



THIRTY-SECOND WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE NINTH MEETING

Palais des Nations, Geneva
Saturday, 19 May 1979, at 9h00

CHAIRMAN: Professor R. SENAULT (France)



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Note: This summary record is issued in provisional form, i.e., the summaries have not yet been approved by the speakers. Corrections for inclusion in the final version should be forwarded to the Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland by 6 July 1979.

NINTH MEETING

Saturday, 19 May 1979, at 9h00

Chairman: Professor R. SENAULT (France)

1. MONITORING OF THE IMPLEMENTATION OF THE PROGRAMME BUDGET POLICY AND STRATEGY: Item 2.2 of the Agenda (Document EB63/49, Chapter 1, para. 6, and Appendix I) (continued)

PROPOSED PROGRAMME BUDGET AND REPORT OF THE EXECUTIVE BOARD THEREON: Item 2.3.1 of the Agenda (Official Records No. 250 and Corr.1; Documents EB63/49, Chapters I and II, A32/WP/1-3 and A32/WP/5, A32/A/Conf.Papers No.1 Rev.1, 3, 4 and 5) (continued)

DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES (Appropriation Section 3) (Official Records No. 250, pages 119-169) (continued)

Health services development (major programme 3.1) (continued)

Workers' health (programme 3.1.3) (continued)

The CHAIRMAN drew attention to the revised draft resolution on workers' health, the text of which read as follows:

The Thirty-second World Health Assembly,
Having considered the Report of the Director-General on the Occupational Health Programme,

Noting with concern the serious increase in occupational and work-related diseases in many parts of the world while at the same time occupational health services are either weak or isolated from general health services,

Noting further that the field of occupational health calls for a broad multi-disciplinary approach with considerable impact on the health of the community and on human productivity and socioeconomic development,

Recalling that the Alma-Ata Declaration requires the delivery of primary health care both at home and at work and the use of resources in industry and other economic activities to enhance health promotion,

Aware of the opportunities that work has in health promotion and that these have not as yet been fully exploited for the improvement of health of nations,

Concerned that modern industrial processes harbouring many physical, chemical and psychosocial hazards are being introduced without control into the developing countries where people are more vulnerable on account of lower standards of health,

Noting that the Report of the Director-General contains important elements and proposes new programme areas requiring action by WHO, as well as coordination within WHO and with other United Nations agencies and organizations,

Noting also that technology and standards in occupational health are in need of coordination and adaptation to conditions in developing countries, and that the rapid increase of toxic agents in work-places and of occupational hazards require more intensive efforts by WHO and countries;

1. THANKS the Director-General for his report and efforts in developing this programme,
2. CONFIRMS its conviction that workers' health is an essential and major programme in which WHO should maintain its leadership,
3. REITERATES those recommendations and requests addressed to Member States and to the Director-General in resolution WHA29.57 and other related resolutions,
4. URGES Member States
 - (a) to give special attention to working people by developing appropriate occupational health care in work-places as a contribution to the attainment of health for all by the year 2000,

- (b) to develop legislation aimed at increasing the provision of resources by enterprises and employers for such occupational health care,
- (c) to strengthen coordination between medical and health care services for workers, where they exist, and general health services,
- (d) to develop and strengthen occupational health institutions and to provide measures for preventing hazards in work-places, for the setting of standards and for the research and training in occupational health,

5. REQUESTS the Director-General

- (a) to prepare a programme of action to deal with the new dimension contained in his report, and to present it to WHO policy organs at the earliest possible time,
- (b) to strengthen WHO occupational health resources so as to activate more effective technical cooperation with Member States and to collaborate in setting occupational health standards and guidelines,
- (c) to initiate appropriate mechanisms for seeking extrabudgetary resources and voluntary contributions to implement and strengthen the Workers' Health Programme and to report thereon to a future session of the Assembly,
- (d) to carry out a study of the interrelationship between WHO's Workers' Health Programme in its new form and its links with other activities within WHO, ILO and other United Nations agencies such as UNEP.

Professor RENGER (German Democratic Republic), Chairman of the drafting group, proposed that in addition the last part of operative paragraph 2 be amended to state "in which WHO, in close collaboration with ILO, should maintain its leadership". He stressed the importance of including that major United Nations organization into the resolution.

Mr BARAKAT (United Arab Emirates), in connexion with the statement in operative paragraph 5 (a) and given first the great number of existing WHO policy organs (which posed the problem of knowing which of those organs would be dealing with the issue first) and secondly the ill-defined nature of the statement "at the earliest possible time", proposed that the words "WHO policy organs at the earliest possible time" be deleted and replaced by "the Thirty-third World Health Assembly".

Dr KHALFAN (Bahrain) supported the amendment proposed for operative paragraph 5 by the delegate of the United Arab Emirates. Action in the field of workers' health, which had not been given sufficient attention so far, should be taken without delay and that amendment would contribute to keeping the issue alive with a view to implementing the draft resolution as soon as possible.

Dr OSMAN (Sudan) said that although his delegation had cosponsored the draft resolution and he himself had participated in the drafting group, he agreed with the statement made by the delegate of the United Arab Emirates that WHO policy organs were very numerous and that some of the delegates might not be aware of them all. He therefore supported Mr Barakat's proposal that the programme of action be presented at the Thirty-third World Health Assembly.

Dr AL-HUSAINI (Iraq) declared his support to the draft resolution and to the amendment proposed by the United Arab Emirates and Bahrain.

Dr SAMBA (Gambia) was highly impressed by the essential nature of the draft resolution. In the past, considerable emphasis had been laid on mothers and children, while forgetting that workers also included men, forming a family together with women and children. He requested that operative paragraph 2 be retained, because WHO's leadership should remain in the forefront.

Dr LEPPÖ (Finland) apologised for not attending the drafting group but nevertheless wished, given the importance of the issue, to express his views on the draft resolution and the amendments proposed to it. He noted with satisfaction that the drafting group had added a specific reference, in preambular paragraph 9, to the collaboration between WHO, ILO and other organizations of the United Nations system and he suggested an amendment to operative paragraph 2 along the lines proposed by the German Democratic Republic, in order to emphasize the need for collaboration between the various United Nations organizations.

In connexion with the delegate of Gambia's suggestion that operative paragraph 2 be kept in its original form, he proposed a compromise that might satisfy the different parties, namely that after the words "maintain its leadership", the sentence "and collaborate closely with ILO and other United Nations agencies and organizations concerned" be added. Taking into account the amendments to operative paragraph 5 (a) already made during the drafting process and which emphasized the need for collaboration between the various organizations, he further suggested that after the words "to prepare" the sentence "in close collaboration with ILO and other agencies and organizations concerned" be added once again.

