WORLD HEALTH ORGANIZATION

THIRTY-THIRD
WORLD HEALTH ASSEMBLY

GENEVA, 5-23 MAY 1980

VERBATIM RECORDS OF PLENARY MEETINGS
REPORTS OF COMMITTEES

GENEVA
1980
ABBREVIATIONS

The following abbreviations are used in WHO documentation:

ACABQ - Advisory Committee on Administrative and Budgetary Questions
ACAST - Advisory Committee on the Application of Science and Technology to Development
ACC - Administrative Committee on Coordination
CIDA - Canadian International Development Agency
CIOMS - Council for International Organizations of Medical Sciences
DANIDA - Danish International Development Agency
EC - Economic Commission for Africa
ECES - Economic Commission for Europe
ECLA - Economic Commission for Latin America
ECWA - Economic Commission for Western Asia
ESCAP - Economic and Social Commission for Asia and the Pacific
FAO - Food and Agriculture Organization of the United Nations
IAEA - International Atomic Energy Agency
IARC - International Agency for Research on Cancer
IBRD - International Bank for Reconstruction and Development
ICAO - International Civil Aviation Organization
IFAD - International Fund for Agricultural Development
ILC - International Labour Organization (Office)
IMCO - Inter-Governmental Maritime Consultative Organization
ITU - International Telecommunication Union
NORAD - Norwegian Agency for International Development
OAU - Organization of African Unity
OECD - Organisation for Economic Co-operation and Development
PAHO - Pan American Health Organization
PASB - Pan American Sanitary Bureau
SIDA - Swedish International Development Authority
UNCTAD - United Nations Conference on Trade and Development
UNDP - United Nations Development Programme
UNDRO - Office of the United Nations Disaster Relief Coordinator
UNEP - United Nations Environment Programme
UNESCO - United Nations Educational, Scientific and Cultural Organization
UNFDAC - United Nations Fund for Drug Abuse Control
UNFPA - United Nations Fund for Population Activities
UNHCR - Office of the United Nations High Commissioner for Refugees
UNICEF - United Nations Children's Fund
UNIDO - United Nations Industrial Development Organization
UNITAR - United Nations Institute for Training and Research
UNRWA - United Nations Relief and Works Agency for Palestine Refugees in the Near East
UNSCCEAR - United Nations Scientific Committee on the Effects of Atomic Radiation
USAID - United States Agency for International Development
WFP - World Food Programme
WHO - World Health Organization
WIPO - World Intellectual Property Organization
WMO - World Meteorological Organization

The designations employed and the presentation of the material in this volume do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation "country or area" appears in the headings of tables, it covers countries, territories, cities or areas.
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PREFACE

The Thirty-third World Health Assembly was held at the Palais des Nations, Geneva, from 5 to 23 May 1980, in accordance with the decision of the Executive Board at its sixty-fourth session. Its proceedings are published in three volumes, containing, in addition to other relevant material:

- Resolutions and decisions,¹ and list of participants - document WHA33/1980/REC/1
- Verbatim records of plenary meetings, and committee reports - document WHA33/1980/REC/2
- Summary records of committees - document WHA33/1980/REC/3

¹ The resolutions, which are reproduced in the order in which they were adopted, have been cross-referenced to the relevant sections of the WHO Handbook of Resolutions and Decisions, and are grouped in the table of contents under the appropriate subject headings. This is to ensure continuity with the Handbook, Volumes I and II of which contain most of the resolutions adopted by the Health Assembly and the Executive Board between 1948 and 1978. A list of the dates of sessions, indicating resolution symbols and the volumes in which the resolutions and decisions were first published, is given in Volume II of the Handbook (page xiii).
OFFICERS OF THE HEALTH ASSEMBLY AND MEMBERSHIP OF ITS COMMITTEES

President:
Dr A. R. AL-AWADI (Kuwait)

Vice-Presidents:
Dr A. N. ACOSTA (Philippines)
Professor R. VANNUGLI (Italy)
Dr S. SURJANINGRAT (Indonesia)
Dr H. GARCÍA BARRIOS (Venezuela)
Dr P. MOCUMBI (Mozambique)

Secretary:
Dr H. MAHLER, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Djibouti,1 German Democratic Republic, Greece, Guinea-Bissau, Guyana, Iceland, India, Mauritius, Paraguay, Qatar, Rwanda, Tonga.

Chairman: Dr S. TAPA (Tonga);
Later: Dr J.-B. RWASINE (Rwanda)
Vice-Chairman: Dr I. MUSAFILI (Rwanda)
Later: Dr K.-H. LEBENTRAU (German Democratic Republic)
Rapporteur: Dr P. SIGURDSSON (Iceland)
Later: Dr Ö. BJARNASON (Iceland)
Secretary: Mr C.-H. VIGNES (Legal Adviser)

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Argentina, Bangladesh, Benin, Burundi, Canada, China, El Salvador, France, Gambia, Jordan, Lebanon, Mauritania, Pakistan, Panama, Papua New Guinea, Sao Tome and Principe, Somalia, Spain, Swaziland, Thailand, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, Venezuela, Yugoslavia.

Chairman: Dr C. K. HASAN (Pakistan)
Secretary: Dr H. MAHLER, Director-General

General Committee

The General Committee was composed of the President and Vice-Presidents of the Health Assembly and the Chairmen of the main committees, together with delegates of the following Member States: Angola, Argentina, Benin, Botswana, Burundi, Chile, China, Czechoslovakia, France, Iraq, Saudi Arabia, Sri Lanka, Sudan, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United States of America.

