y subocupada en profesiones de ínfima productividad.

La gravedad de esta problemática se pone de manifiesto si se considera que el 50% de la población latinoamericana, viviendo en condiciones materiales y culturales sumamente precarias, dispone de una renta per capita de apenas 120 dólares, mientras que los estratos sociales superiores, que ni siquiera representan el 5% de la población, disfrutan de una renta per capita de 2600 dólares y de niveles de vida similares a los de los países más desarrollados.

Evidentemente, no nos basta reducir la mortalidad y aumentar en consecuencia la expectativa de vida: no queremos solamente vivir más, sino que es indispensable vivir mejor, pues de lo contrario lo único que habríamos logrado es un aumento inadmisiblemente de angustias, miserias y necesidades.

Este incremento demográfico, en el contexto de una problemática multisectorial extremadamente compleja, entraña una creciente responsabilidad de naturaleza medicosanitaria y social, que sólo estaremos en condiciones de asumir si los gobiernos latinoamericanos deciden promover, con firmeza y pertinencia, como están haciendo, una reformulación de su política sanitaria y sobre nuevas bases estructurales y administrativas, con la indispensable asistencia técnica de la OMS/OPS y en conformidad con los requisitos básicos que aumentan la eficacia, reducen los gastos operativos y favorecen la concretización de los objetivos programáticos: planeamiento racional, organización y administración adecuadas de los servicios, formación y adiestramiento del personal e investigaciones científicas.

A pesar de las limitaciones de las medidas medicosanitarias de naturaleza sectorial, dentro de este complejo biosocioeconómico de amplitud intersectorial se impone la adopción de medidas destinadas a aumentar la protección, el fomento y la recuperación de la salud, especialmente en beneficio de los grupos de población más vulnerables (como gestantes, madres lactantes, niños de pecho y de edad preescolar) que no pueden, sin grave perjuicio, esperar los frutos tardíos del desarrollo económico, cuya viabilidad depende de la audacia con que se tomen las decisiones políticas para la implantación de reformas institucionales, estructurales, ténicoadministrativas y economicofinancieras.

La inmensa merma de población que todavía ocasionan las enfermedades evitables y la muerte prematura de grandes contingentes demográficos, antes o durante la fase económicamente activa de su existencia, es decir, sin haber contribuido con su esfuerzo a compensar los gastos que supuso su formación; la incapacidad temporal o definitiva para el trabajo; la subnutrición que afecta a

nuestras poblaciones, con sus nefastas consecuencias sobre el desarrollo físico y mental; las parasitosis múltiples que expolían el organismo y reducen la capacidad de aprendizaje de los escolares; la inaccesibilidad de grandes sectores de la población a las conquistas de la ciencia y la tecnología en beneficio de la salud; la magnitud creciente de las enfermedades mentales; la angustia de las poblaciones enfermas sin medios propios para recuperar la salud; en fin, éstos y otros problemas medicosanitarios que, con sus conexiones, contribuyen a frenar el proceso de desarrollo económico y social, pueden, deben y están siendo planteados más racionalmente para la implantación progresiva de soluciones adecuadas con la asistencia técnica de la OPS/OMS.

Es lícito admitir que el desarrollo de un programa medicosanitario bien elaborado, racional, objetivo y en consonancia con la realidad existente permitirá mejorar grandemente las condiciones de salud de América Latina.

Esto no significa que se pretenda sugerir, como objetivos asequibles a corto plazo y a través de medidas específicas de acción sanitaria, niveles de salud equivalentes a los encontrados en zonas con un alto grado de desarrollo económico. En realidad, no se conoce ningún ejemplo histórico de país o región de cualquier parte del mundo que los haya alcanzado sin lograr un desarrollo paralelo en otros sectores, especialmente el económico.

Un expresivo ejemplo de lo mucho que se puede hacer en el campo de la salud pública, pese a las condiciones socioeconómicas poco favorables de América Latina, es el acentuado descenso de la incidencia de las enfermedades infecciosas y parasitarias durante el último decenio. Las tasas de mortalidad por enfermedades transmisibles, por infecciones del aparato digestivo y del aparato respiratorio se han reducido, respectivamente, en la proporción de 48%, 44% y 26%. También se ha registrado una considerable disminución de la mortalidad y de la morbilidad causadas por infecciones contra las cuales se dispone ya de productos biológicos y quimioterápicos eficaces. Todavía merece mencionarse en este campo el control y la erradicación del paludismo, así como la inexistencia, desde abril de 1971, de casos notificados de viruela en las Américas.

Ahora bien, por mucho que ya estemos haciendo, sigue siendo poco en relación con lo que deberíamos hacer para atender la creciente demanda engendrada por la sorprendente expansión demográfica, así como por las aspiraciones mayores y más diversificadas de nuestras poblaciones. Este, precisamente, es uno de los objetivos básicos de la presente reunión, en la que estudiaremos las posibilidades de extender los servicios de salud para proporcionar una cobertura más amplia a las poblaciones urbanas y rurales. Necesitamos administrar mejor nuestros escasos recursos, evitando las duplicaciones de infraestructura tecnicocientíficas que, de hecho, representan un empleo inadecuado de las disponibilidades nacionales y una dispersión de las contribuciones internacionales. En las condiciones actuales no gastamos bien, es decir, produciendo el máximo posible con el mínimo de recursos disponibles y en el menor espacio de tiempo. Sucede exactamente el contrario, producimos poco en el mayor espacio de tiempo, aplicando el máximo de recursos de que nos es posible disponer en la coyuntura en que vivimos. Solamente si los gobiernos establecen las estructuras sobre bases racionales y en un contexto continental, ajustándose a directrices comunes, podrán proporcionar a la colectividad latinoamericana una asistencia integrada e integral oportuna, eficaz, suficiente e igualitaria.

Esta es, exactamente, la política adoptada por la OMS y la OPS; como otro expresivo ejemplo de cooperación multinacional cabe citar los Centros Panamericanos con destino a los cuales convergen los recursos internacionales en beneficio de todos los países, evitando duplicaciones y paralelismos dispersivos. Esta orientación se debe al profundo discernimiento, a la creatividad y a las excepcionales cualidades directivas y ejecutivas de Marcolino Candau y de Abraham Horwitz, que no son, permítanme que lo repita, idealistas divorciados de la realidad sino realistas impregnados de grandes ideales.

Señora Presidenta, no quisiera concluir sin felicitar a todos los gobiernos de los países Miembros por su afortunada elección y por el honroso privilegio de haber proporcionado a estas dos organizaciones internacionales de salud, la OMS y la OPS, durante tantos años, dirigentes de categoría tan excepcional como Marcolino Candau y Abraham Horwitz, a quienes tanto debe la salud pública del continente americano y del mundo.

La consecutiva y consagrada renovación de sus mandatos traduce el reconocimiento de los pueblos por su generoso desprendimiento, notable eficiencia y extrema dedicación a la lucha por el mejoramiento del bienestar físico, mental y social de la humanidad.

Y todo este esfuerzo de los organismos internacionales y de los gobiernos que los componen contribuye, en síntesis, a que el hombre se aproxime cada vez más al tipo humano ideal que debe contener las cuatro armonías biológicas de Gregorio Pende: la armonía de las formas, que es la belleza; la armonía de las funciones, que es la salud; la armonía de los sentimientos, que es la bondad; y la armonía de las facultades, que es la inteligencia. Agréguese a estas cuatro una más, que es la armonía social, producto de la justicia entre todos los hombres.

The PRESIDENT: Thank you, Dr Machado de Lemos. I now give the floor to the delegate of Trinidad and Tobago.

Dr HENRY (Trinidad and Tobago): Madam President, Mr Director-General, distinguished guests, fellow representatives of Member countries of the World Health Organization, it is indeed with a feeling of pride not unmingled with some diffidence that I have mounted the rostrum this afternoon to deliver the second address on behalf of the Region of the Americas. Let me say that Trinidad and Tobago considers its selection for this task a signal honour, giving meaning to expressions of inter-American solidarity and auguring well for continued international cooperation in the field of health and other areas of endeavour. In this connexion I give you greetings on behalf of the Right Honourable Prime Minister and my Minister of Health in the Government of Trinidad and Tobago.

