



THIRTIETH WORLD HEALTH ASSEMBLY

COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING



Palais des Nations, Geneva
Wednesday, 11 May 1977, at 2.30 p.m.

CHAIRMAN: Dr M. L. IBRAHIM (Egypt)

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SEVENTH MEETING

Wednesday, 11 May 1977, at 2.30 p.m.

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1. THIRD REPORT OF COMMITTEE B (Document (Draft) A30/52)

At the invitation of the Chairman, Dr PINTO (Honduras), Rapporteur, read out the draft third report of Committee B.

Decision: The report was adopted.

2. ORGANIZATION OF WORK

The CHAIRMAN drew the Committee's attention to the fact that item 3.15 (Amendments to the Rules of Procedure of the Health Assembly) would not have to be considered by Committee B since it had been dealt with in plenary when item 1.8 had been taken up and resolution WHA30.1 adopted. On the other hand, the supplementary agenda item entitled "Assignment of Ethiopia to the African Region" had been allocated to the Committee and would be considered at a later meeting.

3. COORDINATION WITHIN THE UNITED NATIONS SYSTEM: Item 3.18 of the Agenda.

General matters: Item 3.18.1 of the Agenda (Resolutions WHA29.39, WHA29.46, and EB59.R39; Documents A30/28, A30/28 Add.2, A30/28 Add.2 Corr.1, and A30/INF.DOC/2)

Dr BUTERA (representative of the Executive Board) said that the Director-General had reported to the fifty-ninth session of the Board on the main events at the sixtieth and sixty-first sessions of the Economic and Social Council. In that connexion, the Board had been informed of the preparations for the United Nations Water Conference; the implementation of the International Covenant on Economic, Social and Cultural Rights; the guidelines proposed for an International Research and Training Institute for the Advancement of Women; the Economic and Social Council's decision to expand information activities concerning international narcotic drugs control; and the appeal for assistance to Guatemala following the February 1976 earthquake. The Board had noted that the Economic and Social Council at its sixty-first session had undertaken an in-depth review of the work of WHO. It had also noted the basic needs approach to development planning set forth in the Programme of Action adopted at the Tripartite World Conference on Employment, Income Distribution, Social Progress and the International Division of Labour. The Board had been interested to learn that WHO would ensure its participation in the United Nations Conference on Science and Technology for Development through regular programme activities, at no additional cost.

The Director-General had also reported to the Board on the interagency work to improve and harmonize the presentation of programme budgets in the United Nations system. The Board had taken note of the Annual Report for 1976 of the International Civil Service Commission and of the report prepared by the Advisory Committee on Administrative and Budgetary Questions relating to interagency coordination.

With regard to the integration of women in health and development, the Director-General had reported on the steps taken by WHO since May 1976 in response to resolution WHA29.43. Information and statistical data had been provided on the recruitment, promotion, and training of women in WHO, and on the relative numbers of men and women in WHO as a whole and at WHO headquarters, as well as in the professional category in the United Nations and other organizations of the United Nations system.

Following its consideration of those matters, the Executive Board had adopted resolution EB59.R39 which requested the Director-General to continue and, where appropriate, expand WHO's cooperation with the other organizations and institutions of the United Nations system

and to ensure WHO's full participation in programmes of technical cooperation among developing countries, including the preparations for the United Nations conference on the subject to be held in 1978. The resolution also requested the Director-General to report to the Thirtieth World Health Assembly on those resolutions and decisions adopted by the United Nations General Assembly at its thirty-first session which were of direct concern to WHO. In that connexion, the Board, in resolution EB59.R8, had decided that the Director-General should report to the January session of the Board only on coordination issues that specifically required "reporting to or immediate action by the Board, it being understood that a more comprehensive report . . . would continue to be submitted to the World Health Assembly". The present Health Assembly accordingly had before it document A30/28, containing the Director-General's report on the United Nations General Assembly resolutions and decisions of direct concern to WHO.