Chairman: Dr A. R. AL-AWADI (Kuwait), President of the Health Assembly
Secretary: Dr H. MAHLER, Director-General

MAIN COMMITTEES

Under Rule 35 of the Rules of Procedure of the Health Assembly, each delegation was entitled to be represented on each main committee by one of its members.

Committee A

Chairman: Dr Elizabeth QUAMINA (Trinidad and Tobago)
Vice-Chairmen: Dr E. C. BEAUSOLEIL (Ghana), and Dr N. W. TAVIL (Papua New Guinea)
Rapporteur: Mr N. N. VOHRA (India)
Secretary: Mrs I. BRÜGGEMANN (Development of Health Programme Evaluation)

Committee B

Chairman: Dr E. M. SAMBA (Gambia)
Vice-Chairmen: Mr D. J. DE GEER (Netherlands) and Mr B. C. PERERA (Sri Lanka)
Rapporteur: Mrs T. RAIVIO (Finland)
Secretary: Dr O. W. CHRISTENSEN (Coordination with Other Organizations)

1 Djibouti was unable to send a delegation to the Thirty-third World Health Assembly.
AGENDA

PLENARY MEETINGS

1. Opening of the session
2. Appointment of the Committee on Credentials
3. Election of the Committee on Nominations
4. Election of the President and the five Vice-Presidents
5. Election of the Chairman of Committee A
6. Election of the Chairman of Committee B
7. Establishment of the General Committee
8. Adoption of the agenda and allocation of items to the main committees
9. Review and approval of the reports of the Executive Board on its sixty-fourth and sixty-fifth sessions
11. Study of the Organization’s structures in the light of its functions
12. Declaration of global eradication of smallpox
13. Admission of new Members and Associate Members
   13.1 Application by San Marino for admission to membership
   13.2 Application by Zimbabwe for admission to membership
14. Election of Members entitled to designate a person to serve on the Executive Board
15. Presentation of the Léon Bernard Foundation Medal and Prize
16. Presentation of the Dr A. T. Shousha Foundation Medal and Prize
17. Presentation of the Darling Foundation Medal and Prize
18. Approval of reports of main committees
19. Closure of the Thirty-third World Health Assembly

COMMITTEE A

20. Election of Vice-Chairmen and Rapporteur
21. Review of the report of the Global Commission for the Certification of Smallpox Eradication
22. Formulating strategies for health for all by the year 2000 (progress report)
23. Follow-up of WHO/UNICEF Meeting on Infant and Young Child Feeding
   Annual review and progress report on medium-term programming for the implementation of the Sixth General Programme of Work

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1 The agenda was adopted at the third plenary meeting.
2 A specific issue was considered in Committee B (see item 41).

26. Development and coordination of biomedical and health services research
   26.1 Progress report
   26.2 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (progress report)

27. Action in respect of international conventions on narcotic and psychotropic substances

28. Workers' health programme (progress report)

29. Malaria control strategy (progress report)

30. Health hazards of smoking (progress report)

31. Clean water and adequate sanitation for all by 1990

32. Health legislation

COMMITTEE B

33. Election of Vice-Chairmen and Rapporteur

34. Review of the financial position of the Organization
   34.1 Financial report on the accounts of WHO for 1979, report of the External Auditor, and comments thereon of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly
   34.2 Status of collection of annual contributions and of advances to the Working Capital Fund
   34.3 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution

35. [deleted]

36. Financial reports and extrabudgetary resources

37. Assessment of new Members and Associate Members

38. Amendment to the scale of assessments to be applied to the second year of the financial period 1980-1981

39. Real Estate Fund

40. [deleted]

41. Periodicity of Health Assemblies

42. Transfer of the Regional Office for the Eastern Mediterranean

43. Organizational studies by the Executive Board
   43.1 Organizational study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO
   43.2 Organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming (interim report)

44. Recruitment of international staff in WHO: annual report

45. Health conditions of the Arab population in the occupied Arab territories, including Palestine

46. Collaboration with the United Nations system
   46.1 General matters
   46.2 Agreement between WHO and the International Fund for Agricultural Development

1 Items referred to Committee B.
2 This item was an integral part of the study of the Organization's structures in the light of its functions (item 11).
46.3 Health care of the elderly (preparation for the World Assembly on the Elderly, 1982)
46.4 Health assistance to refugees and displaced persons in Cyprus
46.5 Health and medical assistance to Lebanon
46.6 Cooperation with newly independent and emerging States in Africa: Liberation struggle in Southern Africa

47. United Nations Joint Staff Pension Fund
47.1 Annual report of the United Nations Joint Staff Pension Board for 1978
47.2 Appointment of representatives to the WHO Staff Pension Committee
VERBATIM RECORDS OF THE PLENARY MEETINGS

FIRST PLENARY MEETING

Monday, 5 May 1980, at 15h00

President: Professor P. TUCHINDA (Thailand)

1. OPENING OF THE SESSION

The PRESIDENT:

The Assembly is called to order. Distinguished delegates, ladies and gentlemen, as President of the Thirty-second World Health Assembly I have the honour to declare open the Thirty-third World Health Assembly.

Distinguished delegates, you have heard the very sad news of the passing away of President Josip Broz Tito. In expressing our sympathy to the Yugoslav delegation at this Assembly and to the Yugoslav people in this event, I would invite the Assembly to rise and observe one minute’s silence.

The Health Assembly stood in silence for one minute.

The PRESIDENT:

Thank you. I recognize the Chief Delegate of Yugoslavia, whom I invite to come to the rostrum.