Before I proceed further, Madam President, let me take this opportunity to congratulate you on your election to high office and pray that under your guidance this Assembly will come to speedy and wise decisions. This year, as the World Health Organization celebrates its twenty-fifth anniversary, the occasion is all the more auspicious as there are so many achievements on which WHO can look with justifiable pride. The First World Health Assembly, for example, assigned a high priority to tuberculosis control in WHO programmes. The initial task undertaken was the collection of information from all countries about the extent of the tuberculosis problem, the methods used for control, and the facilities and personnel available. Results showed that in most countries no reliable information could be obtained about the size of the tuberculosis problem. Later, WHO took over field responsibility for mass BCG vaccination programmes and was also in the forefront investigating the efficiency of anti-tuberculosis drugs. Today in many countries of the world the incidence of tuberculosis has fallen and once crowded sanatoria are now being utilized as chest or general hospitals. And in some countries where the incidence is very low the role of BCG vaccination itself is being debated.

But by far the greatest success story of the period has been, as other speakers have remarked, the battle against smallpox. Whereas in 1967 as many as 131 000 cases of smallpox were reported from 42 countries, 30 of which were considered endemic for the disease, in 1972 there were 65 000 cases of smallpox and the disease was endemic in only six countries. Little wonder, then, that two governments have dispensed with smallpox vaccination as a routine procedure, although maintaining it for people travelling to endemic areas and for all health service staff. However, WHO has quite wisely counselled that such a policy can only be followed by countries which have highly developed health services and good epidemiological surveillance.

Communicable disease, international quarantine - it fell to the World Health Assembly to replace the multiplicity of conventions by a single code based on modern epidemiological principles and to provide an international instrument which could be adapted to changing conditions; the health of the mother and her infant, nutrition, provision of potable water supplies were some of the matters that occupied the attention of the First Health Assembly. The resolutions of that first and other early Assemblies bear eloquent testimony to the noble ideas which inspire WHO. Over the years WHO has faithfully pursued health objectives to the benefit of millions of people all over the world, but especially to the benefit of millions of underprivileged citizens wherever they may be. By increasing the expectation of life at birth, by decreasing infant mortality, by virtually eradicating smallpox, by reducing the incidence of poliomyelitis, tuberculosis and malaria, and by executing many other successful programmes in the face of overwhelming odds, WHO has encouraged the world community to look to her for guidance and to participate actively in the work of the Organization.

The work of WHO is carried on through its Regional Committees, and we in the Region of the Americas belong to a regional health organization, the Pan American Health Organization, which has the unique distinction of antedating WHO, but which functions as any of the other five Regional Committees which comprise WHO.

The Pan American Health Organization, the Regional Committee of the World Health Organization for the Americas, has been fully alive to its responsibilities for promoting the health of the international community, and toward that end a most historic Meeting of Ministers of Health of the Americas was held in Santiago, Chile, in October 1972. The ministers, after a detailed review of the health situation in the Americas, agreed on a ten-year health plan for the Americas. The basis of the policy is three-fold: to increase the productivity of existing facilities, to extend the coverage of health services to the total population, including the rural population, and to raise the expectation of life throughout the hemisphere. Within this broad general policy, targets were set for the control of communicable diseases, maternal and child health and family welfare, nutrition, chronic diseases, environmental sanitation programmes, strengthening the supporting services of nursing, laboratories, epidemiological surveillance systems, and health education, and for the development of a health infrastructure and human, physical, and financial resources. Each national community is now required to adopt a strategy to achieve the goals it considers a priority.

It should be emphasized that the goals outlined for the Region of the Americas are in complete harmony with the objectives of the Fifth General Programme of Work of WHO, which was approved by a resolution of the Twenty-fourth World Health Assembly.

It should be noted, too, that with WHO's accumulated experience over 25 years, to some extent a shift in emphasis has taken place in WHO's programme. Vertical programmes against specific diseases like malaria, tuberculosis and smallpox are now becoming incorporated into general health services, and present emphasis is therefore on the development of a health service infrastructure which will provide protection against a spectrum of diseases peculiar to the community. The phenomenon of the brain drain, which has left many countries short of much needed skilled personnel, has stimulated the development of local as opposed to overseas training programmes wherever this is possible, and more and more the use of the auxiliary is being promoted.

The shortage of skilled manpower and the need for increased productivity in the face of limited resources is giving rise to manpower utilization studies and cost-benefit and cost-effectiveness studies, and there is increasing research into the delivery of health care to extend coverage in rural areas and marginal urban areas. Deficiencies in statistics and health information systems are being recognized as a basic constraint to improving health services, especially in less developed countries.

WHO is therefore now pursuing a role of giving direct assistance to governments, and collating and disseminating factual health information and promoting the national development of health information systems. WHO is also actively engaged in coordinating the health inputs of other specialized agencies, like the World Food Programme, UNICEF, and UNFPA, to mention but three. There is little doubt that WHO has been accomplishing a most difficult but essential task in a most efficient manner, and this is why today Member countries can reflect with pride, though not with complacency, on 25 years of achievement.

But plans and programmes remain paper plans and paper programmes unless implemented under the direction of wise leadership, and in its choice of leaders WHO has been singularly fortunate. However, even today, as we celebrate our twenty-fifth anniversary, we are aware that Dr Marcolino Candau, who has for the past 20 years served this Organization faithfully and well, has given us notice of his imminent retirement. I am confident that I echo the sentiments not only of the Region of the Americas but indeed of our entire membership when I say how thankful we are for the sterling contribution Dr Candau has made to the growth and development of this Organization. Dr Candau, may I, on behalf of those for whom I speak, take this opportunity to wish you many years of good health and happiness in your future career.

May I, in conclusion, extend to you, Madam President, ladies and gentlemen, sincere greetings from the Government and people of Trinidad and Tobago, and from the people of the Region of the Americas. Thank you.

The PRESIDENT: Thank you, Dr Henry

Musical Interlude
Interlude musical
Музыкальная интерлюдия
Intermedio musical

Address by the delegate of the country designated by the Regional Committee for South-East Asia
Discours du délégué du pays désigné par le Comité régional de l'Asie du Sud-Est
Выступление делегата страны, назначенной Региональным комитетом для Юго-Восточной Азии
Alocución del delegado del país designado por el Comité Regional para Asia Sudoriental

The PRESIDENT: I now give the floor to the delegate of Sri Lanka.

Dr WEERATUNGE (Sri Lanka): Madam President, distinguished delegates, ladies and gentlemen, it is an honour and a rare privilege to speak on behalf of the peoples of the South-East Asia Region on this twenty-fifth anniversary of the World Health Organization. I accept this task, which has been entrusted to me as Chairman of the twenty-fifth session of the Regional Committee for South-East Asia, in all humility. I greatly appreciate the confidence shown in me through my nomination to represent the countries of our Region.

Twenty-five years is a short period in terms of man's existence and life on this planet, but during this quarter of a century, there have been stupendous advances and achievements in science and technology of which mankind can be justly proud. It is not for me to speak of these technical and scientific achievements here today; suffice it to mention that they have contributed to the phenomenally rapid advance in medical science that one sees today. It is in this environment that the concept of health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity", has germinated.

Over one-fifth of the world's population lives in the nine countries of the South-East Asia Region which I represent here today. I speak for Bangladesh, a newborn, but old in its inheritance; for Burma, the land of the golden pagodas and famed in legend and history; for India, the great matrix of human civilization; for Indonesia, the jewelled archipelago of the Eastern seas; for the Maldives, the sparkling diadem in the Indian Ocean; for Mongolia, the country of the rolling steppe, whose people brought to life the silken route; for Nepal, the land of an intrepid people of the Himalayan foothills; for Thailand, the eastern bridgehead with its rich cultural heritage. I also speak for my little island home, Sri Lanka, where the stories of the centuries are enshrined in legend and in stone.

All these lands, with their varied peoples and vast problems, while remembering the common ties of the past, look forward to their common responsibilities in the future. With the sweeping winds of change that herald an awakening awareness, we are indebted to the World Health Organization, whose commitment to the attainment of the highest possible level of health by all peoples welds us together in a common effort. It is in the realization of this fact that the past bows down to the present, which in turn looks hopefully to the future. These are not mere empty words, but are born of the realization of the proud record of the World Health Organization.