Dr BEAUSOLEIL (Ghana) was of the opinion that in operative paragraph 4 (c) the word "medical" was not needed, in view of the fact that "health care services for workers" would presumably include what was intended by the term "medical".

Dr OSMAN (Sudan) said that the question of the active role played by ILO in safety and health matters had been discussed the previous day in the drafting group and was mentioned specifically in preambular paragraph 9 as well as in operative paragraph 5 (d). He therefore wished to support the delegate of Gambia's request that the statement on the role of the World Health Organization remain unchanged in operative paragraph 2 and he suggested that the issue of close collaboration raised by Professor Renger should be included in paragraph 5 (d).

The CHAIRMAN requested the delegate of Gambia to clarify the point he raised in respect to operative paragraph 2.

Dr SAMBA (Gambia) said that in principle he agreed with Professor Renger. His point was that the World Health Organization should maintain its prerogative in collaboration, of course, with all other organizations within the United Nations system. But the centre of all discussions in the Assembly was health and in Gambia, as elsewhere, ILO dealt with workers' problems with regard to their trade union organizations etc. As far as health coverage was concerned, workers in the developing countries had very little and in fact mostly no support at all and that was why he requested that the World Health Organization's leadership be maintained in the workers' health programme.

Dr KASONDE (Zambia), in connexion with the discussion on the role played by ILO, did not see the use of carrying out a study on the interrelationship between the Organization's workers' health programme and its links with other activities in various organizations, as stated in operative paragraph 5 (d). He proposed instead that activities connected with the workers' health programme should continue and be related to those of other organizations.

Dr GÁCS (Hungary) was in agreement with the draft resolution, which coincided with the statement made by his delegation in the course of the discussions. He expressed the wish to become a cosponsor of that draft resolution and, like the delegate of Finland, declared his support to the amendment put forward by the delegate of the German Democratic Republic.

Dr CLAVERO GONZÁLEZ (Spain) agreed with the substance of the draft resolution and with the suggestion made to add the sentence "in close collaboration with ILO and other agencies and organizations concerned". He stressed the essential role played by ILO in improving the health of workers and recalled that when resolutions were adopted by the government of a given country they became part of its legislation and consequently became effective at the country level. He was therefore in favour of the amendment proposed to the draft resolution.

Dr CABRAL (Mozambique) speaking on the issue of collaboration between WHO and other agencies, recalled that health was the result of a number of different factors exerting a positive or negative influence on the health status of the individual. Many of these factors were nonmedical and were therefore dealt with more thoroughly by other organizations such as UNEP, UNIDO or ILO. He thus supported the statement made by the delegate of Finland that the leadership of the World Health Organization should be maintained, while not forgetting that many activities should be undertaken by other organizations of the United Nations system, and he was in favour of the amendment proposed to operative paragraph 2, introducing the words "and collaborate closely with ILO and other United Nations agencies and organizations concerned".

He agreed with the delegate of Gambia that the Organization should keep its leadership, but it should not be forgotten that there had been a great deal of confusion in recent years as to the roles played by WHO and ILO in the field of workers' health. For example, there was still a lack of coordination in this field between the Organization and UNEP, as was evident in the report of the UNEP Governing Council's last session. He therefore reiterated the importance of keeping the statement on the Organization's leadership while maintaining close cooperation with other organizations of the United Nations system, as was stated in the Director-General's report on the workers' health programme.

Dr BEAUSOLEIL (Ghana) did not see the purpose of carrying out the study envisaged in operative paragraph 5 (d) and proposed an amendment to it to read as follows: "to promote and strengthen the closest possible cooperation and collaboration between the workers' health programme of WHO, in its new form and its links with other activities within WHO, ILO and other organizations of the United Nations system such as UNEP and UNIDO". Such an amendment would be more effective than the statement in its present form, because the promotion of cooperation and collaboration with other agencies would in any case involve a study of interrelationships between various agencies.

Dr LOCO (Niger) said that although in his opinion cooperation between the Organization and other organizations of the United Nations system was implicit, he wished to propose the introduction, at the beginning of operative paragraph 5, of an extra subparagraph to read as follows: "to establish a close collaboration with ILO and the other United Nations agencies and organizations", which would then become subparagraph (a); all the following subparagraphs would remain unchanged except subparagraph (d) which, having lost all relevance, should be deleted.

Mr DE GIVRY (International Labour Office) said that the Director-General of ILO had formally instructed him to make a statement in connexion with the draft resolution before the Committee, which concerned a matter of capital importance to ILO and whose eventual formulation would have a decisive influence on future relations between the two organizations in the field of occupational safety and health.

Although some of the delegates who had just spoken had referred to the need for collaboration between WHO and ILO in that field, the text before the Committee might still leave room for certain misunderstandings, which he would endeavour to dispel.

In the first place, it should be made perfectly clear that if WHO found itself in a position to strengthen its workers' health programme, ILO would be the first to applaud such a development. There was more than enough work to be done in the field of occupational health to engage the combined efforts of the two organizations. ILO's favourable attitude in that connexion found formal reflection in a resolution on the working conditions and the occupational environment adopted by the International Labour Conference in June 1976, which specifically - and partly as a result of his own insistence - mentioned the need to strengthen existing collaboration between the two organizations.

It went without saying that ILO was directly concerned with workers' health. It had a constitutional responsibility to ensure that workers were adequately protected in their occupations. Indeed, a resolution adopted by the International Labour Conference in 1975 stressed that the improvement of working conditions and the protection of the physical and mental health of workers was a fundamental and permanent mission of ILO. Moreover, and apart from ILO's official competence - which it shared with other international organizations - to deal with such matters as an international agency, its distinctive tripartite structure permitted employers and workers themselves to exercise a direct influence on decisions and programmes that were of immediate and daily concern to them. The programme which he himself directed, and which covered safety and hygiene, had a budget of US\$ 3.5 million for the period 1980-1981, to which an additional amount of almost US\$ 5 million (provided in the main by UNDP and partly through bilateral arrangements) for technical cooperation projects.

A further indication of the importance attached to ILO's activity as far as occupational health was concerned would be seen in the fact that the Government of the United States of America, although that country was not at present a member of the Organization, had recently and voluntarily contributed \$ 250 000 to finance the strengthening of an international warning system on occupational health and safety which that Government had promoted before leaving ILO.

From what he had said, it should be clear that WHO and ILO had every reason to proceed, on a basis of equality and with due respect for each other's specific concerns, to coordinate and

harmonize their activities in the field of workers' health; and such coordination and harmonization were, in fact, the subject of the current discussions between the Director-General of WHO and his counterpart in ILO, to which reference was made in paragraph 20 of document A32/WP/1, which had already come before Committee A.