Mr PEPOVSKI (Yugoslavia):

At this very painful moment for Yugoslavia, your warm words, Mr President, have deeply touched us. They only confirm to what extent the man who has left us was profoundly bound to and loved by the nations and nationalities of Yugoslavia and how highly he was respected throughout the world. My country has lost its leader, the founder of new Yugoslavia and one of the greatest promoters of contemporary, progressive, international democratic relations. It is difficult to encounter in history a statesman who has realized such a number of great and rich achievements. This was so because of his extraordinary personal characteristics, such as his inexhaustible energy, his courage, his human warmth and statesman’s foresight. He was always proud to be a communist and, as such, he devoted his entire life to the struggle for the rights and freedoms of men and nations. He led the Yugoslav nations to victory during the Second World War along with the Allies. He always showed us that we could preserve our freedom and independent way of life only if the nations and nationalities of Yugoslavia live in brotherly harmony and unity. He was both the inspirer of the system of socialist self-management and the constructor of our own manner of social economic development. At the same time, as President of a small and underdeveloped country he did not spare his efforts during several decades in the tenacious struggles for the democratization of international life for peace and coexistence, for justice and equity among nations, as well as for the development and prosperity of all countries. He profoundly believed in the historical justification and the vitality of the non-aligned movement and tirelessly strived for the respect and implementation of its authentic principles. His legacy is invaluable; our peoples will remain faithful to it and to his work. Therefore, we shall continue to follow the road on which President Tito has guided us, because Tito’s thoughts and work are today the inalienable and indivisible wealth of all Yugoslavs. During the national liberation war, when times were most difficult, Tito’s partisans used to sing the song, the oath, that begins with the words: "Comrade Tito, we swear that we shall not turn off your road . . .". Yugoslavia, in mourning today, will continue to sing this song for a long, long time.
I would like to stress, Mr President, my most sincere gratitude for your sympathy and condolences as well as those of all the colleagues and friends who are present.

The President:

I thank the Chief Delegate of Yugoslavia.

It is my privilege now to welcome, on behalf of the Assembly and the World Health Organization: Mr André Chavanne, Vice-President of the Conseil d'Etat de la République et Canton de Genève, representing the Conseil d'Etat; Mr Pierre Milleret, President of the Grand Conseil; Mr Roger Dafflon, Mayor of the City of Geneva; Mr Jacques Dunand, First Vice-President of the Municipal Council of the City of Geneva; Mr Jean Posternak, Vice-Rector of the University of Geneva; Mr L. Cottafavi, Director-General of the United Nations Office at Geneva; the Directors-General of the specialized agencies, their representatives and the representatives of the various United Nations bodies; the delegates of Member States and the representatives of Associate Members and observers of non-Member States.

Here I would like to extend a special welcome to the delegates of Seychelles, a State which became a Member of WHO since the last Assembly, and also to the observers from San Marino and Zimbabwe, States which have applied for membership.

I also welcome the observers of the national liberation movements invited in conformity with resolution WHA27.37, and the representatives of intergovernmental and nongovernmental organizations in official relations with WHO. I also welcome among us the four representatives of the Executive Board.

2. ADDRESS BY THE DIRECTOR-GENERAL OF THE UNITED NATIONS OFFICE AT GENEVA

The President:

I now give the floor to Mr Cottafavi, Director-General of the United Nations Office at Geneva.

Mr Cottafavi (Director-General of the United Nations Office at Geneva):

Mr President, Mr Director-General, excellencies, distinguished delegates, ladies and gentlemen, one of the gratifying advantages and privileges of my post as Director-General of the United Nations Office at Geneva is the opportunity I have to keep in regular touch with the work of the specialized agencies based in this city. Among them the World Health Organization occupies a pre-eminent position. It is therefore an exceptionally enjoyable part of my duties to participate and speak, for what is for me the third time, at the opening of a session of the World Health Assembly. I welcome all of you to the Palais des Nations with the cordiality, satisfaction and optimism which stem from the knowledge that you constitute the highest and most representative body of an Organization which continues to distinguish itself in the service of mankind, shares a dedication to many ideals and objectives common to the United Nations system, and works for their achievement.

The Secretary-General of the United Nations, Dr Kurt Waldheim, has entrusted me with the task of transmitting to you his friendly greetings and sincere wishes for a successful and productive session. Dr Waldheim has on many occasions emphasized the value of the contribution of your Organization to an international effort to improve the conditions of life and to raise the level of welfare in the world.

This thirty-third session of the World Health Assembly coincides with an event of which the World Health Organization can be especially proud: the certification of the eradication of smallpox. You have before you the report of the Global Commission which was established in May 1978. This report contains two conclusions which are most reassuring in their majestic simplicity: first, that smallpox eradication has been achieved throughout the world; and, second, that there is no evidence that smallpox will return as an endemic disease. These are indeed good news, and your Organization deserves the admiration and gratitude of all human beings. In recording this great achievement the Global Commission rightly pays tribute to the international cooperation received in the eradication programme and to the devoted work of hundreds of thousands of health workers of all levels, in many countries of the world, that made it possible. It is to be hoped that this impressive success will spur WHO and the world medical and scientific community to continue to seek the elimination of the scourges which still plague mankind.