Our Member countries, in a background of similar socioeconomic patterns and cultural ties, are confronted with nearly identical health problems. Low living standards and an insanitary environment were the lot of the rural masses. Large reservoirs of infection contributed to the spread of communicable diseases. Malnutrition and undernutrition were prevalent through the length and breadth of many of our lands. Inadequacies of training facilities for medical, paramedical and auxiliary workers were a serious setback in the implementation of health programmes. Management and supervisory services were not adequately developed. The scarce national resources for procurement and maintenance of equipment and transport created problems. The countries in this Region, which are all developing countries, found it difficult to lay down strict priorities and still more difficult to adhere to them. With new public health needs emerging and popular demand for modern medical facilities increasing daily, governments felt obliged to attempt the utmost instead of what was reasonably attainable.

The World Health Organization moved in to meet the challenge, knowing full well that its guidance would act as a catalyst to activate the processes towards necessary improvement. For a quarter of a century WHO has served our peoples through the South-East Asia Regional Office. Beginning with assistance in the prevention and control of communicable diseases, with eradication as the ultimate goal, it has energized Member countries in many other aspects of the war against disease. International staff working with national counterparts embarked on field programmes calculated to foster national and local self-reliance. Local needs and priorities determined the strategy of these programmes. Success achieved in demonstration projects to

combat communicable diseases causing high morbidity and mortality secured support for expansion into countrywide programmes. The acceptance of the importance of basic health services around which various health programmes could develop paved the way for long-term assistance in communicable diseases control.

Training programmes for national personnel to man the countrywide campaigns had to follow. The advantages of integrating curative, preventive and special disease control services were demonstrated in model health centres. The concept of community health had come to stay. Training programmes for professional supervisors, teachers and administrators were instituted to strengthen the administrative and supervisory machinery needed for the proper deployment and effective use of the increased number of trained health workers. WHO's assistance was more profitably utilized by introducing intercountry projects. Through meetings, seminars and conferences sponsored by the World Health Organization national authorities were provided with the forum to discuss their common problems. Fellowships granted to our medical and paramedical personnel exposed them to the methods and means adopted in other countries to combat health problems. Medical Research was sponsored and encouraged. For all this and more we are indeed grateful to the World Health Organization.

The battle against disease is still being waged. In man's attempt to solve existing problems he keeps on creating newer ones. In the process of relieving humanity from suffering, in the process of freeing this world from the torments and ravages of epidemic disease, in the process of improving our techniques, our skills, our remedies in saving life so sacred, in the process of rehabilitating those whom we have failed to cure, we have now a world teeming with human beings whose overall morbidity and mortality are lowered and whose lifespan is increased. We now face the biggest problem of the century, the population explosion.

Family planning programmes have assumed the highest priority in a number of our countries; in some they have been integrated into family health services. The World Health Organization, being conscious of the health of the mother and child as a prerequisite for a healthy nation, has given considerable assistance to these programmes.

With over population arises the need for increased provision of the physical necessities that support all physiological and industrial activity, which means an increased demand for food, raw materials and fuel. The consequent exponentially increasing environmental pollution has created a multitude of problems. This planet is not vast enough nor blessed with the unlimited resources necessary for the sustenance of an ever-expanding population.

Will environmental pollution step in to relieve us of the problem of over population? Should we wait for this merciful release? If we want to survive, we should have as our goal a harmonious estate of economic, social and ecological equilibrium of this planet. We shall have to redefine our goals and readjust our values at individual, national and global levels. While looking ahead for further technical guidance from the World Health Organization in the future, when the fate of the human race will be in jeopardy, we must here register our deep appreciation and gratitude for the tasks accomplished in our Region in the 25 years we leave behind us.

I shall thank all Members of this Organization, so ably led by Dr Candau, for their valuable guidance, personal interest and willingness to work in close collaboration with us in the delivery of total health care to our people. However, in the race against extinction, in the programming for survival, let us as members of the world community not remain complacent in the groove of distinct organizations. Let us not be hemmed in by manmade walls, and let us all with resolution address ourselves to the total effort in the interest of mankind, so that the entire might of the United Nations family is mobilized to achieve happiness for us in our own lifetime and for generations yet to be born.

The PRESIDENT: Thank you, Dr Weeratunge.

Address by the delegates of the countries designated by the Regional Committee for the Eastern Mediterranean
Discours des délégués des pays désignés par le Comité régional de la Méditerranée Orientale
Выступления делегатов стран, назначенных Региональным комитетом для Восточного Средиземноморья
Alocuciones de los delegados de los países designados por el Comité Regional para el Mediterráneo Oriental

The PRESIDENT: I now give the floor to the delegate of Pakistan.

Mr QAYYUM (Pakistan): Madam President, Mr Director-General and distinguished delegates, it is a great privilege to speak today as the leader of the Pakistan delegation on the happy occasion of the twenty-fifth anniversary of this distinguished Organization. Indeed, it was an honour done to my country when the last Sub-Committee A session of the Regional Committee for the Eastern Mediterranean, held in Amman in September 1972, resolved that the representative from Pakistan to this World Health Assembly would be one of the two to speak on behalf of the Region. I am grateful to the Region's Members for this signal honour.

Madam President, the fact that this Organization has not merely survived a quarter century but has seen its membership rise from 55 at the first Assembly to 137 at the time of this twenty-sixth is, in itself, an eloquent testimony to its truly important role and popularity. The last year was an outstanding milestone in its history, when a most significant addition to its membership, that of the great People's Republic of China, took place.

Let us now see how it has traversed the path towards its goal of positive health for all mankind. I believe, to pay true homage to this Organization on its twenty-fifth anniversary, it will be in the fitness of things to do dispassionate stock-taking and appraisal of its activities and achievements, as well as to do some pre-thinking about its future plans in the context of present-day trends.

Speaking on behalf of the Members of the Eastern Mediterranean Region, as I do, I would limit my observations to the activities of WHO as they affect this particular region only. The first task of WHO in this region was to meet urgent requests of governments for assistance in control of communicable diseases. Such programmes still account for almost half the total public health expenditure in the region. The disease most prominent in this region in the first decade of WHO's life was malaria. Iran, Iraq, Lebanon and Syria embarked on eradication programmes while others like Egypt and Jordan were busy with preparations of their respective plans for action.

Maternal and child health formed an important part of many country health programmes and WHO assisted Egypt, Iraq and Syria in epidemiological surveys of bilharziasis by making field trials. Increasing industrialization led to requests from Egypt and Iraq for occupational health surveys.

The first decade was also marked by a predominance of short-term projects with hardly any comprehensive long-term planning. In the second decade, the formulation of plans for social and economic development became accepted government policy in most countries of the region. WHO can rightly claim its due share in promoting this happy trend. Lack of trained manpower, both medical and paramedical and their auxiliaries, however, continued to be the major obstacle in the execution of the plans. WHO therefore rightly emphasized assistance in the field of education and training of health personnel of all levels. The countries helped included Ethiopia, Syria and Tunisia, where new schools grew up through the provision of teaching personnel by WHO as well as supplies and equipment. Fellowships for undergraduate education were also provided for those countries which had no medical schools of their own.

In connexion with the control of communicable diseases, the idea of malaria eradication was accepted by almost all countries of the region. Nine were carrying out full-scale programmes. These included Pakistan. Four others were in their pre-eradication phase. Quite a number of fellowships were granted for training of malaria personnel. Unfortunately, cholera, which was absent from this region in the first decade, reappeared during this time.

Several countries developed national programmes for the control of schistosomiasis and WHO assisted in particular Iran, Iraq, the United Arab Republic and Libya. Seminars, group meetings and training courses were organized in many places.

Tuberculosis was the leading cause of death in the Region and, as such, high priority was rightly given to a controlled programme. Similarly, programmes for smallpox eradication were organized in some countries with comparable priority. Besides these, environmental health, nutrition and mental health programmes were developed.

Coming now to recent years of the life of WHO, I would like to mention that the attack on communicable diseases has developed some difficulties as against the progress which it made in the first and second decades. Malaria eradication, for example, has faced difficulties due to the vector becoming resistant to DDT. While Jordan, Syria and Tunisia showed good results, programmes in Afghanistan, Iran and Iraq ran into difficulties. Iran and Iraq have since succeeded in overcoming the difficulties. Pakistan, however, continues to be beset with the problem of lack of resources for procurement of necessary insecticides. Above all, it is apparent that DDT will soon have to be replaced by other insecticides, of which malathion may be the most appropriate, particularly because BHC - the cheaper one - is not available in the required quantities.