How could the process of coordination and harmonization be developed further? In the first place, it should be recalled that in 1977, following discussions between ILO and the United Nations Environment Programme, the Governing Council of UNEP had formally recognized that improvement of the working environment constituted an integral part of efforts to improve the human environment as a whole, and had requested UNEP's Executive Director to prepare, in collaboration with ILO and the other specialized agencies and after consultation with employers' and workers' organizations, a coordinated international programme in that connexion, with particular reference to the safeguarding of the life and health of workers. After the second of two interagency meetings in 1978, ILO, whose particular concern with matters related to the welfare of workers was self-evident, had been requested to prepare, in consultation with the other specialized agencies and with WHO in particular, a comprehensive working document, which would be submitted to a joint programming meeting on improvement of the working environment, due to be held at the headquarters of the United Nations Industrial Development Organization (UNIDO) in October 1979. The consultations which ILO would thus be holding with WHO in that connexion would undoubtedly constitute the occasion for further coordination and harmonization of the two organizations' activities.

Moreover, as a result of the discussions between the Directors-General of WHO and ILO, which he had mentioned earlier and which had been devoted to the subject of occupational safety and health, the Secretariats of the two organizations had been instructed to pursue, throughout 1979, an open discussion on their respective roles, and to prepare together a new memorandum of understanding which would revise and update the consultation and coordination procedures agreed upon in 1954, which were still in force.

The excellent atmosphere in which those discussions, which had begun in January 1979, was taking place might be compromised by the wording of operative paragraph 2 of the draft resolution before the Committee, although he acknowledged that the amendments to its text already proposed by certain speakers would, if adopted, do much to rectify this situation and to strengthen the cooperation between WHO and ILO. Nevertheless, and as it stood at present, the phrase "WHO should maintain its leadership. . ." appeared to be questionable. Where, the speaker wondered, was the justification for asserting that WHO was in a position of leadership as far as workers' health was concerned? Had not the Health Assembly itself, in its resolution WHA29.57 on the subject adopted only three years ago, stressed that "WHO has so far played a rather limited role in this field"? On the other hand, it could not be denied that ILO had accumulated 60 years of experience. But paragraph 2 of the draft resolution contained what he believed to be a second and even more serious source of misunderstanding, namely in its reference to workers' health as a "programme". To state that WHO should maintain leadership in its own programme for workers' health was to state what was self-evident; if - on the other hand - what was implied in the text was an international programme (and as he had pointed out, the health of workers concerned more than one international body), then there were those who would beg to differ with the statement.

In the light of those observations, and on the assumption that the Committee would wish its resolution to have a positive effect on the relationship between WHO and ILO at all levels, he would take the liberty of suggesting that the text of paragraph 2 would be much more likely to have that effect, and would reflect the actual state of affairs more closely if it were reworded to read: "Confirms its conviction that workers' health is an essential domain in which WHO should exercise a leading role in close collaboration with ILO and the other United Nations bodies concerned, particularly the United Nations Environment Programme". But it was of course up to the Committee to decide on what it considered to be a suitable formulation.

Dr KLIVAROVÁ (Czechoslovakia), while appreciating the importance of cooperation and coordination with ILO regarding workers' health, said that this was a field in which WHO had a leading role to play. Although ILO also had an interest in workers' health, this was by no means the most important of its concerns. Little would be gained from engaging in what might prove to be a very lengthy debate on the matter, and she would therefore propose - in view of the many important remarks which had been made, and with the aim of saving the Committee's time - that the text of the draft resolution be referred back to a drafting group.

The CHAIRMAN invited the Committee to consider that proposal.

Dr EL GAMAL (Egypt), rising to a point of order, said that, particularly in view of the length of the statement by the representative of ILO, delegates should be allowed to set their views before the Committee.

The CHAIRMAN said he believed the proposal by the delegate of Czechoslovakia to be a very wise one. But he had no intention of limiting the rights of any speaker; following the remarks by the delegate of Egypt, he would suggest that the discussion continue, on the assumption that if - as seemed likely - the drafting group was reconvened, it would take account of all the statements made so far. Delegates on his list who had not yet spoken on the issue would be free to do so before the Committee. Others would be free to set their views, at whatever length they deemed necessary, before the drafting group.

Dr OSMAN (Sudan) believed that the Committee, and the drafting group in particular, would welcome an immediate response by the WHO Secretariat to the remarks by the representative of ILO.

The DEPUTY DIRECTOR-GENERAL assured the Committee that the Directors-General of WHO and ILO were engaged in consultations, and expressed the view that at the present time it would be premature to expand further on the matter or to pronounce on the relationship between the two organizations.

Dr SANKARAN (India) observed that through his representative, the Director-General of ILO had made a very important policy statement concerning workers' health. Members of the Committee would wish to have the opportunity of responding to that statement; he sought the assurance that they would be able to do so.

Dr EL GAMAL (Egypt) said that in his earlier intervention, his only concern had been to ensure that members of the Committee would have the opportunity of commenting on the statement by the representative of ILO.

Mr de Givry had spoken of his Organization's long experience. Had the representative of the Ministry of Labour in Egypt responded in like vein to a programme submitted by the Ministry of Health, he, Dr El Gamal, would have replied on behalf of the latter that the health of workers - rather than general experience in dealing with their welfare - was what concerned it most. Similarly, and although other international organizations might be in one way or another concerned with workers, WHO was supremely concerned with their health. Indeed, if WHO did not assume leadership in all aspects of international health, it would be betraying its mandate. The statement that WHO should maintain its leadership in the programme of workers' health (as indeed it should with regard to the health of all other categories of human beings) was thus merely a reiteration of that mandate and the reflection of a reality.

Dr PATTERSON (Jamaica) said that in the light of the development of the discussion, she would withdraw her earlier request to speak at the present time, and would support the proposal that the drafting group be reconvened to prepare a new draft resolution.

Dr FIELD (United Kingdom of Great Britain and Northern Ireland) agreed that it might be easier to make progress in the preparation of a satisfactory text by referring the matter to a smaller group. As far as the statement by the representative of ILO was concerned, he fully agreed with the remarks by the delegate of Egypt.

Professor DOĞRAMACI (Turkey) also supported the proposal that the matter be sent back to the drafting group. He would submit to that group two new proposals specifically related to the case of migrant workers and their families.