In the year which has passed since I had the honour of addressing you last considerable progress has been made in formulating strategies for what is the Organization's foremost
objective, namely, health for all by the year 2000. There is complete agreement that this goal is the central theme which all other activities of the Organization should and must support. The United Nations General Assembly has fully endorsed the policies and methods of WHO in this respect. On 29 November 1979 the United Nations General Assembly adopted resolution 34/58, entitled "Health as an integral part of development". In that resolution the General Assembly notes with approval your decision that the development of your programmes and the allocation of your resources at all levels should reflect the commitment of the Organization to the priority of the achievement of health for all by the year 2000. The General Assembly also calls upon "the relevant bodies of the United Nations system to coordinate with and support the efforts of the World Health Organization by appropriate actions within their respective spheres of competence". It is obvious that the United Nations lends all its assistance and encouragement to your ambitious undertaking.

And now the feature of the formulation of the strategies of health for all is that they are elaborated through what has become known as the country-based ascending process. That is to say, they are first conceived and implemented at the national level; they are subsequently to be refined, adapted and supplemented at the regional level; and they are finally to be reinforced, integrated and harmonized at the global level, under the stimulus and guidance of the World Health Organization, of which this Assembly is the supreme organ. This procedure lays emphasis on the initiative and the action of national governments and peoples. Success is thus predicated on the existence and demonstration of political and social will and commitment in each country. International activities and programmes are meant to provide coherence and breadth of scope to national endeavours, placing them in the context of effective worldwide mobilization. The order followed in this case stresses the responsibilities of our governmental planners, and enhances the opportunities available to them. This is a relatively novel grassroots approach which promises to bring about the attainment of universal health with greater speed and fewer impediments.

The link between health and economic growth is self-evident. Constant improvement of health conditions is a prerequisite to, and an indispensable part of, socioeconomic development. Hence the General Assembly of the United Nations, in the aforementioned resolution, has welcomed the decision of the World Health Assembly to ensure that the global strategy for health for all by the end of the century shall be reflected in the contribution of WHO to the preparation of the international development strategy for the Third United Nations Development Decade, and has called upon the Preparatory Committee for the New International Development Strategy to give full and careful attention to the contribution of WHO.

Another problem to which the Organization has turned its attention is that of the preparation and marketing of breastmilk substitutes. On the initiative of the WHO Secretariat, which, under the capable and experienced leadership of my friend and colleague, Dr Mahler, is always in the forefront of international concern, your Organization and UNICEF has sponsored a series of broad-based consultations which have resulted in the preparation of a revised draft International Code of Marketing of Breastmilk Substitutes. This text, still preliminary, incorporates principles which governments could use to formulate national policies in this field, including the development of appropriate legislation and mechanisms for monitoring implementation. It is one of your tasks, at the current session, to give guidance with respect to the further stages of the elaboration of this important document, which addresses itself to an issue of wide implications.

Striking proof of WHO's vitality and adaptability is the current and critical self-examination which your Organization is undergoing for the purpose of assessing the relevance and effectiveness of its performance in relation to its objectives. It will be recalled that it was this Assembly which in 1978 requested the Director-General to re-examine and study the Organization's structures in the light of its functions, with a view to ensuring that its activities at all operational levels promote integrated action. This study has been energetically pursued and actively debated. The outcome is a comprehensive resolution recommended to this Assembly by the WHO Executive Board. This resolution is of great importance for the future of the Organization. It lays down in great detail the priorities, orientations, goals, institutions and methods of work which are deemed most appropriate to enable the World Health Organization and its Member States to meet the challenges and solve the problems of the decades to come. It is no exaggeration to say that action on this resolution will constitute a milestone in the history of the Organization and will launch a new stage in its struggle for a better world.

Collaboration with the United Nations system occupies an important place in the agenda of the World Health Assembly. For example, at this session consideration will be given to
such questions as health and medical assistance to Lebanon; health assistance to refugees and displaced persons in Cyprus; and cooperation with newly independent and emerging States in Africa. WHO will be making its most valuable humanitarian and specialized contribution to dealing with these difficult situations. Furthermore, demonstrating its readiness to cooperate and play its crucial role in grappling with an increasingly acute problem, the Organization is devoting special attention to health care of the elderly, and to participation in the preparations for the World Assembly on the Elderly, planned for the year 1982. Lastly, in the context of expanding its formal arrangements with other organizations of the United Nations system, WHO has concluded an agreement with the International Fund for Agricultural Development, and this Assembly is invited to approve this agreement. It is evident, therefore, that the input of WHO into the work accomplished by the United Nations system is rich and multidimensional.

Mr President, ladies and gentlemen, the present session of this Assembly is opening at a time of international crisis and general apprehension. This makes it incumbent on all of us to double our efforts to combat the mood of pessimism and resignation which has been all too prevalent recently. This Assembly has the opportunity to deliberate and act in a manner which would remind the world that international institutions continue to be dynamic, resourceful, and capable of devising constructive solutions and of alleviating the world’s ills. You have all my wishes for every success in this endeavour.

3. ADDRESS BY THE REPRESENTATIVE OF THE CONSEIL D'ETAT OF THE REPUBLIC AND CANTON OF GENEVA

The PRESIDENT:

Mr André Chavanne, Vice-President of the Conseil d'Etat of Geneva, who will speak in the name of the federal, cantonal and municipal authorities, has the floor now.