There has been significant progress in smallpox eradication. Of the four endemic countries - Afghanistan, Pakistan, Ethiopia, and Sudan - it is gratifying to state that Afghanistan has eradicated the disease and the other three are making satisfactory progress.

The recent situation in respect of cholera is very heartening. No case has been reported since 1971 in the Region, thanks to the preventive measures being taken by the governments and the vigil kept by WHO.

All this indicates that great strides have been made by this Organization during these twenty-five years of its existence, but a lot still remains to be done. More and more attention needs to be given to environmental sanitation; no investment in direct control or eradication programmes for communicable diseases is going to pay dividends unless sanitation is improved. The Director-General has very rightly made a reference to this important need in his annual report. This is the problem of the countries in my Region. I would appeal to the distinguished delegates that, in planning for the future in this Assembly, due importance be given to this single item.

Many countries of the Region are now producing drugs on their own, for the purpose of providing cheap drugs to consumers. They require a large measure of assistance for quality control, and WHO, we hope, will be generous in this respect.

Finally, Madam President, may I refer briefly to the bold and forthright reference by the Director-General in his report to the paradox of the desirability of universal membership on the one hand and to making WHO's relations with Member countries contingent upon certain conditions on the other. We wholeheartedly endorse his noble sentiments in the matter. I would like to add that it is similarly important to adhere more strictly to the principle of making WHO's assistance to various regions and countries proportional to the size and quality of their own efforts in the planning of their health measures. In this way, WHO can stimulate more earnest efforts to give due place to the health sector in national planning.

To conclude, Madam President, I would like to thank Dr Candau and the Regional Director, Dr Taba, who during their long association with the Organization have contributed such a lot towards the progress so far made by the Organization. I particularly want to add the humble tribute of our Region to the many tributes paid to Dr Candau on the eve of his retirement for the excellent services rendered by him throughout, and I wish him the best of health and the best of luck in all his endeavours.

The PRESIDENT: Thank you Mr Qayyum. I now give the floor to the delegate of Egypt.

Professor MAHFOUZ (Egypt) (Interpretation from the Arabic): Madam President, Mr Director-General, ladies and gentlemen, we are now celebrating a historic and uniquely important occasion which occurs but once every century. For this reason I feel deeply honoured and most sincerely privileged to address you on behalf of the Eastern Mediterranean Region.

When WHO was established on the 7th of April 1948, the entire world was groaning under the yoke of severe wounds caused by the Second World War. Mankind in its agony was desperately seeking humanitarian touches of sympathy and enlightened concern which would relieve the unprecedented catastrophes resulting from that ferocious war - catastrophes which were caused by the lunacy of power, the rapacity of violence and the avarice of aggression - bringing in its wake devastation of the values of life, denial of the march of civilization.

and refusal to acknowledge the most basic human rights. Mankind became a field for experiments of power and violence. The long history of civilization was violated and the social and economic march of mankind was subjugated by the worst kinds of exploitation and racial discrimination.

Amidst this absolute darkness there emerged the dawn of the World Health Organization, spreading light everywhere and bringing hope and relief to the suffering millions of the world's population. Twenty-five years have elapsed during which the Organization advanced steadily and we with her, fully conscious of the landmarks of our footsteps along the way. It is now time for us to pause a while, both to look in order to assess our past for the good of our future and to mobilize our resources in order to proceed anew, armed with the same steadfast determination and purpose with which we began this great endeavour to serve mankind only twenty-five years ago. Let us deepen our commitment and make firm our dedication to pursue achievement of new goals and ever noble objectives.

Now, Madam President, the question arises, what was WHO during this quarter century? The reply to such a question has many aspects. WHO was and is a great hope for mankind. It is also a unique and successful endeavour of concerted action by and for mankind.

There is no need for me to review the many spheres of WHO's activity - humanitarian, social, economic and political. Nor is there a necessity to go into details about the enormous achievements of WHO in combating disease, providing manpower training and sponsoring scientific research. Neither is it necessary to explain the major role played by WHO in promoting the fully human spirit of cooperation among all peoples of this planet, nor the great debt we owe WHO for its clarity of vision in defining the concept "health". There is no need for me to describe all these activities and achievements. All of us here are indeed well acquainted with them since we are privileged to have "lived WHO" from its very beginning even to the present.

Now let us look ahead to the future awaiting us, to the long road ahead on which we shall march with our Organization to the greater prospects and ever larger objectives we aspire to achieve in our endeavour to provide better health conditions for every human being who lives on this good earth.

Let the motto of this silver anniversary continue to be ours for the coming stage in the history of WHO. Those few and simple words "Health begins at home" are deep in significance. They symbolize a philosophy, a path and a doctrine. They are representative of a full programme of services which can embrace numerous schemes, and tremendous activities in all the varied fields of public health. So let us adhere to this motto while proceeding purposefully along the road of our commitment to mankind. May God Almighty give us guidance and crown the efforts of the World Health Organization with success!

The PRESIDENT: Thank you, Professor Mahfouz.

Musical interlude

Interlude musical

Музыкальная интерлюдия

Intermedio musical

Address by the delegate of the country designated by the Regional Committee for Europe

Discours du délégué du pays désigné par le Comité régional de l'Europe

Выступление делегата страны, назначенной Европейским региональным комитетом

Alocución del delegado del país designado por el Comité Regional para Europa

The PRESIDENT: I now give the floor to the delegate of Belgium.

Le Professeur HALTER (Belgique) : Madame le Président, votre charme et votre compétence éclairent d'une lumière particulière ce vingt-cinquième anniversaire.

La Région européenne a souhaité, par ma voix, se joindre à l'allégresse générale de ce vingt-cinquième anniversaire de l'Organisation mondiale de la Santé.

Madame le Président, Monsieur le Directeur général, le quart de siècle qui vient de s'écouler permet de faire quelques constatations réconfortantes.

En tout premier lieu, il est clair que la sagesse de ceux qui, en 1946, rédigerent la Constitution de l'OMS a permis que notre organisation réalise son étonnant travail au bénéfice de la santé des peuples dans une atmosphère de solidarité et de fraternelle sollicitude pour tous les deshérités du monde.

En second lieu, la compétence, la sagesse et l'autorité du Directeur général, le Dr Candau, dont le nom restera désormais indissolublement lié aux destinées de cette période, ont puissamment contribué à l'épanouissement de l'Organisation et à ses innombrables actions. Les Etats Membres de la Région européenne éprouvent et désirent exprimer leur mélancolie devant l'accomplissement d'une carrière de vingt années particulièrement riche d'expérience, d'enseignements et de sollicitude humaine. Que tous ceux qui ont collaboré avec lui au grand oeuvre trouvent ici l'expression de notre gratitude et de notre admiration.

Madame le Président, j'aurais pu, en ce moment, tenter de revoir le passé de l'action du Bureau régional dans ce grand ensemble d'efforts accomplis au profit de l'humanité. Je me bornerai toutefois à rappeler la mémoire des deux anciens Directeurs, le Dr Begg et le Dr Van de Calseyde, aujourd'hui disparus, et à dire combien les Membres de la Région apprécient les qualités du Directeur actuel, le Dr Kaprio, qu'ils ont adopté avec enthousiasme et dont l'action bénéficie du soutien de tous.

La Région européenne, en fonction du principe même de la régionalisation, se voudrait homogène dans ses préoccupations et dans la réalisation de ses programmes. Elle s'étend cependant de l'Atlantique au Pacifique et elle intéresse trois continents : l'Afrique, l'Europe et l'Asie. Elle réunit des peuples chez qui l'histoire a fait naître des structures sociales et politiques différentes et dont, par ailleurs, l'évolution économique se situe encore à des niveaux différents. Certains pourraient penser à des contradictions d'idéologie et d'ambition. La réalité est toutefois, au sein du Bureau régional de l'Europe, bien plus réconfortante.

Malgré la diversité des conceptions politiques et des situations économiques, une grande harmonie en matière de préoccupation de la santé s'est installée, et une sympathie personnelle et réelle anime les travaux que poursuit le Bureau. Sur une surface de plus de trente millions de kilomètres carrés, une population de près de huit cents millions d'hommes et de femmes constituent cette Europe élargie que le Bureau régional se doit de servir.