Dr SANKARAN (India) said that ILO's paramount role as far as the interests of labour were concerned had been accepted throughout the world. Unfortunately, in many developing countries there often existed large segments of unorganized and temporary labour which fell outside the purview of the respective labour ministries and therefore did not enjoy the protection of ILO. He had already had occasion to refer to that problem as it affected certain agricultural workers, whose interests were not respected by the manufacturers, on a local scale, of modern industrial equipment. Recalling that few health representatives

had been present during the discussion of workers' health by the International Labour Conference in 1978, he expressed the hope that the Director-General of WHO would report as soon as possible on his consultations with his counterpart in ILO.

While supporting the draft resolution before the Committee, he agreed that it would be wise for a drafting group to be appointed to produce a final version.

Dr OSMAN (Sudan) said that the delegate of Gambia had fairly expressed what was generally the understanding of the developing countries with regard to ILO's concern, which appeared to be more with occupational safety than with health; the delimitation of the responsibilities of ILO and WHO was still not altogether clear.

Although it would be premature to comment on the relationship between the two organizations before publication of an interim report on the consultations between their Directors-General, it was already clear from the discussion that the practical application of the workers' health programme in the developing countries was running into difficulties, not least because - as the delegate of Egypt had implied - both labour and health legislation were involved. Many countries had created industrial health advisory boards with the aim of reconciling the requirements of their health and labour ministries, but many problems remained to be solved. It was therefore essential that any resolution adopted by the Health Assembly with regard to workers' health be clearly drafted, in order to avoid further confusion.

The DEPUTY DIRECTOR-GENERAL expressed his conviction that WHO's record of collaboration with other specialized agencies, which was second to none, would be maintained as far as the new undertaking with ILO was concerned. Certain difficulties with regard to possible overlapping were to be ironed out.

It should be stressed that the World Health Assembly was the sovereign body responsible for providing the Director-General with instructions concerning the formulation of WHO's programmes. It was thus up to the Health Assembly, and to Committee A in particular, to make its wishes clear as far as the workers' health programme was concerned, in an appropriately precise resolution.

The CHAIRMAN believed that the Committee would now do well to reconvene the drafting group, which would be responsible for revising the draft resolution and for ensuring that it contained the precise instructions which the Health Assembly would wish to give to the Director-General as far as the workers' health programme was concerned.

It was so decided.

GENERAL PROGRAMME DEVELOPMENT, MANAGEMENT AND COORDINATION (Appropriation Section 2) (Official Records No. 250, pages 98-118)

Research promotion and development (major programme 2.4) (continued)

The CHAIRMAN drew the attention of the Committee to the draft resolution proposed by the delegations of Bulgaria, Finland, German Democratic Republic, Nigeria, Poland, Trinidad and Tobago, Turkey, United Republic of Tanzania and Yugoslavia, to be introduced by the delegate of Turkey which read:

The Thirty-second World Health Assembly,

Recalling resolutions WHA27.61, WHA28.70, WHA29.64, WHA30.40 and WHA31.35, as well as the Executive Board's decision at its sixty-third session in January 1979 concurring with the conclusions of its Programme Committee on the review of biomedical and health services research;

Considering that biomedical and health services research and application of its results will be among the decisive factors for the attainment of the goal of "Health for all by the year 2000";

Noting:

(a) that considerable progress has been made in strengthening national and regional research capabilities and in establishing research coordination mechanisms at regional and global levels;

- (b) that WHO's research priorities are now being defined in accordance with the policy directives of the governing bodies by groups of national scientists, e.g. the global and regional ACMRs, task forces and scientific working groups;
- (c) that the Secretariat is supporting national scientists in these activities;
- (d) that the Director-General is continuing to reorient WHO's research including its management, so that it becomes increasingly relevant to priority health problems of Member States;
- (e) that major portions of the Organization's regular budget and extrabudgetary funds for research are invested in research in developing countries;

1. URGES Member States to:

- (1) identify and pursue research that is most relevant to their own major health problems;
- (2) intensify technical cooperation among themselves for their mutual benefit in matters of biomedical and health services research of common interest;
- (3) make even greater use of WHO's regional and global research coordination mechanisms; and
- (4) facilitate a continuing expansion of the participation and collaboration of national experts in institutions in WHO-coordinated research activities;

2. CALLS UPON Member States and bilateral, multilateral and voluntary agencies to support these initiatives by making contributions to WHO-coordinated research as an important part of the strategies for attaining "Health for all by the year 2000";

3. REQUESTS the Director-General to accelerate the further development and application of activities which will:

- (1) enhance national research capability through institutional strengthening and training of national scientists with due emphasis on health services research;
- (2) maximize the utilization of national research centres, particularly in developing countries, for collaborative research activities with WHO;
- (3) guarantee a just geographical distribution of collaborating centres and cooperating experts;
- (4) facilitate collaborative research on health problems which transcend national and regional boundaries;
- (5) generate a comprehensive medium-term programme with respect to the Organization's research promotion and development efforts; and
- (6) ensure that research-related policies of the Regional Committees, Executive Board and the World Health Assembly are effectively translated into research strategies for the attainment of "Health for all by the year 2000".

Professor PIRNAR (Turkey) explained the reasons underlying the formulation of the draft resolution, which called for intensification of efforts by Member States, various agencies and WHO towards further coordination of biomedical and health services research. However, the draft resolution particularly stressed what developing countries could themselves do to further development of research activities. Although the major part of WHO's budget for research activities was allocated to developing countries, in view of the present status of health services and facilities in some of those countries, the goal of health for all by the year 2000 might be difficult to achieve. The strengthening of technical cooperation among Member States was crucial in order to improve biomedical and health services research of common interest. The importance of that approach was fully emphasized at the Technical Discussions.

Professor TATOČENKO (Union of Soviet Socialist Republics) proposed that a drafting group be set up to consider the draft resolution. His delegation wished to propose a number of amendments which it would be difficult to discuss in a full Committee meeting, and he was certain that other delegations would also wish to submit amendments to such an important resolution.

Apart from a few editorial changes his delegation wished to propose two substantive points for inclusion in the text. They concerned requests to the Director-General, firstly, to intensify the coordinating role of the Advisory Committee on Medical Research and to provide it with the necessary administrative support; and secondly, to take an active part in the forthcoming United Nations Conference on Science and Technology for Development, to be held in Vienna, by sending WHO representatives to the Conference and submitting a report in order to ensure that health was accorded due priority.

The DEPUTY DIRECTOR-GENERAL assured the delegate of the USSR that at headquarters a committee had already been set up to coordinate WHO's role at the United Nations Conference on Science and Technology for Development and a document would be submitted to that Conference.