Mr CHAVANNE (representative of the Conseil d'Etat of the Republic and Canton of Geneva) (translation from the French):

Mr President, your excellencies, ladies and gentlemen, it is a great honour for me to greet you on behalf of the authorities of the Swiss Confederation, and of the authorities of the Republic and Canton of Geneva and of the City of Geneva, and to tell you how highly honoured we are by your presence here to discuss, in your capacity as members of your countries' governments and as most eminent representatives of the medical profession, a problem of the greatest importance for the life of mankind; namely, how to secure for an increasingly large proportion of the world population an excellent state of health, that is to say how to give all the people in the world an opportunity to live in the best possible conditions for enabling them to use their physical and psychological powers to the full. We are extremely glad to welcome you because we realize how rapidly ideas as to how to maintain that state of health in the whole population, and means of doing so, are developing. Naturally, this entails eliminating endemic diseases and caring for the sick, but it is also, and more especially, a matter of ensuring that life is transmitted in the best possible conditions, of ensuring that our children, in whom the hopes of all of us lie, are born in the best possible conditions. We know what a great deal of thought the World Health Organization, to which we are bound by close bonds of friendship, has given to the problems involved in thus maintaining health at a level commensurate with the true potentialities, sociological and economic, of all peoples. We also know, in particular, how the Organization is endeavouring to enrich the great treasure that has been handed down to us from cultures in the distant past. We believe a meeting like this at which information may be exchanged for the good of all is of capital importance. And we know the meeting is of fundamental significance therefore to that aspiration for a just peace which is cherished by the whole world.

Ladies and gentlemen, thank you for having come to Geneva. We are sure that this meeting will be most important for life in the world.

4. ADDRESS BY THE PRESIDENT OF THE THIRTY-SECOND WORLD HEALTH ASSEMBLY

The PRESIDENT:

Your excellencies, honourable delegates, esteemed colleagues and friends, it is indeed a pleasure to see old friends as well as new ones. For those of you who were here at last
FIRST PLENARY MEETING

year's Assembly I would like to take this opportunity of thanking you for your moral support, your encouragement and your patience as well as for the full participation in all our deliberations. Words of thanks would be inadequate to reflect the magnitude of my feelings on this occasion.

Many things have happened since we last met; and many decades have passed since the signing of the United Nations Charter made possible the establishment of a new international order. Today, the socioeconomic situation of the developing countries has reached a critical turning point. Our hopes of creating a better life for the whole human family have been largely dashed. We have constantly been faced with frustrations and it is proving impossible to meet the "inner limit" of satisfying fundamental human needs. Yes, today more people have become hungry, sick, shelterless and illiterate than when the United Nations system was first set up. In addition, since we met last year, new and unforeseen concerns have begun to darken the international prospects. In my region, and especially in my country, the plight of the refugees has created a great deal of anxiety for us, bringing problems of health, nutrition and environmental sanitation as some of the major priorities.

On the other hand, as I look back over the period of my presidency, I can truly say that once more you, the Member States, can be proud of your accomplishments. We have had some stormy, precarious moments but you have shown yourselves equal to, and even risen above dissensions, and have emerged stronger after closing the ranks; and so we stood together, ready to tackle the work that lay ahead - for example, that of formulating strategies for health for all by the year 2000, the world's single most challenging social goal of our time. It was this community of purpose which bound us together. In this and in other issues we were one with the Secretariat - pledged to attain this goal we have set for ourselves.

Many resolutions were passed and decisions taken by our Assembly last year. These resolutions need to be actively followed through, both nationally and internationally, before tangible, lasting results can be expected. It is incumbent upon us, the Member States, to implement these resolutions and ensure close collaboration between all sectors, especially the social and economic, before we can be sure of true development.

We discussed the flagrant discrepancies of the health conditions between developed and developing countries and resolved that technical cooperation among developing countries is essential so that countries will, by themselves, in learning by doing, foster individual and collective self-reliance. A concerted effort in health education is needed to stimulate interest in community participation and foster the spirit of self-reliance. This stimulus should come from the governments because, at present, health awareness of people in most rural areas is grossly deficient and our attitudes have to change in order to bring about a revolution in the field of health.

We learned with great satisfaction that the global eradication of smallpox has been achieved, thanks to the commitment of all nations involved in this programme. Such an achievement is unprecedented in the history of public health. This scourge which, even during this century, was still a cause of fear, has been erased from the face of the earth. The funds that had previously been spent on its prevention and/or containment can now be channelled to other health priorities. It will now be our privilege to declare this shining victory.

Through the foresight of our Director-General, Dr Mahler, and his staff, the United Nations General Assembly brought timely support to WHO's efforts by adopting, last November, resolution 34/38 on "Health as an integral part of development" in which it called upon the relevant bodies of the United Nations system to coordinate with and support the efforts of the World Health Organization by appropriate actions within their respective spheres of competence. This is indeed a recognition of the close relationship between health and development: that good health is needed to increase productivity, and thus the overall social and economic development of the country. Improvement in socioeconomic conditions will, in turn, result in healthier people. The importance of the reciprocal relationship between these two sectors cannot be over-estimated.

Your excellencies, honourable delegates, and colleagues, it is my firm opinion that we need health reforms not only for development but also for peace. The social imperatives of health reforms are obvious and demanding. Impeding health reforms, no less than generating such reforms, has social and political consequences. Not to act is to act negatively.

The United Nations organizations and agencies have been working together in health and related fields to bring about changes that will benefit our nations. The World Health Organization has not spared its energy in contributing to the sector of economic and social development in the process of establishing the New International Economic Order and in its efforts to narrow the gap between the poor nations and the affluent ones.
An example of interorganizational collaboration is WHO's action programme on essential drugs, directed to strengthening the capabilities of developing countries in the selection, procurement, distribution and proper use of essential drugs to meet the health needs of the majority of their populations. For several years, UNICEF has supplied developing countries with basic drugs for rural and semi-urban health care systems. UNDP supported a WHO/UNIDO/UNCTAD task force which has undertaken a survey of the pharmaceutical supply situation in the developing world.