Ses programmes s'inspirent, certes, des grandes options prises par l'Assemblée mondiale de la Santé mais, de plus, les caractères propres de la Région impriment un certain nombre de tendances spécifiques qui se manifestent dans les projets et recherches particuliers. Si l'aide au développement s'impose en faveur de quelques pays Membres, le développement socio-économique atteint par les autres conditionne des actions orientées davantage vers une étude et une recherche en commun approfondie dans les secteurs dits de pointe. La caractéristique des programmes de la Région gît dans l'importance accordée aux efforts des experts et à la recherche promotive.

La coexistence de systèmes politiques et économiques très différents, loin de constituer une source de difficulté, se révèle au contraire souvent fructueuse. L'Europe se caractérise aussi par un souci très net des pays de s'associer dans des contextes multinationaux de diverses ampleurs et de compétences spécifiques. C'est là une manifestation évidente de solidarité entre pays ayant des préoccupations ou des intérêts communs et le régionalisme exprime la vocation de certains groupes de pays à oeuvrer ensemble au bénéfice de leur développement.

La Communauté Economique Européenne, aujourd'hui élargie à neuf pays, et le Conseil de l'Europe constituent, à l'ouest, deux de ces ensembles, auxquels on se doit d'ajouter, à l'est, le Conseil d'Entraide économique. Il y a lieu de se réjouir des liens qui se sont établis entre le Bureau régional et ces organisations.

Le rôle sans cesse plus important joué par les fonctionnaires du Bureau de Copenhague dans les divers comités qui s'occupent de problèmes de la santé en Europe donne aux actions de ceux-ci une valeur accrue et en assure l'efficacité. Cette forme de collaboration donne aux pays de la Région européenne une garantie accrue d'efficacité dans les efforts et contribue à prévenir les doubles emplois et la multiplication non cohérente des initiatives et des travaux entrepris.

L'avenir de l'Organisation mondiale de la Santé et de son Bureau européen, étroitement lié au développement harmonieux de l'humanité, est au centre des préoccupations des pays Membres.

L'ampleur sans cesse croissante du nombre et de la complexité des problèmes qui se posent en matière de santé dans le monde, et en particulier en Europe, force à la réflexion et à la prévision. Dès à présent, des perspectives à moyen terme ont été tracées et les préoccupations définies pour les cinq ou six années à venir.

L'enseignement et la formation de personnel de santé (médecins, infirmières, ingénieurs, administrateurs), de même que la définition du rôle que ce personnel de santé doit jouer,

constituent, avec les problèmes de la planification sanitaire, un des thèmes qui préoccupera notre monde pendant longtemps encore.

La lutte contre les maladies dégénératives, et plus spécialement les affections cardiovasculaires (tribut que nous payons à la civilisation de consommation) et la santé mentale sont un autre thème de soucis.

La lutte contre les pollutions du milieu, les recherches en épidémiologie, les recherches opérationnelles en santé publique en sont encore un autre.

L'organisation communautaire des soins, l'élaboration de programmes d'action en ophtalmologie, le développement des laboratoires de santé publique, l'éducation sanitaire des populations et les actions de protection et de promotion de la santé compléteront cette énumération de thèmes repris au programme à moyen terme du Bureau régional.

L'avenir plus lointain est plus malaisé à dépeindre, mais je ne puis m'empêcher de citer ici le rapport étonnamment lucide que vient de publier, pour le Conseil de l'Europe, notre cher collègue Aujaleu, dont cette Assemblée connaît depuis ses origines le talent et la compétence. Pourquoi chercherais-je à faire une vaine tentative de prévisions originales devant cette étude prospective dans le domaine de la santé publique, qui envisage à la fois les caractéristiques du milieu au cours des vingt prochaines années, les situations qui en découleront fatalement et les multiples conséquences qu'il faut en attendre pour l'homme et sa santé.

Notre tout aussi estimé collègue Venediktov, de son côté, a esquissé ses vues sur l'avenir et le développement de certains concepts et programmes à long terme pour l'OMS, reconnaissant lui aussi combien les services de santé publique ont un rôle fondamental à jouer dans le développement socio-économique des peuples.

En formulant les trois actions de base que doivent développer les services de santé (je cite) :

- développement de la recherche et de la connaissance biomédicale comme seule base possible des mesures de plus en plus complexes pour protéger et promouvoir la santé;
- application de la prévention des maladies par des mesures individuelles ou collectives et surtout la protection de la santé des nouvelles générations et l'hygiène du milieu;
- offrir à tous les citoyens un diagnostic précoce des maladies et les moyens de les traiter et d'assurer leur réhabilitation;

il a résumé les objectifs que toute la Région doit s'assigner.

L'esprit qui anime l'un et l'autre des auteurs que je viens de citer résonne indiscutablement en harmonie lorsque l'un et l'autre développent leurs préoccupations et leurs suggestions, révélant par là, d'une manière évidente, la cohésion des conceptions en matière de santé publique à travers toute la Région européenne.

Madame le Président, il sera nécessaire, au cours des prochaines années de poursuivre l'effort en commun et, pour cela, j'aimerais plaider, une fois de plus, en faveur d'une recherche en commun pour apporter à la notion de santé une précision et un consensus général plus grands encore. La notion de "bien-être", dont fait état notre définition actuelle de la santé, a un caractère trop vague et permet des interprétations multiples tant par la conception du bien-être individuel momentané ou permanent que par la conception d'un bien-être collectif dont la perception peut trop facilement être influencée par des facteurs extérieurs, par l'information orientée, par la publicité ou encore par les autres moyens que peut employer un régime désireux de plier la population à ses volontés. En joignant les efforts de ses Membres, l'Organisation mondiale de la Santé doit pouvoir établir et affirmer des critères d'appréciation du bien-être et le niveau auquel on doit l'établir.

Les tendances et les problèmes de la démographie et de l'optimisation des structures des populations, face au cadre de vie dans lequel elles peuvent et doivent vivre, devront être approfondis de leur côté, et seule l'Organisation mondiale de la Santé a le crédit nécessaire pour poursuivre et mener à bien la recherche des solutions dans ce domaine. Les problèmes du cadre de vie, du milieu, de la nutrition doivent être pris en considération prioritaire dans les programmes futurs de notre organisation.

Les conséquences funestes du stress de la vie moderne, l'abus de la drogue, les toxicomanies et la santé mentale postulent de leur côté de nouveaux efforts.

C'est en joignant les efforts de tous que nous pourrons, tant à l'échelon des Régions qu'à l'échelle mondiale, réaliser enfin dans la paix à laquelle nous tenons tant le bonheur des citoyens du monde.

The PRESIDENT: Thank you, Professor Halter.

Addresses by the delegates of countries designated by the Regional Committee for the Western Pacific

Discours des délégués des pays désignés par le Comité régional du Pacifique occidental.

Выступления делегатов стран, назначенных Региональным комитетом для западной части Тихого океана

Alocuciones de los delegados de los países designados por el Comité Regional para el Pacífico Occidental

The PRESIDENT: I now give the floor to the delegate of Laos.

Le Dr ABHAY (Laos) : Madame le Président, Monsieur le Directeur général, honorables délégués, Mesdames et Messieurs, comme la plupart de nos collègues, je ressens vivement, en ce jour solennel, l'honneur qui est fait à mon pays et à ma personne de m'adresser à vous au nom de la Région du Pacifique occidental, avec l'honorable délégué des Philippines, à l'occasion du vingt-cinquième anniversaire de l'Organisation mondiale de la Santé.

Un quart de siècle est passé depuis que, en 1948, l'Organisation naissante affirmait dans sa Constitution son aspiration à un effort universel pour l'amélioration du niveau de santé de tous les peuples du monde, plaçait les gouvernements en face de leurs responsabilités dans ce domaine et attirait l'attention sur le danger que comporte l'inégalité des pays dans leur lutte contre les maladies transmissibles et l'amélioration générale de la santé.

La Région OMS du Pacifique occidental est une des régions du monde où ces trois différents concepts revêtent une particulière signification, étant donné son étendue, la diversité des pays qui la composent et les différences extrêmes dans le niveau de développement économique et social de ces pays.