Dr FLACHE (Director, Division of Coordination) drew attention to the salient points of the Director-General's report. The General Assembly at its thirty-first session had adopted four resolutions specifically mentioning WHO: resolution 31/125, dealing with the 1971 Convention on Psychotropic Substances; resolution 31/128, on human rights and scientific and technological developments; resolution 31/187, dealing with assistance to Sao Tome and Principe; and resolution 31/85 dealing with torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment. With regard to the latter, the Director-General had made arrangements with the Council for International Organizations of Medical Sciences (CIOMS) for it to undertake on behalf of WHO a study towards a draft code of medical ethics in connexion with torture and other cruel treatment. In section 3.6 of his report the Director-General requested the advice of the Health Assembly as to whether the CIOMS study could be transmitted as soon as it was ready to the United Nations General Assembly without having been previously examined by the Executive Board or the World Health Assembly. The Director-General was at the present stage concerned primarily with the procedural problem, since a discussion of the study itself would be premature as it would not be finished before the end of 1977.

Among the other coordination matters of direct concern to WHO (sections 6-16 of the report), WHO attached great importance to the efforts being made in the United Nations system to define the future role of UNDP and to harmonize its objectives with those of the new economic and social order. A document containing the opinions expressed at the April 1977 session of the Interagency Consultative Board was soon to be examined at the next session of the UNDP Governing Council in Geneva.

He drew attention to the last three paragraphs of document A30/28 Add.2, which described various measures permitting the initial implementation of the main recommendations of the United Nations Water Conference.

The report of the last session of the UNICEF-WHO Joint Committee on Health Policy would be submitted to the Executive Board at its sixtieth session. Copies of the document discussed by the Joint Committee, entitled "Community involvement in primary health care: a study of the process of community motivation and continued participation", were available for delegates to consult.

Dr HOWARD (United States of America) noted that two of the resolutions referred to in the Director-General's report placed a premium on regular reporting by WHO to permit programmes to be followed throughout the Second United Nations Development Decade and to serve as a basis for a strategy formulation. For example, the Health Assembly had supported the observation of International Women's Year in 1975 and in resolution WHA29.43 had requested the Director-General to review WHO programmes with a view to identifying and strengthening elements which affected women as participants in and beneficiaries of the work of the Organization. That resolution, however, called only for a report to the fifty-ninth session of the Executive Board rather than for systematic, periodic reporting throughout the Second Development Decade, although resolution 27 of the World Conference on International Women's Year in 1975 had recommended that within the United Nations system an "impact statement" be incorporated into programme documents and that there be an appraisal system to measure programmes over the long term. He wondered what mechanisms or procedures were envisaged by the Director-General for measuring and reporting progress on a continuing basis to the Health Assembly.

Dr TUDOR (Romania) expressed appreciation of WHO's positive attitude to collaboration within the United Nations system and of its valuable and important assistance to emerging and newly independent states, to Democratic Kampuchea, Lao People's Democratic Republic, and

Socialist Republic of Viet Nam, as well as to refugees and displaced persons in Lebanon and Cyprus. That work was a remarkable contribution towards the New International Economic Order. The Organization's emergency assistance, undertaken in close collaboration with UNDR0, the Red Cross, UNICEF, and other governmental and nongovernmental organizations, had likewise proven invaluable for countries like his own, faced with natural disasters and their repercussions on health. He thanked the Director-General and the Member States and organizations that had shown solidarity with Romania after the March earthquake. The emergency relief had been organized with remarkable rapidity and efficiency, especially in view of the fact that the WHO unit responsible for the work had little staff and few resources at its disposal. He wondered whether, given the increasing number of disaster situations, that unit's resources should not be strengthened.

Mr NYGREN (Sweden) welcomed the increased attention being given by WHO to coordination, although he felt that much more could be done to improve the efficient use of available resources. WHO had shown a commendably constructive and cooperative approach to the United Nations Development Programme - in contrast to that of some other specialized agencies. One example of that was the Director-General's readiness to have WHO represented in the task force being established in the UNDP secretariat for the purpose of broadening cooperation between UNDP and the specialized agencies. His delegation assumed that WHO was participating in the UNDP work on an integrated accounting system, which had been partly financed by Sweden, and hoped that WHO would take part in the study of the future role of expert technical assistance by the Joint Inspection Unit. In conclusion, the regular reporting on coordination within the United Nations system was greatly appreciated.