Many other examples of strengthened collaboration exist, especially in the field of primary health care: the training of primary health care workers as agents of community development, in which UNESCO, ILO, UNICEF, UNFPA and FAO are involved; and training of women as providers of primary health care - a UNFPA-supported activity. Here, you will recall that the period 1976-1985 was proclaimed the United Nations Decade for Women. In view of their function within the family, women can have a tremendous impact on health. They are probably the most effective health agents and educators available to society, and primary health care is the ideal means to promote and enhance women's participation in health and development.

Earlier this year, changes were made in the health policy of the World Bank. Whereas, in the past, the Bank had provided technical and financial assistance to health components of projects, it will now begin lending directly for health projects as well.

It is, indeed, most encouraging to see all these organizations rallying to the cause of health. WHO, as the leading United Nations agency in this sector, has the responsibility to ensure that activities at all operational levels promote integrated action. Changes may have to be made, sometimes of a radical nature, for example possible changes in WHO that may arise from the recent study of the Organization's structure to make it more relevant to its future work and functions. We must also ensure that similar changes occur at the national level. Whatever we do, we must make every effort to retain the Organization's sense of oneness and to sustain its indivisible whole.

Your excellencies, honourable delegates and colleagues, I leave this chair with a profound sense of gratitude to all those who have made my task a pleasant and rewarding one. May I, in closing, express the hope that your work in this Assembly will be harmonious and fruitful, and may I take this opportunity once more to thank the members of the Secretariat, especially the Director-General and the Deputy Director-General, for their assistance and their devotion to duty. (Applause)

Ladies and gentlemen, before the distinguished officials who have kindly attended the opening of this Assembly leave us, I should like to thank them once again for the honour they have done us. I shall now suspend the meeting for a moment. Please remain in your seats; the meeting will be resumed in a few more minutes.

5. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT:

We now come to item 2 of the provisional agenda: Appointment of the Committee on Credentials. The Assembly is required to appoint a Committee on Credentials in accordance with Rule 23 of the Rules of Procedure of the Assembly. In conformity with this Rule, I propose for your approval the following list of 12 Member States: Djibouti, Germany, Greece, Guinea-Bissau, Guyana, Iceland, India, Mauritius, Paraguay, Qatar, Rwanda and Tonga. Are there any objections to this proposal? If there are no objections, I declare the Committee on Credentials as proposed by me appointed by the Assembly.

Subject to the decision of the General Committee, and in conformity with resolution WHA20.2, this Committee will meet on Tuesday, 6 May, probably at the beginning of the afternoon when in the plenary meeting we have started the general discussion on the reports of the Executive Board and the Director-General.

6. ELECTION OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT:

We now come to item 3: Election of the Committee on Nominations. This item is governed by Rule 24 of the Rules of Procedure of the Assembly. In accordance with this Rule, a list
of 24 Member States has been drawn up, which I shall submit to the Assembly for its consideration. May I explain that, in compiling this list, I have applied a purely mathematical rule based on the numbers of Members per region. This gave the following distribution by region: African Region, six Members; the Americas, five; South-East Asia, two; Europe, five; Eastern Mediterranean, four; Western Pacific, two. I therefore propose to you the following list: Argentina, Bangladesh, Benin, Burundi, Canada, China, El Salvador, France, Gambia, Jordan, Lebanon, Mauritania, Pakistan, Panama, Papua New Guinea, Sao Tome and Principe, Somalia, Spain, Swaziland, Thailand, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, Venezuela, and Yugoslavia. Are there any observations or additions to the list? In the absence of observations, I declare the Committee on Nominations elected.

As you know, Rule 25 of the Rules of Procedure, which defines the mandate of the Committee on Nominations, also states that "the proposals of the Committee on Nominations shall be forthwith communicated to the Health Assembly". The Committee on Nominations will meet immediately. The next plenary meeting will be held tomorrow morning at 9h30. The meeting is adjourned.

The meeting rose at 15h55.
1. FIRST REPORT OF THE COMMITTEE ON NOMINATIONS

The President:

The meeting is called to order.

The first item on our agenda this morning is the consideration of the first report of the Committee on Nominations. This report is contained in document A33/33. I invite the Chairman of the Committee on Nominations, Dr Hasan of Pakistan, to kindly come to the rostrum and read the report.

Dr C. K. Hasan (Pakistan), Chairman of the Committee on Nominations, read out the first report of that Committee (see page 341).

Election of the President

The President:

Thank you, Dr Hasan. Are there any observations? In the absence of any observations, and as it appears that there are no other proposals, it will not be necessary to proceed to a vote since only one candidate has been put forward. In accordance with Rule 80 of the Rules of Procedure, I therefore suggest that the Assembly approve the nomination submitted by the Committee and elect its president by acclamation. (Applause)

Dr A. R. Al-Awadi of Kuwait is therefore elected President of the Thirty-third World Health Assembly, and I invite him to take his seat on the rostrum.

Dr Al-Awadi took the presidential chair.

The President (translation from the Arabic):

In the name of Allah, the Compassionate, the Merciful, and praise be to the Almighty: Thank you for the valuable confidence you have placed in me. I consider it to be a mark of appreciation shown both to myself and to my country, Kuwait, and also to the Arab people. I hope I shall be worthy of your trust and be able to discharge the responsibilities I have been given. My sole desire is that we should be able to achieve together the purpose for which these meetings are being held. I should also like to thank the outgoing President, Professor P. Tuchinda, for the admirable way in which he presided over our meetings. I wish our meetings success. I shall of course, God willing, be addressing you tomorrow. Thank you for your confidence.