Turning to the first point raised by the delegate of the USSR, he considered that reference to the role of the Advisory Committees on Medical Research would have to be more explicit. The Committees were both global and regional. If more emphasis were given to the coordinating role of the global Committee, it would be to the detriment of the regional advisory committees on medical research and both the global and regional aspects should be equal.

Professor TATOCENKO (Union of Soviet Socialist Republics) felt that a reference to WHO's role at the United Nations Conference on Science and Technology for Development would not be out of place in the draft resolution. His other proposed amendment referred to the global Advisory Committee on Medical Research, and concerned its coordinating role, not its authority. It was most important to ensure that all work was properly coordinated.

Dr BULLA (Romania) expressed his delegation's satisfaction at the draft resolution. While it was easy to feel enthusiasm with regard to the idea and principles of research, it was at the level of practical implementation that disappointment was frequently felt. For that reason, his delegation wished to see more specific ways and means mentioned in operative subparagraphs 1 (1) and 1 (3) in order to avoid unproductive research programmes. He, therefore, proposed that the first subparagraph of operative paragraph 1 should be amended to read as follows: "identify and pursue research that is most relevant to their own major health problems and to effective focal points for national coordination of research relating to health matters;". His delegation considered that it was an important point which needed to be emphasized before taking into account intercountry or interregional coordination.

Turning to operative subparagraph 1 (3), he proposed that a new subparagraph should be inserted between the first and second subparagraphs requesting the Director-General to give special attention to managerial principles and practical ways and means relating to planning, programming, coordination, evaluation and practical implementation for the benefit of all countries, as well as to the methodology of performing health service research.

With regard to the French text of the draft resolution, in subparagraph (4) of operative paragraph 3, he proposed that the word "collectives" should be replaced by the word "collaboratives".

Dr SAMBA (Gambia) supported the proposal made by the delegation of the USSR that a drafting group should be set up.

Dr RINCHINDORJ (Mongolia) said that his delegation endorsed the basic objective of the draft resolution, namely, to improve the potential of biomedical and health research at the national level. Nevertheless he wished to propose that in subparagraph (6) of operative paragraph 3 the words "Regional Committees, Executive Board and the World Health Assembly" should be replaced by the words "at the national, regional and global levels". He considered that it would be a more correct formulation and in accordance with the practice of WHO.

The CHAIRMAN asked the Committee whether it agreed that a drafting group should be set up.

It was so decided.

DEVELOPMENT OF COMPREHENSIVE HEALTH SERVICES (Appropriation Section 3, Official Records No. 250, pages 119-169) (resumed)

Health services development (major programme 3.1) (resumed)

Appropriate technology for health (programme 3.1.5) (continued)

The CHAIRMAN called upon the delegate of Nepal to introduce the draft resolution submitted by the delegations of Maldives, Nepal, Netherlands, Pakistan, Uganda, United Republic of Cameroon and Zaire, which read:

The Thirty-second World Health Assembly,
Recalling the International Conference on Primary Health Care held in Alma Ata in 1978,

Recalling resolution WHA29.74 on promotion of health technology for rural development and primary health care, resolutions WHA27.51, WHA27.58, WHA28.58, WHA31.44 and others, as well as the Chapter on Control of Communicable Diseases in the Sixth General Programme of Work, all of which require health laboratory support for their effective implementation;

Bearing in mind the low priority given to health laboratory services in many countries and their frequent under-development in relation to other components of national health services;

REQUESTS the Director-General to:

- (1) intensify the cooperation with Member States for the development of health laboratory services in the rational scientific prevention and control of disease, especially the main communicable diseases, such as diarrhoea, malaria, tuberculosis, and in particular to promote the establishment of peripheral laboratories in support of primary health care, and
- (2) reflect more adequately the importance of health laboratory services in the Programme Budget of WHO.

Dr POU DAYL (Nepal) said that it was only during the latter part of the last century that the scientific element was added to the so-called "Western" system of medical care. Laboratories as a service were only developed in some Western countries during the Second World War. However, in most of the developing countries, laboratories as a service did not exist.

Pharmaceutical industries indulged in very aggressive salesmanship, particularly in the developing countries. Health care was, therefore, very costly and occasionally a risk to the community, due to the development of resistant strains of microorganisms. Unless basic laboratory services were developed, a scientific element would not be present in primary health care and his delegation, therefore, considered that the draft resolution should receive consideration since it would help millions of people in the developing countries to have the right to health.

Dr EL GAMAL (Egypt), citing operative paragraph (1), stated that it referred to medical laboratory services and not health laboratory services. Public health laboratory services were extremely important for primary health care, it was not possible to strengthen laboratory services and ignore drinking-water and food. He therefore proposed that in the third line of operative paragraph (1), after the word "tuberculosis", the words "as well as public health laboratory services" should be added.

Professor SYLLA (Senegal) said that his delegation wished to cosponsor the draft resolution. He thought that the text could be clarified by deleting the rest of operative paragraph (1) after the words "communicable diseases". However, if delegations preferred to keep the list which followed, emphasis should be laid on primary health care, which was the main objective.

Dr MAFIAMBA (United Republic of Cameroon), speaking as one of the cosponsors of the draft resolution, stated that in most of the developing countries satisfactory laboratories did not exist outside the capital cities and larger provincial towns. In order to improve the prevention and control of communicable diseases, simplified laboratory services adapted to field conditions were required. Unfortunately, budgets were small and could not support development in that sector. In recent years, little emphasis had been laid in the budget on WHO assistance for the training of personnel or helping countries to develop national laboratory services.

The proposals made by the delegations of Egypt and Senegal were acceptable to his delegation, but he considered that the word "prevention" in operative paragraph (1) of the draft resolution covered the point made by Egypt.

Dr FLEURY (Switzerland) said that, in view of the importance of peripheral public health laboratories and the fact that such laboratories did not exist in developing countries, his delegation supported the draft resolution under discussion and wished to be a cosponsor, on the understanding that it concerned public health laboratories.

Dr BULLA (Romania) was certain that all delegations were convinced of the paramount importance of laboratory technologies. His delegation supported the draft resolution, but wished to propose a new operative paragraph to be added after operative paragraph (1) and reading as follows "intensify research in the field of appropriate technology relating closely to methods and techniques in the field of health laboratory work".

Dr SPAANDER (Netherlands) said that his country was one of the more fortunate since it possessed well-developed laboratory services, nevertheless it considered that certain parts of the programme should be stressed and for that reason it had cosponsored the draft resolution. He agreed with the delegate of Egypt that a reference should be made at the beginning of operative paragraph (1) to public health laboratory services. Although the programme should not lose momentum by covering too many activities, the need for better diagnosis should not be overlooked, since the latter had repercussions on epidemiological research. Therefore, simple public health laboratory methods, for example, mobile units accompanying primary health care workers, should not be left out of the programme.