Mr SOKOLOV (Union of Soviet Socialist Republics) said that coordination between the organizations of the United Nations family was extremely important; better coordination would result in more effective activities carried out at less cost. WHO was a part of the United Nations system, and the Health Assembly should be informed not only of resolutions and decisions that directly affected its activities, but also of those which might have indirect implications for the Organization's work.

Referring to section 2 of document A30/28, he said that WHO had carried out a useful large-scale study on the health aspects of human rights in the light of scientific and technological developments. The United Nations General Assembly, in its resolution 31/128, had requested WHO and other specialized agencies to take into account in their activities the provisions of the Declaration on the Use of Scientific and Technological Progress in the Interests of Peace and for the Benefit of Mankind, adopted by the General Assembly in 1975. In that connexion, his delegation considered that WHO should pay particular attention not only to the medical aspects, but also to the important social aspects of the problem, and make its contribution to the struggle against the use of the scientific and technical progress to produce new means of mass destruction.

Section 3 of the document referred to General Assembly resolution 31/85, inviting WHO to prepare a draft code of medical ethics relevant to the protection of persons subjected to detention or imprisonment against torture and other cruel treatment. The Soviet delegation attached great importance to the preparation of that document, and considered that, like the report on the progress made in the health sector during the Second United Nations Development Decade (to which reference was made in section 8 of document A30/28), such important documents should only be transmitted to the United Nations after having been carefully considered by WHO's executive bodies. The documents were to be submitted to the thirty-second session of the General Assembly, in November 1977, and WHO should therefore request a postponement of one year. If it was not possible for a postponement to be made, the draft should be sent to Member States and their written comments taken into account before the documents were submitted to the United Nations in final form.

Referring to section 7, he agreed that the main contribution of WHO to the United Nations Conference on Science and Technology for Development, to be held in 1979, should be in the area of research and training in tropical diseases.

Section 4 referred to United Nations resolution 31/187, on the important subject of assistance to Sao Tome and Principe. WHO should take appropriate steps in that connexion, in accordance with the Declaration on the Granting of Independence to Colonial Countries and Peoples.

Dr BROUELLE (France) noted that, in sections 7.2 and 7.3 of the Director-General's report, concerning the International Year of the Child to be celebrated in 1979, it was said that the main WHO contributions to the Year would result from the Organization's maternal and child health programme but that attention would also be given to other aspects of WHO programmes that might help to attain the objectives of the Year. She asked what activities WHO had in mind outside the traditional field of maternal and child health. In particular, the health and social problems of children past infancy were perhaps less important than those of infants in terms of mortality but highly important in terms of morbidity and maladjustment.

Dr NDOYE (Senegal) thought that, in its contribution to the International Year of the Child, WHO should pay particular attention to pregnant women as well as to infants and children. Maternal and child health had to be thought of as including the crucial period of pregnancy, although the report did not say so explicitly.

Professor DOĞRAMACI (Turkey) hoped that activities during the Year would consist, not so much of a few large conferences, as of many smaller meetings at the regional and country level, since the situation of children varied so greatly around the world. He also urged that WHO seek the broad collaboration of nongovernmental organizations concerned with the welfare of children.

Professor HONG DINH ÇAU (Socialist Republic of Viet Nam) said that his delegation was concerned particularly with sections 2 and 3 of the report of the Director-General, which dealt with human rights and scientific and technological developments and with torture and other cruel, inhuman or degrading treatment or punishment in relation to detention and imprisonment, respectively. For more than a century the Vietnamese people had been under colonial rule and over the past thirty years had suffered two long wars of aggression. During that time they had experienced all the tortures and crimes that could be committed against human nature. The General Assembly was seeking WHO's opinion on an extremely important and complex matter of medical ethics, which would have to be very thoroughly examined. CIOMS could not take the place of WHO, and the conclusions it might draw from its study could not simply be forwarded to the General Assembly without having been fully considered and discussed by all Member States of WHO.