2. SECOND REPORT OF THE COMMITTEE ON NOMINATIONS

The President (translation from the Arabic):

I now invite the Assembly to consider the second report of the Committee on Nominations. It is contained in document A33/34.
May I ask the Chairman of the Committee on Nominations, Dr Hasan, to read out the second report of the Committee.

Dr C. K. Hasan (Pakistan), Chairman of the Committee on Nominations, read out the second report of that Committee (see page 341).

Election of the five Vice-Presidents

The PRESIDENT (translation from the Arabic):

Thank you, Dr Hasan.

I invite the Assembly to consider the nominations proposed by the Committee seriatim. First: nominations for the five Vice-Presidents of the Assembly. Are there any observations? Since there are none, I invite the Assembly to declare the Vice-Presidents elected by acclamation. (Applause) The Vice-Presidents are elected by acclamation.

I shall now determine by lot the order in which the Vice-Presidents shall be requested to serve should the President be unable to act between sessions. The names of the five Vice-Presidents have been written down on five separate sheets of paper which have been placed in this bag. I am now going to enlist the help of Dr Lambo. He will take out the papers to determine the Vice-Presidents' order.

The Vice-Presidents will be requested to serve in the following order: Dr A. N. Acosta (Philippines), Professor R. Vannugli (Italy), Dr S. Surjaningrat (Indonesia), Dr H. García Barrios (Venezuela), and last but not least Dr P. Mocumbi (Mozambique). They are now invited to come to the rostrum and take their seats. My congratulations and best wishes for success to the Vice-Presidents.

Election of the Chairmen of the main committees

The PRESIDENT (translation from the Arabic):

Second: nomination of the Chairman of Committee A. Are there any objections? Since there are none, I invite the Assembly to elect Dr Elizabeth Quamina (Trinidad and Tobago) Chairman of Committee A by acclamation. (Applause)

We shall now proceed to the nomination of the Chairman of Committee B. Are there any observations? Since there are none, I invite the Assembly to elect Dr E. M. Samba (Gambia) Chairman of Committee B by acclamation. (Applause)

Establishment of the General Committee

The PRESIDENT (translation from the Arabic):

According to Rule 31 of the Rules of Procedure of the Assembly, and in order to have an equitable geographical distribution of the General Committee, the Committee on Nominations has proposed the names of 16 countries which, added to the officers just elected, would constitute the General Committee of the Assembly. If there are no observations, I declare the 16 countries elected. I thank the Chairman of the Committee on Nominations, Dr Hasan, for his excellent work and for that of his colleagues.

The next item on our agenda would normally be item 8: Adoption of the agenda and allocation of items to the main committees. However, in accordance with Rule 33 of our Rules of Procedure, this item should be first considered by the General Committee, which will then transmit its recommendations to the Health Assembly. The General Committee will deal with this matter at its first meeting, which will be held at 12h30 today, and its recommendations will be examined by the plenary this afternoon at 14h30.

3. REVIEW AND APPROVAL OF THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-FOURTH AND SIXTY-FIFTH SESSIONS

The PRESIDENT (translation from the Arabic):

We shall now consider item 9, which concerns the review and approval of the reports of the Executive Board on its sixty-fourth and sixty-fifth sessions.
Before giving the floor to the representative of the Executive Board, I should like to explain briefly the role of the Executive Board representatives at the Health Assembly and of the Board itself, in order to avoid any uncertainty on the part of some delegates to the World Health Assembly. In recent years the Executive Board has assumed a more active role in the affairs of the Health Assembly. This is in keeping with WHO's Constitution, according to which the Board has to give effect to the decisions and policies of the Health Assembly, to act as its executive organ and to advise the Health Assembly on questions referred to it. The Board is also called upon to submit proposals on its own initiative. The Board therefore appoints four members to represent it at the World Health Assembly. The role of the Executive Board representatives is to convey to the Health Assembly, on behalf of the Board, the main issues raised during its consideration of items which need to be brought to the attention of the Health Assembly, and to explain the rationale and nature of any recommendations made by the Board for the Assembly's consideration. During the debate in the Health Assembly on these items the Executive Board representatives are also expected to respond to any points raised whenever they feel that a clarification of the position taken by the Board is required. Statements by Executive Board representatives, speaking as members of the Board appointed to present its views, are therefore to be distinguished from statements of delegates expressing the views of their governments.

I have pleasure now in giving the floor to the representative of the Executive Board, Dr Abdulhadi, Chairman of the Executive Board.

Dr ABDULHADI (representative of the Executive Board) (translation from the Arabic):

In the name of Allah, the Compassionate, the Merciful! Mr President, distinguished heads and members of delegations, allow me to begin by congratulating you, Mr President, your Vice-Presidents and the Chairmen of the two main committees, on my own behalf and on behalf of my colleagues, the members of the Executive Board, on your election. I wish you all success, and hope that this session will be able to help fulfil the hopes of the peoples of the world for a better life. I assure you that my colleagues and I shall be at your disposal for the duration of this session, to clarify the point of view of the Board on the questions on your agenda.

It pleases me to note that during the last three years, during which I served as member of the Board, and then at the last two sessions as its Chairman, the deliberations of the Board have always been characterized by free, frank and honest discussions. I believe that continuation of this will enable the Board fully to play its role, and to make a positive contribution to the task of your Organization: towards the achievement of its humanitarian objectives of bringing happiness and welfare to all the peoples of the world. It also pleases me to note the democratic spirit displayed by the Director-General and members of the Secretariat and the immediate way in which they responded to the deliberations of the Board. Also of great help to the Board was the support of the regional directors, who acquainted it with the position of the regional committees on the various questions which were brought up for discussion, and with the work of the regional offices.