Si nous passons en revue les progrès réalisés au cours de ces vingt-cinq dernières années pour la Région du Pacifique occidental, nous pouvons constater que la plupart des pays économiquement avancés de la Région ont pratiquement résolu leurs problèmes concernant les maladies transmissibles.

Le pian a pratiquement disparu grâce aux traitements systématiques à la pénicilline.

En dépit de l'existence de méthodes simples, efficaces et peu onéreuses pour prévenir ou combattre la tuberculose et des efforts faits dans ce sens pour maîtriser cette maladie dans la plupart des pays de la Région, la tuberculose demeure encore dans beaucoup de pays du Pacifique occidental un problème majeur de santé publique. De grands progrès restent encore à faire sous l'égide de l'OMS pour une meilleure organisation des services et l'intégration de la lutte anti-tuberculeuse dans les services de santé de base, conditions réelles du succès de toute campagne contre un fléau social donné.

Le paludisme existait à l'état endémique dans la plupart des pays de la Région à l'exception de la partie nord du Japon, du sud du continent australien, de la Nouvelle-Zélande et des îles de la Polynésie dans le Pacifique sud. On estimait, dans le début des années 50, que la population exposée au risque de paludisme était de 420 millions de personnes. Aujourd'hui, grâce aux efforts entrepris avec le concours de l'Organisation, on peut dire que huit pays ou territoires ont atteint l'éradication du paludisme avec des moyens conventionnels ou par des mesures de lutte appropriées. L'éradication est en cours dans trois pays de la Région et l'OMS assiste des projets de lutte antipaludique dans sept pays ou territoires. On estime aujourd'hui qu'il reste environ 80 millions de personnes encore exposées au risque de paludisme.

Le succès de l'éradication de la variole, entreprise par l'OMS à l'échelon mondial dès 1967, doit être signalé. En effet, la Région du Pacifique occidental est pratiquement indemne de ce fléau depuis 1964 et les efforts entrepris avec l'aide de l'OMS pour maintenir les pays de cette Région dans cette heureuse situation ont été jusqu'ici couronnés de succès.

J'aimerais signaler aussi les efforts faits pour élucider les problèmes épidémiologiques du choléra El Tor, dont les premières manifestations épidémiques furent longtemps contenues aux Célèbes avant de se répandre par poussées successives aux Philippines et à Java, puis récemment au reste des continents européen et africain et, plus récemment encore, au Pacifique sud. Dès 1968, des travaux de recherche ayant pour thème l'importance de l'amélioration des mesures sanitaires dans l'épidémiologie du choléra El Tor ont été menés à bien avec la collaboration de l'Organisation aux Philippines et permettent d'entrevoir beaucoup de solutions pratiques pour enrayer les progrès de la pandémie que nous subissons actuellement.

Un autre aspect mérite notre attention et doit être souligné si l'on veut rendre compte des progrès réalisés pendant les vingt-cinq dernières années de l'Organisation. Nous avons su, grâce à la haute compétence de ceux qui conseillent ou qui dirigent l'Organisation, adapter les programmes et les priorités aux besoins des pays du monde et accroître notre efficacité dans toute la mesure du possible. Cette adaptation des programmes aux besoins sera peut-être, lorsqu'on jugera avec plus de recul, un des grands pas réalisés dans les vingt-cinq premières années de l'OMS. Je me bornerai à décrire les grandes options choisies qui me semblent déterminantes pour l'ensemble des pays développés ou en voie de développement en matière de santé.

Tout d'abord, l'organisation et le renforcement des services de santé est certainement l'option majeure choisie par l'Organisation pour l'utilisation de ses énergies. Ainsi, dans notre Région, de grands projets de renforcement des services de santé sont en cours dans les pays les moins développés; ces projets permettront de mieux planifier, diriger et améliorer les services de base, et de dispenser au plus grand nombre possible de populations les services élémentaires dont elles ont besoin ou qu'elles réclament. La lutte contre les maladies transmissibles entreprise souvent indépendamment jusqu'ici s'en trouvera renforcée et plus efficace, parce que pouvant atteindre de façon permanente le maximum de population possible. Le renforcement des services de santé de base a été encouragé dans divers autres domaines, notamment celui de la santé de la famille comprenant les services de PMI et la planification familiale chaque fois que les pays en ont exprimé le désir, celui des laboratoires de santé publique, de l'amélioration de la collecte et du traitement de statistiques vitales et de morbidité, etc.

Ensuite, l'accent a été mis sur la formation du personnel de santé et nous assistons à un développement considérable de projets dans la Région du Pacifique sud dans ce domaine. Le Laos, pour sa part, bénéficie grandement de cet effort de l'Organisation à l'Ecole royale de Médecine de Vientiane pour la formation des docteurs en médecine et des assistants médicaux, à notre école d'infirmières diplômées, et pour la formation des auxiliaires - infirmières accoucheuses; j'énumère ces catégories de travailleurs de la santé à dessein, pour montrer comment nous avons pu choisir, grâce à l'action de l'OMS, les types de personnels les plus adaptés à nos besoins réels, et ce n'est pas un des moindres bienfaits de l'Organisation que celui d'être arrivé à un tel résultat. En effet, dans toute la Région du Pacifique occidental, les mêmes objectifs ont été poursuivis : ce sont l'assistance dans une approche planifiée pour le développement des personnels de santé, l'accroissement du nombre et de l'efficacité des personnels de santé d'encadrement en harmonie avec les besoins des pays, la stimulation de la formation des personnels auxiliaires à tous les niveaux, l'encouragement à développer les nouvelles méthodologies de formation professionnelle, et l'utilisation des nouveaux moyens pédagogiques, ainsi que le recyclage du personnel de santé.

En troisième lieu, il convient de souligner combien, durant ces vingt-cinq dernières années, les progrès ont été sensibles dans beaucoup de pays dans le domaine de l'assainissement et de l'hygiène du milieu. De grands efforts encouragés par l'OMS dans le domaine de la distribution de l'eau potable et de l'évacuation des matières usées ont pu être couronnés de succès grâce au concours de l'Organisation. La pollution industrielle reste un grand problème surtout dans les pays plus développés, et l'encouragement de l'OMS pour identifier les problèmes et mesurer leur ampleur a été particulièrement appréciable. Il reste encore beaucoup à faire dans ce domaine, mais on pressent que l'OMS met en oeuvre des moyens techniques et une part de ses ressources humaines de plus en plus importante pour aider les pays du monde dans sa lutte dont l'issue est l'amélioration de la qualité de la vie et l'élimination des nuisances nées de l'activité de l'homme moderne.

Je voudrais, pour terminer cette trop brève revue des activités de l'OMS, signaler son rôle toujours plus bénéfique et toujours grandissant dans les domaines des communications et de la recherche.

Grâce au système d'information réciproque à l'échelle mondiale développé par l'OMS durant les vingt-cinq dernières années, les divers pays du monde peuvent maintenant mieux connaître l'évolution des épidémies, mieux surveiller les progressions des maladies dangereuses qui se propagent à l'occasion des voyages internationaux, mieux connaître les produits pharmaceutiques et contrôler leur qualité grâce à la publication de la Pharmacopée internationale, les médicaments engendrant la pharmacodépendance, les qualités des vaccins, hormones et autres produits biologiques utilisés en médecine grâce au service OMS de la Standardisation biologique, mieux être informés des statistiques sanitaires mondiales grâce à la publication périodique de

l'Annuaire et d'autres informations mondialement diffusées. La Classification statistique internationale des maladies, traumatismes et causes de décès nous permet d'espérer une unification des statistiques dans le monde.

Je ne saurais terminer mon discours sans souhaiter la bienvenue à notre grande voisine, la République populaire de Chine, dont les représentants siègent pour la première fois dans notre organisation. Avec ses 700 millions d'habitants, elle fait de notre Région la Région la plus peuplée de l'OMS. Je salue également Fidji et le Papua-Nouvelle-Guinée qui font partie maintenant de la Région du Pacifique occidental. Leur entrée dans notre organisation contribue puissamment à nous rapprocher de l'universalité, idéal inséparable du nom de l'Organisation.