Mr PEREIRA DA FONSECA (Brazil) welcomed the report of the Director-General. Concerning section 3, he said that the Brazilian delegation had supported all General Assembly resolutions dealing with the subject (for example, resolutions 3218 (XXIX), 3453 (XXX) and 31/85). In addition, Brazil had voted in favour of similar texts adopted by the Fifth United Nations Congress on the Prevention of Crime and the Treatment of Offenders. It would be premature to transmit material received from CIOMS directly to the General Assembly of the United Nations without prior consideration by the Executive Board and World Health Assembly. He recalled that the consultations of WHO with CIOMS and the World Medical Association had led to the decision that the Declaration of Tokyo could serve only as a basic text in which additional provisions might be included. WHO should prepare a progress report on steps taken or to be taken in preparing the draft code on medical ethics and present that report to the thirty-second session of the General Assembly. Perhaps a working group could be set up to consider the Declaration of Tokyo with a view to adapting it to form the code.

Mrs MONDLANE (Mozambique) stressed the importance of technical cooperation within regions and among developing countries. In her country, for instance, 50 health technicians from Zambia, 83 from Guinea, 17 from Tanzania and 19 from Ghana were currently working. Those technicians had made a great contribution to improving the health situation of the country and were perhaps even more useful than their European counterparts, who were less accustomed to the cultural and economic environment.

Miss COLLOMB (Representative of UNDP), speaking at the invitation of the CHAIRMAN, stressed the excellent cooperation which continued to develop between UNDP and WHO both at headquarters and at field level. Working groups made up of staff from UNDP and the participating agencies strove to find practical solutions to problems that arose, and the UNDP resident representatives maintained direct contact with WHO regional offices in their collaborative efforts for the economic and social development of their respective regions. As the delegate of Sweden had mentioned, a task force of participating agencies was being set up at UNDP headquarters and would help to harmonize concepts and realizations.

Mr DE GEER (Netherlands), in connexion with the draft code of medical ethics referred to by several previous speakers, asked what would be the follow-up to the CIOMS study that was expected in 1977.

Dr SEBINA (Botswana), commenting on paragraph 6 of the report, said that 1981, the International Year for Disabled Persons, marked a milestone for the disabled, who in some countries were hidden away and rejected by society. He fully agreed with resolution 31/123 of the General Assembly that they could be assets rather than liabilities and could participate fully in society. In that connexion, he was pleased that WHO was to send a short-term consultant to his country to help the handicapped help themselves.

Dr LEBENTRAU (German Democratic Republic), referring to the question of coordination between WHO and UNDP, drew attention to the fact that his country as well as other socialist countries allocated considerable funds each year, in national currencies, to UNDP. Those funds were not being used effectively, and WHO should cooperate with UNDP in channelling those resources for the solution of problems in accordance with WHO's programme policy. His country was ready to use those funds for the organization of advanced courses for representatives from developing countries. His delegation had submitted a proposal along those lines to the Director-General and he hoped that WHO and UNDP would find a way of implementing it.

Dr DE VILLIERS (Canada) said that although an increasing number of countries were planning and implementing water supply and sanitation projects, progress had been slow and health benefits often did not materialize even from successful projects if they were carried out without measures for improved sanitation and hygiene, including, for example, health education. The slow progress had been due to such factors as inadequate community involvement in all phases of project implementation; inadequate coordination between the various sectors and other programmes whether at community, national, regional or international levels; and inadequate information with regard to both the local situation and the most appropriate methodology. The question of pure and safe water supplies was of great concern both nationally and internationally. The United Nations Water Conference had confirmed the need to implement the recommendations of the United Nations Conference on Human Settlements (Habitat) regarding the provision of an adequate and safe water supply for all people by 1990, and particularly for rural communities in developing countries. The United Nations Water Conference had reaffirmed that effective implementation depended on two approaches: the specific and careful preparation of plans of action concerning water supply and sanitation services at a national level; and international action to support national commitments and to attract financial and other resources. The results of the United Nations Water Conference were to be examined by the United Nations Committee on Natural Resources, the regional economic commissions, the Economic and Social Council at its sixty-third session in the summer of 1977, and by the General Assembly in the autumn of that year. Long-term decisions should await the completion of those deliberations but there was an urgent need for action in the short term. WHO, in cooperation with other international and intergovernmental agencies, should play a leading role. WHO's direct involvement in the field and its decentralized structure gave it the possibility to carry out the course of action suggested. It could apply a multidisciplinary approach encompassing primary health care, environmental health, health manpower training, and public health education, among others. He welcomed WHO's efforts to intensify activity in the provision of water and sanitation services and invited other Members to cosponsor a resolution on that topic.