Dr PATTERSON (Jamaica) declared that her delegation wished to cosponsor the draft resolution. The value of health laboratories, especially peripheral laboratories, could not be questioned and there was a need to expand them in many developing countries. Her delegation had paid particular attention to the amendment submitted by Egypt since, in her country, although certain laboratory services existed, public health laboratory services were lacking and she therefore supported the amendment.

Dr LISBOA RAMOS (Cape Verde) said that, in view of the inadequate laboratory structure in developing countries, his delegation supported the draft resolution and the amendment submitted by Egypt.

Dr LOEMBE (Congo) said that the Ministry of Health in his country considered that the problem of health laboratories, in particular, peripheral laboratories, gave cause for concern. Clinical diagnosis was not always followed by viable laboratory tests, as should be the case, and the lack of laboratories was a problem shared by many developing countries. Laboratory apparatus was becoming increasingly expensive and budget allocations for rural health training and equipment were often very small and insufficient to provide laboratories with the most elementary equipment. WHO should devote its attention not only to reducing the price of drugs, but also the price of the necessary elementary laboratory apparatus, thus enabling developing countries to obtain indispensable equipment. His delegation, therefore, wished to cosponsor the draft resolution.

Professor PIRNAR (Turkey) stated that there were two aspects to the draft resolution. The delegation of Egypt had mentioned the question of public health laboratories, however, a relatively sophisticated structure was required if work were to be done on diarrhoea, for example. His delegation, therefore, proposed to divide operative paragraph (1) into two separate paragraphs. The first operative paragraph would then read "intensify the

cooperation with Member States for the development of health laboratory services in the rational scientific prevention and control of diseases, especially the main communicable diseases, such as diarrhoea, malaria and tuberculosis". The second paragraph would read "promote the establishment of peripheral laboratories where simple techniques could be used in support of primary health care,". Operative paragraph (2) would then become operative paragraph (3).

The CHAIRMAN said that the delegation of Maldives wished to withdraw as cosponsor of the draft resolution under discussion.

Dr FUJIGAKI LECHUGA (Mexico) supported the draft resolution on health laboratory technology and wished to add his country to the list of cosponsors. He suggested replacing the reference to diarrhoea, malaria and tuberculosis in operative paragraph (1) by the words "prevalent in each country", since in some countries, and in different regions of the same country, there were other diseases which were also important and needed laboratory support for diagnosis, treatment and control.

Professor SADELER (Benin) said that, bearing in mind the technical points raised by the delegates of the Netherlands and of Egypt, and the new wording proposed by the delegate of Senegal, his delegation supported the draft resolution and wished to be included in the list of cosponsors.

Dr CABRAL (Mozambique) supported the delegate of Egypt on the need to refer operative paragraph (1) of the resolution to public health laboratory services. He thought that the question raised by the delegate of Turkey was hard to tackle, since diarrhoea was difficult to diagnose at the primary level, whereas malaria was not. Therefore he thought that the names of the diseases should be deleted, not only because of the different degrees of difficulty in their diagnosis at primary level but also because they could not be representative of the most important and prevalent communicable diseases at primary level in different geographic areas. If their names were replaced by the words "especially the main communicable diseases", and if public health laboratory services were included, everyone should be satisfied.

Finally, although public laboratory facilities at primary level were needed in many countries, the question was the same as that faced last year in connexion with drugs and pharmaceuticals: how to make laboratory facilities available to those countries. There was need for international cooperation and for a national rationale in establishing the network of primary laboratory facilities. He therefore proposed inserting between operative paragraphs (1) and (2) of the draft resolution an additional operative paragraph to read: "intensified the dialogue with the manufacturers of equipment and chemicals for those programmes in order to make them available at a low price and guaranteed quality to the countries in need." He would submit that amendment to the Secretariat.

Dr BEAUSOLEIL (Ghana) fully supported the draft resolution. He agreed that a network of laboratory services, from simple procedures at the peripheral level to sophisticated procedures at the central level, was vital for the success of the communicable diseases programme. But those services were also relevant to the diagnostic and therapeutic services, and that fact needed to be reflected in the resolution. He did not see how the Director-General could be asked to intensify cooperation with Member States when there was nothing in the resolution urging Member States which had not yet seriously considered developing their own services to do so. Therefore he thought that the whole draft resolution needed reformulating so as to urge Member States to give due consideration to developing appropriate laboratory services and then to request the Director-General to provide technical cooperation. He would submit an appropriate amendment to the Secretariat in due course.

Dr POUDELAYL (Nepal) thanked the delegate of Egypt for his effort to insert the public health component into the resolution. He thought that the basic intention of the resolution was to obtain a minimum laboratory service for the maximum number of people. The resolution aimed at making a start at providing laboratory service at peripheral level to aid in primary health care. Replying to the delegate of Ghana, he pointed out that public health laboratories were not familiar to many developing countries, and that WHO had a catalytic role to play in motivating national governments and helping them to introduce that component into the health structure.

Dr BRAGA (Brazil) was pleased to support the draft resolution. In his country there were public health laboratory systems that worked well in some regions and less well in others. One thing that had been clearly observed in training health personnel, especially doctors, for positions of responsibility in health units in the interior, was that the doctor often did not receive proper training in how to run a public health laboratory, however modest its services, of the kind that the resolution recommended. It would be helpful if WHO would take the initiative to promote the idea of schools of public health and other institutions where all health workers, but particularly doctors, would receive special training in the methodology and the practical running of those public health laboratories so that they would be able not only to supervise, but in case of need, carry out the laboratory work themselves.

Dr BEGG (New Zealand) said that his delegation wished to be a cosponsor of the draft resolution, which related to services that were essential if the prevention of waterborne disease was to be achieved and if communicable disease in general was to be controlled. To provide the facilities for the supply of drinking-water without the means of effectively monitoring such a supply could be more dangerous than not putting in such facilities in the first place. That fact had been demonstrated recently in a cholera outbreak in the Pacific. His delegation believed that the proposed draft resolution and its implementation was worthy of high priority in the various TCDC programmes. The concept and operation could be simple, and must be kept simple if its introduction were to be rapidly achieved.

The CHAIRMAN said that in view of the opinions expressed it seemed essential to form a drafting group on the proposed draft resolution, and asked the delegates of Nepal, Egypt, Ghana, Mozambique, Mexico, Romania, Turkey, Senegal and any others who were interested to meet to work out a text taking into account the various changes that had been proposed.