Je tiens à coeur à exprimer la profonde gratitude et les vifs remerciements des pays de la Région du Pacifique occidental à l'Organisation mondiale de la Santé pour l'aide généreuse qu'elle nous a accordée ces vingt dernières années par l'intermédiaire de son bureau régional, à la destinée duquel a présidé avec compétence, depuis six ans, le Dr Francisco Dy. En même temps, nous prenons l'engagement en ce jour commémoratif de coopérer de notre mieux aux efforts de toutes les nations dans l'action commune entreprise par l'OMS pour préserver et promouvoir la paix et la santé dans toutes les régions du monde.

Mon dernier mot sera pour le Dr Candau, Directeur général de l'Organisation, qui va bientôt nous quitter. Nous avons tellement l'habitude de confondre notre organisation avec la personnalité du Dr Candau que son départ laissera un grand vide dans nos coeurs. Mais nous avons la certitude que le Dr Candau mènera toujours à bien ce qu'il entreprendra, et qu'il sache que nos vœux les plus fervents l'accompagnent dans la vie nouvelle qu'il s'est tracée.

THE PRESIDENT: Thank you Dr Abhay. I now give the floor to the delegate of the Philippines.

Dr SUMPALICO (Philippines): Madam President, Mr Director-General, fellow delegates, distinguished guests, ladies and gentlemen, it is a great honour and privilege for me to express very briefly on this occasion the sincere greetings and felicitations of the Philippine delegation on behalf of the Western Pacific Region in general and of that of the Republic of the Philippines in particular. Today we pay tribute and homage to the World Health Organization as it celebrates the commemoration of its twenty-five years of existence - an existence characterized not only by the pains and labours attendant upon its birth and by the innumerable challenges it has had to meet, but also by the honour and glory of achievement in the many activities it has undertaken for the attainment of wellbeing for all the peoples of the earth.

The World Health Organization chose to be born at a time when the whole world was just beginning to pick up and salvage the pieces from the shambles of a global war. It was a difficult time indeed, but it was also a time when nations looked to each other for common sentiments of cooperation and resolve and to associate and band together to work to promote the common goal of providing better health for all. The past twenty-five years have seen the growth of the Organization from a handful of Members at the beginning to its present status of 138 Member countries. We look forward happily to all the nations of the world joining the ranks of WHO so that it may attain real universality.

Madam President and distinguished delegates, the Philippines and the Member countries of the Western Pacific Region have noted with great appreciation the great efforts of the World Health Organization exerted towards the prevention, control and eradication of diseases and the ultimate provision of optimum health under the able guidance and leadership of its past and present Directors-General and Regional Directors. We believe that this Organization may be proud of its achievements in the institution and implementation of health programmes and services that have made a tremendous impact on the particular health needs of Member nations, especially the developing ones. We have likewise especially noted the development and institution of basic health services and the training of health manpower - the two basic ingredients of effective national health organizations - in Member countries. In addition to the programmes on communicable diseases, efforts have been extended in the pursuit and promotion of environmental health, nutrition, and family planning in connexion with maternal and child health.

Although mortality and morbidity rates have been declining and life expectancy has been increasing in the Philippines, communicable diseases problems still remain the priority concern of our Government. It is with deep gratitude that we acknowledge the numerous forms of assistance extended to our people by WHO with the hope that one day will come when tuberculosis, malaria, cholera and schistosomiasis will no longer be the primary disease problem that they are today.

Madam President and fellow delegates, in closing, the Philippine delegation associates itself with all the other nations of the world in expressing today our sincerest greetings and congratulations to the World Health Organization as it marks its one full quarter of a century of service to humanity. With best wishes for more power and success in the years to come; for this we in the Philippines say "Mabuhay"!

THE PRESIDENT: Thank you Dr Sumpaico.

Address by the Director-General
Discours du Directeur général
Приветственная речь Генерального директора
Alocución del Director General

THE PRESIDENT: The last speaker this afternoon will be the Director-General of the World Health Organization, to whom I have pleasure in now giving the floor.

THE DIRECTOR-GENERAL: Madam President, honourable delegates, ladies and gentlemen, many kind things have been said here today about the World Health Organization, its staff and its Director-General. I am touched and I am grateful. But is the praise justified? The answer cannot be simple.

The daily doing of any well-run organization should provide a sense of achievement for its servants as they move forward from one point to the next. I think in WHO we are not without some of this sense of achievement, but, if we consider the distant objective of bringing all peoples to the highest possible level of health, it beoves us to be modest. On a more limited scale, there have undoubtedly been successes; there are also problems with which we are only now beginning to grapple.

The twenty-fifth anniversary of the World Health Organization, like other anniversaries, provides an opportunity for looking back over past successes and failures, and for looking forward to probable future developments. It seems to me that all achievements, whether small or far-reaching, operational or scientific, should be evaluated in the first place on the possibilities they open up for the future.

It may be that WHO's greatest achievements have resulted from its readiness to change, to achieve new goals, to seek new approaches and to adapt these approaches to changing social conditions.

The conquest of the future will similarly depend on a better understanding of human needs, and a closer adaptation to human aspirations and capacity in different parts of the world. It will also depend on the full cooperation of all concerned and the recognition that the improvement of health is an inseparable part of the larger process of social and economic development.

Considering the course steered by WHO since its inception twenty-five years ago, I think we were more subject to the influence of historical forces than we realized as we went along.

At the very outset, there was a traditional trend in that WHO continued the work of its predecessors - the Office international d'Hygiène publique, the Health Organisation of the League of Nations, and the United Nations Relief and Rehabilitation Agency.

Then, the priorities set by the First World Health Assembly reflected the historical situation at that time: on the one hand, there were the discoveries that had been made or had been applied on a mass scale during the war years - I am thinking of insecticides, sulfonamides, antibiotics and many other drugs; on the other hand, there were the problems created by the war - widespread destruction and a physical generation gap. The list of priorities read: malaria, tuberculosis, venereal diseases, maternal and child health, nutrition and environmental sanitation.

At the same time, many believed that the kind of mass measures that had been applied for purposes of war should be re-employed for purposes of health. The successes achieved in this way (against yaws, malaria, venereal diseases for example), the gaps in knowledge revealed, and the gradual recognition of the inherent limitations of mass campaigns were all central to the further development of the World Health Organization.

Already in 1951, when the Assembly approved the First General Programme of Work Covering a Specific Period, the leading item was the strengthening of national health administrations. Assistance to governments was summarized in the following way: "To assist countries in taking the next appropriate step in the development of their health services".

These are interesting words, the most interesting and also the most difficult being no doubt the word "appropriate". It leads us straight to the challenging problems WHO has become concerned with - the planning process within the socio-economic context, the adaptation of technology and administrative patterns to local conditions, health manpower development, the need for new knowledge and new technical devices, the complexities of evaluation, and the changes of direction its results may call for.

In the following years, amongst other developments, WHO's research programme got under way. Vector control, tuberculosis and nutrition were among the early subjects that stand out. In 1958, the intensified medical research programme was adopted.

From 1960 onwards, the process of decolonization began to be strongly felt in WHO. The many new countries that joined brought not only an increase in the scope of the Organization's work; their presence gradually made it clearer than ever before that, while science and technology have their universal validities, the improvement of health services is closely bound to cultural traditions, social resources and individual needs. Looking at our situation today, my thought is that decolonization has not gone far enough. I use the word "decolonization" in an intellectual, not a political, sense.

Many simple techniques, such as vaccination against smallpox or the single injection of penicillin method used in mass campaigns against yaws, can generally be transferred without too much difficulty from one society to another. It is quite another matter when it comes to the delivery of health services or to developing the manpower to staff those services. Here a much more complex situation has to be faced, calling for imaginative approaches and for continuous adaptation and innovation.

It has very often been said that disease knows no frontiers. Similarly, within our WHO context, we can readily say that health knows no frontiers or, to put it a different way, that health, as a human and not a national condition, is indivisible. But the same is certainly not true of health service patterns.

As a general rule, the patterns of the developed countries will have to be changed, often quite radically, to meet the cultural, social and economic situation prevailing in other countries if they are to serve a useful purpose. Yet great resistance to such adaptation is often encountered. In the highly developed countries, there seems to be a persistent belief that systems which have proved their worth can be used, with only slight modification, in quite different circumstances. And, surprisingly, this belief is to some extent shared by health leaders in the developing countries. On reflection, this is not unnatural since many of these leaders were educated abroad, in the exotic environment of the industrially advanced countries. In any event, many of the leaders are resistant to the often profound changes that are required before imported models can meet the real needs of the population to be served. It undoubtedly takes courage to strike out along new paths in order to discover more effective ways of improving the health of one's people.