Dr GONZALES CARRIZO (Argentina) said that the Argentine authorities were very much concerned with conservation of the environment and especially of water resources. That concern was shared by the general public and had guided his Government in its exploitation of water resources. In 1976 there had been a meeting in Asunción of technical experts from Argentina, Brazil, Bolivia, Uruguay and Paraguay to consider the problems of schistosomiasis in the River Plate Basin, and a later meeting had been held in Brasilia; that was an example of what could be achieved through regional technical cooperation with assistance from WHO. In March 1977, a WHO specialist group had studied the possible impact on health, and in particular on schistosomiasis, of the building of large dams on the Paraná and Uruguay rivers; the results of the study were eagerly awaited. His country was not only concerned with parasitic diseases, such as schistosomiasis, but with all problems relating to clean water and, in particular, industrial pollution. Argentina was ready to consider any positive action in that sphere.

Dr FLACHE (Director, Division of Coordination) said, in answer to the United States delegate's query, that the Director-General would submit progress reports to the Executive Board and the Health Assembly as necessary; in connexion with the development of women, a special group had been created in the Secretariat to deal with the question. He would prefer to deal with the Romanian delegate's remarks when other subitems of item 3.18 were discussed.

The delegate of Sweden's remarks in connexion with UNDP were gratifying; WHO had perhaps the best relations with UNDP of all the specialized agencies. Referring to the intervention by the delegate of the German Democratic Republic, he said that the question of the financial contribution of the socialist countries to UNDP would be discussed by the UNDP Governing Council in June 1977.

With respect to section 3 of document A30/28, on which several delegations had spoken, the consensus seemed to be that the Director-General should not submit the results of the CIOMS study to the General Assembly until they had been discussed by the Executive Board and the World Health Assembly. The question posed by the delegate of the Netherlands could not readily be answered at present; it was necessary to await the results of the CIOMS study and to consult governments before deciding on the next step.

Several questions had been raised concerning the International Year of the Child, 1979. UNICEF and WHO were cooperating closely in preparing for that Year. He assured the delegate of France that such aspects as social maladjustment would be taken into account and that children other than infants would be given adequate consideration, and the delegate of Turkey that UNICEF did not propose to hold a world conference but to have a series of conferences at national and regional level.

Dr DIETERICH (Director, Division of Environmental Health) said that when preparations for the United Nations Water Conference had started it had been generally thought that it would deal with problems of water resources and their exploitation, but it had been forcefully brought home to the participants that two issues had priority: water and food production, and the supply of drinking-water to populations. The Conference had recommended that all peoples, whatever their stage of development, and their social and economic conditions, have the right to have access to drinking-water in quantities and of a quality equal to their basic needs. It had further recommended that where human needs had not yet been satisfied, national development policies and plans should give priority to the supplying of drinking-water for the entire population and to the final disposal of waste water; and should also actively involve, encourage and support efforts being undertaken by local voluntary organizations, and that governments should reaffirm their commitment made at the United Nations Conference on Human Settlements (Habitat) to "adopt programmes with realistic standards for quality and quantity to provide water for urban and rural areas by 1990 if possible".

Referring to resolution WHA29.47, he said that great efforts would be needed to reach the target of the proposed drinking-water and sanitation decade (1980-1990), with particular attention to the preparation of plans for that period. If water was to be provided to all people by 1990 major decisions and related commitment of resources and institutional and social changes in Member States would be required, with changes in government policies and greater community involvement.