Mental health (major programme 3.3) (continued)

The CHAIRMAN asked the delegate of Belgium to introduce the draft resolution of the programme for the development of mental health proposed by the delegations of Belgium, Botswana, Brazil, Nigeria, Rwanda, Sudan, Swaziland, Thailand, Turkey, Yugoslavia and Zambia, which read as follows:

The Thirty-second World Health Assembly,

Recalling resolutions WHA28.84, WHA29.21 and WHA30.45 which noted with concern the magnitude and severity of psychosocial stresses and their effects on the health of populations, as well as the importance of psychosocial factors in health and health care;

Recalling that the Conference of Alma Ata recommended that primary health care should include as one of its elements the promotion of mental health;

Considering that, in planning for Health for All by the Year 2000 and in implementing such plans, due emphasis needs to be given to the promotion of mental health and psychosocial development;

Noting that the response of Member States to provide voluntary contributions to the Mental Health Programme has been insufficient to provide the financial and technical means necessary for the full implementation of the resolutions referred to above;

1. THANKS those Governments who have made contributions to the programme thus allowing for priority activities to be initiated;
2. URGES Member States who have not yet contributed to this programme to make every effort to do so;
3. INVITES foundations, industry, labour organizations, nongovernmental organizations and individuals to support WHO in its efforts to develop the Mental Health Programme;
4. DECIDES to establish a Special Account for the Mental Health Programme as a sub-account of the Voluntary Fund for Health Promotion;

5. REQUESTS the Director-General to submit a report to a future World Health Assembly on further developments in regard to this programme and the support received for it.

Professor HALTER (Belgium) noted with satisfaction that a number of activities had developed during recent years in the field of mental health, but added that the problem was so important that it was necessary to coordinate efforts and mobilize new financial possibilities. For that reason the draft resolution invited all those concerned with detection, identification and intervention to promote the mental equilibrium of the individual to collaborate in those activities. It was particularly important to identify a special account in the voluntary fund to which contributions for the development of the programme could be made. For accounting purposes it was necessary to have a precise way of identifying such contributions, and a special fund would also better attract the attention of all those likely to contribute to it. The Director-General and his staff would have the full confidence of the Health Assembly to pursue their activities, and the Health Assembly would simply ask for a report from time to time.

Dr MWAKALUKWA (United Republic of Tanzania) said that his country was involved in the special programme of technical cooperation in mental health established in accordance with resolution WHA30.45, and wished to become one of the cosponsors of the draft resolution. He wished to suggest three small changes. In the third preambular paragraph he proposed that the semicolon after "development" be replaced by a comma, followed by the words: "including identification of research in both areas". Secondly, he wished to change operative paragraph 1 to read: "THANKS those Governments, foundations, industries, labour organizations and nongovernmental organizations who had made contributions", etc. Thirdly, he suggested that in operative paragraph 3 the word "developed" be replaced by "lay emphasis on the development of".

Professor SADELER (Benin) recalled that it was his delegation which in 1975 and 1976, supported by 50 Member States, had launched the consideration by the Committee of all the problems relating to mental health, and for this reason he firmly supported the draft resolution.

Dr ABDELLAH (United States of America) said that her delegation enthusiastically supported the concept of mental health and wished to propose an expansion of operative paragraph 2 of the draft resolution so that it read: "RECALLING that the conference of Alma-Ata recommended that primary health care should include as one of its elements the promotion of mental health linking mental health with the training of primary care personnel, provision of health services and sharing of research".

Dr CUMMING (Australia) said that his delegation strongly supported the draft resolution and wished to be a cosponsor of it. He also strongly endorsed the remarks of the delegate of Belgium in regard to establishing a special account for voluntary contributions, and was in favour of the various minor amendments which had been proposed.

Mrs MAKHWADE (Botswana) underscored the need for the draft resolution. There was no argument about the necessity to develop the mental health programme so that it became an integral part of primary health care. In many countries that would involve a radical reorientation and a change of approach, with training of staff to support the relevant activities. She agreed with the delegate of the United States of America on the training of primary health care level staff to make the programme a reality, and strongly supported the resolution.

Professor JAKOVLJEVIĆ (Yugoslavia) expressed his support for the amendment proposed by the delegate of the United Republic of Tanzania.

Dr DLAMINI (Swaziland) thought the amendments that had been proposed did not contradict the spirit of the draft resolution and were acceptable to the cosponsors.

The CHAIRMAN said that there seemed to be a consensus and that the sponsors and cosponsors would be prepared to accept the amendments. He asked the Secretary to read out the text including the amendments as proposed.

Mrs BRUGGEMANN (Secretary) read out the amendments that had been proposed.

The CHAIRMAN asked if there were any objections.

Decision: the draft resolution, as amended, was approved.

DISEASE PREVENTION AND CONTROL (Appropriation Section 4, Official Records No. 250, pages 170-219)

Communicable disease prevention and control (major programme 4.1)

The CHAIRMAN asked the representative of the Executive Board to introduce major programme 4.1, Communicable disease prevention and control.

Dr VIOLAKI-PARASKEVA (representative of the Executive Board) said that communicable diseases took up a great proportion of expenditure in the health budgets of countries and would undoubtedly continue to form the major element of primary health care. In consonance with the social objective of health for all by the year 2000, the Executive Board had noted with satisfaction that in the programme on communicable disease prevention and control greater emphasis had recently been placed on those communicable diseases which called for priority at the worldwide and regional levels. The Executive Board encouraged the current focus of efforts on such priority programmes of technical cooperation as the Expanded Programme on Immunization and the programmes on diarrhoeal diseases control, tuberculosis and acute respiratory infections, malaria and other parasitic diseases, and the prevention of blindness. The Executive Board was conscious of shortcomings at the country level in epidemiological surveillance and health infrastructure. The Board accordingly endorsed present efforts to accelerate the improvement of national and international epidemiological surveillance for the early detection of cases and to trace the source of infection. Special note had been made of the current endeavours in various regions to reorient their training and epidemiology away from dependence on academic institutions abroad to the support of national teaching institutions and health services to provide training in epidemiology based on the application of epidemiology to local problems.

She further informed the Committee that the Executive Board, in reviewing the malaria programme, had noted that the overall strategy for malarial control, including different tactics and basic principles for its implementation, was reflected in the Programme Budget Proposals. The Board had raised the question of the resistance of Plasmodia to drugs. It had been noted that the phenomenon had been observed over a period of 20 years in parts of Latin America, and in countries of South-East Asia, and that WHO was dealing with the problem in cooperation with Member States.