The process of constructing typically national solutions and putting them into practice may take a long time unless there is some open pooling of experience. Clearly this is an important challenge for the World Health Organization.

One cannot seriously speak of national solutions without considering professional education and training. Here again there are no universally valid methods. It would be truer to say that, universally, no country has developed a pattern of education for the health professions that is satisfactory from the points of view of quality, quantity and adaptation to the country's needs. The traditional types of medical education were evolved towards the end of the last century before scientific medicine really got into its stride and are certainly not adapted to our great purpose of raising levels of health. Everywhere

it is necessary to take a hard look at curricula, teaching methods and educational aims which, rationally, should be decided with reference to long-term health plans and policies.

We talk of developed and developing countries, but of course all countries, for better or for worse, are developing if we take the word in its literal meaning. This is sometimes forgotten.

Cardiovascular diseases, cancer and mental illnesses, instead of being restricted as major problems to one group of countries, are looming increasingly large elsewhere as the shadow of communicable disease recedes and as the number of older people in the population increases. In addition, mental illnesses, as well as some other problems, come to the fore as more people endeavour to live in increasingly complex urban and industrial settings and leave behind their traditional forms of security and social-cultural support.

The spread of venereal diseases and the development of dependence on certain psycho-active drugs, including beverage alcohol, are two old problems that are now being seen in new form in widely different parts of the world. Both are increasingly affecting younger as well as older persons. Neither problem in its distribution reflects the usual distinction between developed and developing countries. Here also a pooling of experience and a search for effective counter-measures adapted to particular circumstances seem to me essential.

I have stressed the importance of new approaches in the delivery of health service but this is not to minimize science and technology. Clearly, new discoveries and methods are needed for family planning and for the control of some parasitic diseases, for example, as well as to deal with the many problems of the human environment.

With increasing recognition of health as part and parcel of economic and social development, great value was placed by society on the health and wellbeing of women and children, which has gradually broadened into a general concern for the quality of life of all members of the family.

Family health care may be incomplete without family planning, which should be regarded as an essential health measure irrespective of population policy. This presents a challenge to WHO's research programme in epidemiology, health behaviour and the delivery of family planning care, as well as in the biomedical aspects of human reproduction.

In this difficult question of family planning, we should not underestimate the role played by the World Health Assembly in smoothing the path of the Organization and enabling it to engage today in a broad spectrum of activities aimed at better family health; for you will remember that this question threatened to cause disturbances in the membership of WHO some twenty years ago. Since then we have come a long way.

I would now like to review the historically so important question of membership in WHO.

During the Technical Preparatory Committee's elaboration of the Constitution and its consideration and approval by the International Health Conference in 1946, the prevailing attitude towards the admission of new Members was liberal, crystallized in the conclusion that only a simple majority should be required for admission. As a general rule, the Health Assembly has taken the same liberal attitude in considering and voting on the admission of new Members.

Practically every year since it came into being, the Organization has advanced on the road to universality. When the First World Health Assembly met in July 1948, the Organization had 54 Members. In 1950, the number had increased to 74; in 1959 to 88; in 1960 to 101; in 1962 to 114; in 1965 to 122; while today the total stands at 137 Members.

However, this simple enumeration, pleasing though it is, does not give a true picture of the situation. It should be recalled that early in 1949 and during the next twelve months, nine Members in Eastern Europe notified their intention of withdrawing from participation in the work of the Organization. In 1950, both authorities in China informed WHO that they wished to cease participating in its activities. In 1953, the Republic of China resumed participation. The years 1957 and 1958 saw the return to active participation of seven of the nine Eastern European countries. This event was, I believe, a landmark in the history of international health cooperation as, with the return to full participation in the work of the Organization of these seven Members, the doors were opened to the wealth of knowledge and experience available in those countries. Today, only the Byelorussian SSR and

the Ukrainian SSR have not yet decided on the resumption of active participation in our work, and I fervently hope, in the interest of wider cooperation in the field of health, that their decision will not be much longer delayed.

The phase of decolonization gained a marked impetus in the year 1960, with the result that a large number of newly independent countries, facing very important health problems, joined WHO. This influx of new Members, with their own particular problems, constitutes another and very significant landmark on the Organization's way to universal membership.

Last year, the Twenty-fifth World Health Assembly, in recognizing the Government of the People's Republic of China as the only Government having the right to represent China in WHO, opened to the Organization a new horizon and made available a unique experience in the development of health services.

In the introduction to my last annual report, I said "universality is but an empty phrase if all Members are not active and do not strive in harmony and mutual understanding to obtain their common objective". I have already expressed my hope that Byelorussia and Ukraine will find it possible to resume active participation in the work of the Organization. I should now like to express another and equally earnest hope. It is that the World Health Assembly will find its way open to the reconsideration of previous decisions which have made WHO's relations with or services to any of its Members contingent upon certain conditions being met or on changes being effected in their political systems, for experience has shown that such decisions are not necessarily in the best interests of the population of the countries concerned, nor of those of their neighbouring countries.

In making this review, I realize more forcibly than ever how very fortunate WHO is in its hosts in Switzerland. The Organization has every reason to be deeply grateful to the Federal Swiss Authorities, to the authorities of the Canton of Geneva and of the City of Geneva.

In making this review, too, my thoughts kept returning with a sense of deepening gratitude to those pioneers of the Technical Preparatory Committee, of the International Health Conference and of the Interim Commission; to all who have advanced the work of the Organization in twenty-six World Health Assemblies, fifty-one sessions of the Executive Board, and in the many sessions of the Regional Committees; to the members of WHO's Expert Advisory Panels; to those whose privilege it is or has been to serve on the Organization's staff, and, last but by no means least, to the courage, wisdom and farsightedness of its first Director-General - my friend and predecessor, Brock Chisholm. They have made WHO what it is today and have laid the foundations for an even more brilliant future.

In conclusion, Madam President, I wish to express a personal hope. May the World Health Organization continue to grow from strength to strength, and may it attain that true universality of membership which will allow it better to serve its Members and to make its full contribution to the happiness, peace and prosperity of all!

The PRESIDENT: Dr Candau, I think my thanks are superfluous when we hear the applause which has taken many minutes.

Conclusion of the celebration ceremony
Clôture de la cérémonie de célébration
Окончание церемонии празднования
Conclusión de la ceremonia conmemorativa

The PRESIDENT: We are now approaching the end of the celebration of the twenty-fifth anniversary and I propose that we express formally the feelings of this Assembly on this occasion. Therefore I would like to submit to your approval a draft resolution the text of which has been distributed in this Assembly Hall and which I shall now read out to you.

The Twenty-sixth World Health Assembly,

Welcoming the celebration of the twenty-fifth anniversary of the World Health Organization as an opportunity for recalling the progress made in world health during the first quarter of a century of the Organization's life;

Conscious of the contribution being made by the Organization to such progress, in fulfilment of the aims of its Constitution;

Recognizing with concern that, in spite of the progress achieved, many formidable tasks remain to be accomplished by the Organization before the objective of the highest possible level of health is attained by all people,

1. EMPHASIZES that health is the common responsibility of all people and that major world health problems cannot be solved without full international co-operation;
2. APPEALS to Members and Associate Members to endeavour to provide the highest attainable standard of health, which they have recognized as a fundamental right of every human being, and to continue to give the World Health Organization the moral support and material aid that they have given it in the past;
3. CALLS UPON all countries to maintain or increase their co-operative efforts within the extent of their resources with a view to improving the health and health services of the world;
4. CONSIDERS that the role of the World Health Organization in a world where countries are becoming increasingly interdependent is of crucial importance; and
5. EXPRESSES its gratitude to all those who have contributed to the establishment and development of the World Health Organization as a unique instrument for the co-operation of all peoples in the improvement of health in the world.

If there are no objections to the adoption of this resolution, may I suggest that this resolution be adopted by acclamation. (Applause/Applaudissements/

The resolution is adopted. I declare closed the official celebration of the twenty-fifth anniversary of the World Health Organization. The meeting is adjourned.

The meeting rose at 6.05 p.m.

La séance est levée à 18h.5.

Заседание закончилось в 18 часов 05 минут.

Se levanta la sesión a las 18,05 horas.