Among the actions recommended in the Plan of Action for community water supply and sanitation put forward by the Water Conference were: the strengthening of the capabilities of international agencies; cooperation with governments in formulating and implementing high-priority projects and programmes in community water supply; strengthening of WHO's collaboration with Member States for monitoring and reporting on the status and progress in that field; manpower development and the establishment of training programmes; greater emphasis on social benefits; fostering of cooperation between the developing countries; establishing of mechanisms for the communication of selected information concerning all elements of community water supply and sanitation; regular consultations among governments, international organizations, the scientific community and relevant nongovernmental organizations specifically to coordinate and accelerate rural water supply and sanitation; and improvement of general coordination within the United Nations system.

Replying to the delegate of Canada, he recalled that the report of the Director-General to the Twenty-ninth World Health Assembly on WHO's human health and environment programme, had given greater emphasis to cooperation in national programming for community water supply, in accordance with WHO's Sixth General Programme of Work. The Director-General had already taken action in pursuance of the recommendations; WHO's cooperation with IBRD had been reviewed

and measures had been taken to strengthen WHO's technical cooperation in national planning and sector development, making it more effective by integrating the cooperative programme of WHO and IBRD closely with the WHO regional programmes and linking it more closely with country health programming. New agreements with FAO were aimed at uniting the resources of both organizations at the field level for the integration of rural water supply and sanitation in programmes for agricultural development, the reuse of waste water in agriculture, and the public health requirements of water development projects and programmes. WHO's cooperation with regional banks and multilateral and bilateral programmes was also being strengthened. He drew attention to the proposals made to the Twenty-ninth World Health Assembly in the Director-General's report outlining strategies for WHO's environmental health programme, and giving particular attention to the best use of available staff and resources at all levels. Along those lines, WHO field staff was giving greater attention to collaboration in the formulation and implementation of broad national programmes (such as those recommended by the Water Conference) with national agencies and to participation in cooperative activities with international and bilateral technical programmes and loan arrangements in all WHO regions. A study was also being made of how best to provide information on national programmes to other international and bilateral agencies, as that would be very necessary to the success of the proposed drinking-water and sanitation decade.

WHO had embarked on additional activities to safeguard drinking-water quality requirements and assess the health effects of unsuitable water sources and technologies, while a great effort was being made in collaboration with IBRD, UNDP, UNICEF, FAO, UNEP, the United Nations, the International Development Research Centre (IDRC) and the Organization for Economic Cooperation and Development (OECD), to develop cooperative mechanisms to bring together regularly national representatives, international, multilateral and bilateral programmes and nongovernmental organizations with a view to ensuring a multidisciplinary approach, the proper coordination of information exchange and the stimulation of action by all those responsible for plans for the proposed decade and their implementation.

Since the Water Conference the Director-General had maintained contacts with its Secretary-General on matters of coordination and in connexion with reporting to the Economic and Social Council on WHO's participation in implementing the Conference's recommendations.

The CHAIRMAN requested the rapporteur to prepare a draft resolution for consideration at a later meeting.

Assistance to newly-independent and emerging States in Africa: Item 3.18.2 of the Agenda (Resolutions WHA29.23 and EB59.R40: Document A30/29)

Dr BUTERA (representative of the Executive Board), introducing the item, recalled that the Twenty-ninth World Health Assembly had asked for a report on assistance to newly-independent and emerging States in Africa in view of the difficulties encountered in implementing several projects and programmes of assistance to those countries. The differences had been resolved and full understanding reached between UNDP and WHO on the one hand, and OAU and the liberation movements concerned on the other hand. The terms of the understanding were reported on in part 3 of document EB59/28, which was annexed to the report of the Director-General on the item.

The Regional Director for Africa had pointed out to the fifty-ninth session of the Executive Board the difficulties encountered in obtaining the information needed for realistic programme planning and the lack of flexibility of the traditional framework of the programme budget, a situation which had been now largely overcome through the use of the Director-General's Development Programme not only in meeting emergency situations but also in establishing close collaboration with national authorities in major programme areas. Efforts were continuing to assist certain countries which had recently acceded to independence to reorganize their programmes more equitably and to adapt programmes to changing circumstances.