The Board had been interested to know the relations between tropical diseases research and the malaria action programme. It had learned that the Special Programme for Research and Training in Tropical Diseases included research on the development of new tools, for example chemotherapy or the improvement of existing drugs through different formulations, and the development of immunodiagnostic tests. Those activities were carried out through permanent consultation between those responsible for the operational aspects of malaria control and those responsible for the development of the Special Programme.

With regard to the parasitic diseases programme, the Board had noted activities covering schistosomiasis and other helminthic infections; filariasis; African and American trypanosomiasis; and leishmaniasis. That programme advised on the technical policies of the Organization in the research and control of parasitic infections other than malaria; moreover it coordinated research into all aspects of parasitic infections or diseases of public health importance; and it also formulated technical guidelines for epidemiological surveys, applied field research projects and operational control programmes in parasitic diseases.

Of the bacterial group of diseases, the Board noted that the programme focused attention on diarrhoeal diseases control, tuberculosis and acute respiratory infections, sexually transmitted diseases, endemic treponematoses, leprosy, and other specific problems such as human plague, cerebrospinal meningitis and others.

Concerning the programme on diarrhoeal diseases control, she said that the Committee would recall the adoption by the Thirty-first World Health Assembly in 1978 of resolution WHA31.44 on control of diarrhoeal diseases. That had significantly promoted the development of the programme as part of primary health care, in particular maternal and child health care in a number of countries. UNICEF was closely collaborating in that programme. At the country level, strong emphasis was laid on how best to meet needs for local production and distribution of oral rehydration salts. In the context of the need for local means of treatment the Board realized that cholera clearly formed part of the diarrhoeal diseases control programme and had discussed the rather limited value of cholera immunization with vaccines at present available not achieving more than 60% protection for about 2-3 months. The Executive Board had also noted that research into diarrhoeal diseases was recognized as a priority research area by the global and regional Advisory Committees on Medical Research.

The Board had noted that in addition to BCG vaccination, tuberculosis control was now firmly placed on practical, economical and effective diagnostic and chemotherapeutic agents, all based on well-tried methodologies.

In its review of the recently introduced programme of acute respiratory infections, the Executive Board had remarked that in spite of incomplete information on such infections there could be little doubt that it carried one of the highest morbidity and mortality rates in many countries, in particular in the child population of the developing countries. In stressing the importance of the veterinary public health programme, the Executive Board had sought to encourage further development of the network of WHO regional zoonoses control centres; the elaboration and implementation of national, regional and global strategies and methods for surveillance and control of zoonoses and foodborne diseases. The diseases deserving priority were considered to be rabies, hydatidosis, cysticercosis, brucellosis, encephalitis, salmonellosis and other foodborne diseases. The Board had expressed its concern at the increasing prevalence of sexually transmitted diseases, their complications, socioeconomic consequences and frequency of congenital and perinatal transmission. Discussion had also taken place on the resurgence of endemic treponematoses in several countries, after several years of control activities had reduced those diseases to very low levels or brought about their disappearance.

Concerning leprosy, she said that the Executive Board had noted that the disease continued to command attention at world level in terms of both social stigma and as a community health problem. The principal features of the WHO programme for the 1980-1981 biennium were to be the training of adequate and multidisciplinary manpower, the use of a horizontal approach in formulating the programme as part of community health services, and an increased research effort both under the Special Programme for Research and Training in Tropical Diseases and under national programmes.

Turning to the question of smallpox eradication she referred the Committee to document A32/WP/4 on the subject. More than a year has passed without the notification of any cases of endemic smallpox, and the main emphasis of the programme now lay in certifying that smallpox had been eradicated. Special certification procedures had been completed in 64 of the remaining 79 countries and global certification was planned for the end of 1979. The Board had stressed that surveillance following eradication was of crucial importance in all countries, and that there should be no slackening of effort in that respect. She drew the Committee's attention to the fact that no regular budget funds had been allocated to the programme in 1980-1981 but that the activities planned for the biennium could be fully carried out through voluntary funds. If required, the Director-General would provide additional funds from the regular budget, particularly from the Director-General's development programme. The Board had adopted resolution EB63.R5 on the programme and attached importance to the recommendations of the global commission which were annexed to it.

In reviewing the Expanded Programme on Immunization, the Board had noted that the major areas of activity for the Organization's promotion and support of the programme would be in the fields of planning and operations, improvement of equipment and strategies, training, identification of outside support, and development of regional and country self-reliance, both technically and materially. Attention had been drawn to the primary objective and challenge to the Organization in striving to provide immunization against the target diseases to all the world's children by 1990. That goal would be an important milestone on the road to achieving health for all by the year 2000. With specific reference to the budget presentation, satisfaction had been expressed at the indication of the importance accorded to the programme afforded by a budgetary provision almost twice that of the 1978-1979 biennium.

The Special Programme for Research and Training in Tropical Diseases had been discussed in detail. It was a global programme of international technical cooperation initiated by WHO and cosponsored by UNDP and the World Bank, with the two interdependent objectives of developing improved tools for the control of tropical diseases and strengthening the research capability of affected countries themselves. WHO was the executing agency. The diseases included in the special programme were: malaria, schistosomiasis, filariasis, African and American trypanosomiasis, leishmaniasis and leprosy.

The programme resources were made available to the Special Programme by governments and organizations through the Tropical Diseases Research Fund, an international fund administered by the World Bank and the WHO Special Programme Trust Account.

The Board had been interested to learn that the scientific and technical planning and evaluation of the total programme was carried out by a group of 18 independent scientists and technical experts selected on the basis of their scientific and technical competence. At its first meeting in November 1978, the Joint Coordinating Board had approved a programme budget of US\$ 25.54 million for 1979, only a very small amount of which was covered by the regular budget. The estimated obligations for 1980 and 1981 noted in Official Records, No. 250 were very preliminary figures which would be revised by the Joint Coordinating Board at its meeting in 1979.

In connexion with the prevention of blindness programme the Executive Board had noted that it was already established with a number of countries starting to formulate national programmes. In addition to stressing the need to apply existing knowledge for the control of such blindness the programme paid special attention to community education and participation in order to promote eye health as part of primary health care.

In discussing the essentially supporting services of the vector biology and control programme to other activities in the field of communicable diseases, the Board had noted that the prevention and control of vector-snail and rodent-borne diseases would continue to depend to a large extent on the use of pesticides for the years to come. It had further noted however that the effective use of many of the existing pesticides was being jeopardized by the development of resistant vectors. The development of safe and effective chemical and biological pesticides, and of equipment for their application was thus essential to reach the target of health for all by the year 2000.

The meeting rose at 12h40.

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