Comments had been made by the Board on the functions of the common training centre to be located in the United Republic of Tanzania, and note taken of the transfer of the base for the WHO intercountry project on malaria from Tanzania to Maputo. In resolution EB59.R40 the Board had requested the Director-General to continue his efforts and to transmit his report to the Thirtieth World Health Assembly along with information on new developments.

Professor DOGRAMACI (Turkey) expressed his support for the Organization's programme of assistance to newly-independent and emerging States in Africa. The gap must be narrowed between those countries and the more industrialized ones.

Dr AMATHILA (Namibia) said that the people of Namibia had, after many years of debate and passing of resolutions in the United Nations realized that armed resistance was the only language understandable to the regime in South Africa and had taken up arms under SWAPO, the liberation movement recognized by the Organization of African Unity, as a painful necessity. The struggle had produced results: South Africa had realized that it could not win the war, but a guard had to be mounted against attempt to put a puppet in power who, after independence, would open the back door for the enemy to re-emerge behind a black face.

Newly independent and emerging countries should be regarded by WHO as disaster areas, since oppressors always left them without the means necessary to rebuild. After their long fight, Mozambique and Angola faced the problems of rebuilding economically and socially, accommodating those fighting for independence in Namibia, Zimbabwe and South Africa as well as refugees, and keeping guard against the introduction of puppet regimes.

Assistance was also needed in preparing for independence, particularly in the field of health manpower; Namibia had few persons trained in health matters and needed X-ray technicians, laboratory technicians, engineers, and pharmacists, among others. While some were fighting for liberation, it was essential that others acquired the knowledge necessary to prepare for progress and prosperity after independence, and she appealed to governments to help to train health personnel.

She thanked the many countries that had given humanitarian aid to Namibia, particularly Sweden, with whose help a ten-bed hospital and a day-care centre had been built in a refugee camp. That had been a constant encouragement to her as resident medical officer in the camp. She also thanked the Director-General and those who had approved WHO assistance to Namibia.

Mr RI JIN GYOU (Democratic People's Republic of Korea) expressed the hope that the Committee would discuss detailed and practical measures for medical assistance to the countries in question. WHO had made every possible effort to carry out the relevant resolutions of the Twenty-eighth and Twenty-ninth World Health Assemblies in accordance with the aspirations of the progressive peoples of the world, who fully supported such assistance. The peoples of the countries once kept back under the imperialist and colonialist rule had risen up to build up a new life and society of their own and were developing their health services. They deserved every assistance in accordance with the demands not only of medicine but also of humanism and the provisions of WHO's Constitution.

The assistance should be adapted to the situation in the respective countries, the people's requirements being taken into consideration. A solid foundation must be laid for the development of health services on the resources of the country itself, with particular attention to the strengthening of primary health care as a priority.

He expressed his country's full support for Angola, Mozambique, Cape Verde, the Comoros, Guinea-Bissau, Sao Tome and Principe and other newly independent and emerging countries.

Mr WICKLAND (Office of the United Nations Disaster Relief Coordinator), speaking at the invitation of the CHAIRMAN, expressed appreciation for the close collaboration of WHO with UNDRO, which had often meant immediate and significant alleviation of human suffering and had enhanced the capacity of the United Nations system and the international donor community as a whole to respond to emergency health needs in disasters. With the collaboration of UNICEF and other agencies they had responded to emergency needs in more than twenty disasters over the past two years, illustrating the continuing need for qualified advice on emergency health needs and protective measures.

Fortunately some disaster-prone countries were strengthening their capacity to respond to domestic needs and UNDRO, after consultation with WHO and stricken countries, had in some cases been able to rely on those countries to supply their own medical personnel and certain medications. UNDRO continued to monitor the response to its appeals in emergencies, maintaining an overall picture of residual relief needs compared with relief aid, in order to focus on unfulfilled emergency requirements and discourage duplication and waste of scarce external resources for assistance. In that connexion many delegations to the Health Assembly would be receiving from their Geneva missions copies of UNDRO's telex messages on Bangladesh emergency health needs together with input reports showing the response of the international community.

The concern to avoid duplication also moved UNDRO to rely on WHO for its technical expertise and advice on emergency health matters. It had welcomed the Director-General's announcement in 1975 that WHO would strive to enhance its own effectiveness and collaboration in relation to UNDRO, UNICEF, and the other specialized agencies and programmes of the United Nations system concerned, particularly in assisting countries in disaster-prone areas to be better prepared for meeting and minimizing the adverse effects of disasters. To implement that policy the Director-General had appointed in WHO an officer responsible for emergency

operations and a Special Account for Disasters and Natural Catastrophes had been established within the WHO Voluntary Fund for Health Promotion. UNDR0's funds were modest and could only serve to supplement WHO funding of emergency health assistance. Some donor governments and voluntary agencies had responded very generously to UNDR0 appeals on behalf of WHO, but there were sometimes long lapses of time between the announcement of pledges and the receipt of funds. WHO's financial capacity for emergency assistance might therefore be usefully strengthened, and it was hoped that further contributions to the Special Account would be forthcoming. In that connexion, UNDR0 welcomed the proposal of the Executive Board of WHO that emergency relief operations should unequivocally be considered as technical cooperation within the meaning of resolution WHA29.48.

UNDR0 wished to suggest that WHO maintain a stockpile of certain medical supplies for disasters as an extension of its on-hand supplies of vaccines and medical supplies and equipment normally reserved for its regular programmes. Any stockpiling should be coordinated with UNICEF to avoid duplication.

Finally he paid tribute to WHO's officer for emergency relief and his staff, the WHO Supply unit and Shipping unit.

Dr LYTHCOTT (United States of America) expressed the continued support of his delegation for the mandate, reaffirmed by the Twenty-ninth World Health Assembly, for the Director-General to intensify his efforts to assist newly independent and emerging States in Africa and to increase health assistance to national liberation movements recognized by OAU. It noted with appreciation the results of the June 1976 meeting in Geneva of UNDP, UNICEF, WHO and OAU representatives with those of a number of African liberation movements and the approval by UNDP of an advance of US\$ 600 000 towards the creation of a health training centre for those movements, in which WHO would act as the executing agency, in the United Republic of Tanzania.

There were mounting problems in nutrition, health and health care delivery caused by the increasing flow of refugees to the "frontline" States and it was necessary to consider preventive measures and surveillance of health and nutritional levels, especially in women, children and the elderly in those areas, to guard against potentially aggravated conditions and disaster.

Dr TARIMO (United Republic of Tanzania) said that his delegation supported the activities of WHO in assistance to the newly independent and emerging States in Africa, whose health needs were enormous and urgent. It therefore also supported the approach of WHO emphasizing country health programming, which would alone make it possible to identify those needs. It was hoped that the programme would be continued and expanded in accordance with the spirit of resolution WHA29.48, spending more resources on delivery of health care than on its machinery. Oppression and racialism continued in South Africa, Zimbabwe and Namibia, but with the uniting of peoples in the oppressed areas it was now certain that liberation would be attained. Any assistance from WHO and other sources should be regarded as a matter of urgency and be provided with a minimum of bureaucratic delay.

He asked for information in connexion with the reference in the Director-General's report (document A30/29) to the implementation of a vaccination campaign against trypanosomiasis in Angola at an estimated cost of US\$ 110 000.

Mr BRECKENRIDGE (Sri Lanka) said that, as coordinator for the non-aligned countries, Sri Lanka had been working closely with the United Nations Council for Namibia; he referred to recent visits to specialized agencies to ascertain their role in possible assistance to the Namibian struggle for liberation. The fruitful discussions with the Council and with WHO had been noted with pleasure; WHO appeared to be in the forefront in undertaking and coordinating the provision of emergency assistance to the liberation movement in Namibia in collaboration with SWAPO. Such a positive approach was not necessarily prevalent in all agencies of the United Nations system.

He asked what were the plans of the Director-General and the related budgetary provisions for collaboration with SWAPO.

The meeting rose at 5.30 p.m.