Mr President, ladies and gentlemen, at its sixty-fourth session the Board met briefly to take note of the results of the meetings of the Thirty-second World Health Assembly and of that Assembly's resolutions. It took certain action with regard to a number of those resolutions and approved the agenda and the place and date of the Board's sixty-fifth session. Since at that session the Board was dealing with a period in which there was no programme budget its agenda included numerous items on a variety of important topics. In my report, however, I shall only give a brief survey of the discussions that took place on a number of those questions, since many of them will be dealt with in detail by the main committees.

One of the items that attracted considerable attention during the January session of the Board was the study of the Organization's structures in the light of its functions. This study is unique in the history of organizations of the United Nations system in that Member States were invited individually and collectively to respond to a number of fundamental issues ranging from the purpose of their Organization to its functions and structures and called for their frank opinion as to how they wished WHO to look in future in order to serve them better. The Board was impressed by the serious efforts made by Member States to respond to this challenge and concluded its deliberation of this item with the adoption of a resolution recommended for adoption by this Health Assembly which will no doubt constitute a milestone in the continuing efforts to make WHO the kind of Organization Member States want it to be.

The Board was informed about the progress made in constituting a health resources group in support of health for all by the year 2000. This group will act in a consultative capacity
to the Director-General to promote the rationalization of all health resources essentially in support of primary health care and to stimulate their mobilization.

In connexion with the discussion on the study on the Organization's structures, the Board also considered a report providing an outline of a possible study on the feasibility of relocating headquarters, which the Director-General had prepared in response to a request of a delegate in Committee B of last year's Health Assembly. The Board discussed the possible advantages, disadvantages and implications of such a relocation, and heard a statement by a representative of the host country. The Board decided to include the Director-General's report and a summary of its discussion thereon in the records of the deliberations on this item for transmittal to the Health Assembly.

The Board also had before it a report of the Director-General on the membership of the Executive Board which dealt with two issues, namely a possible increase in the membership and extension of the terms of office of Board members, and the question of rotation or permanency in the membership. The Board, after an exchange of views, decided that the Director-General's report be included in the records of the sixty-fifth session of the Board, which would also contain the summary records of the discussion on this matter.

The question of periodicity of Health Assemblies was another subject considered in connexion with the study of the Organization's structures in the light of its functions. A full discussion took place on the advantages and disadvantages of biennial Health Assemblies, after which the Board noted the Director-General's report and decided to transmit it to the Health Assembly for consideration, taking account of the views expressed by members of the Board.

Another prominent item on the Board's agenda was the formulation of strategies for health for all by the year 2000. The progress report of the Programme Committee, which had discussed a report by the Director-General on this important subject and annexed it to its own report, gave rise to a thorough and fruitful discussion in the Executive Board. Members of the Board were gratified to learn that a great number of Member States were now seriously engaged in formulating their national strategies and that all six regional committees had had full discussions on this subject during their autumn 1979 sessions. Much emphasis was given to efforts undertaken to mobilize political commitment to health for all by the year 2000 and to the need for translating political commitments into action. The discussion highlighted the close interrelationship between health and other socioeconomic sectors, identified critical obstacles to be addressed in formulating national strategies, and emphasized the importance of collective support to national efforts including the strengthening of regional support to mechanisms for technical cooperation among developing countries. The urgency of identifying suitable indicators of potential value for monitoring progress towards health for all was also stressed. The Board, in submitting its report to the Health Assembly, decided also that a dialogue on indicators should begin at all levels of the Organization at an early date and that an outline of indicators would be sent to Member States' technical staff before the current Health Assembly.

An important event in support of achieving health for all by the year 2000 was the adoption by the last United Nations General Assembly of resolution 34/58, entitled "Health as an integral part of development". This resolution noted with approval WHO's commitment to the achievement of health for all by the year 2000; endorsed the Alma-Ata Declaration; called upon the relevant bodies of the United Nations system to coordinate with and support the efforts of the World Health Organization; and called on the Preparatory Committee for the New International Development Strategy to give full attention to the contribution of WHO, reflecting its global strategy. The Executive Board warmly welcomed this recognition by the United Nations General Assembly of the Organization's commitment to its long-term goal and strategy formulation and recommended a resolution for adoption by the Health Assembly at its current session.

The process of preparing the Seventh General Programme of Work, covering the period 1984 to 1989 inclusive, has now been initiated and the Programme Committee submitted a report to the Board based on its consideration of a discussion paper submitted to it by the Director-General and the comments of the regional committees thereon. The Board decided, after having reviewed the documentation, to request the Programme Committee to continue its work on the development of the Seventh General Programme of Work and submit a proposed outline at the Board's sixty-seventh session in January 1981.

In meeting the Executive Board's request to review annually the development of medium-term programmes for the implementation of the Sixth General Programme of Work, the Programme Committee, in its report to the Board, reviewed the implementation of those programmes already developed, considered a progress report on the development of the remaining medium-term
programmes, and discussed the methods and mechanisms for medium-term programming. The Board requested the Director-General to transmit the medium-term programme on the development of comprehensive health services to the Thirty-third World Health Assembly and requested the Programme Committee to intensify its systematic monitoring and evaluation of the development and implementation of medium-term programmes.

The Executive Board and the Programme Committee continued to monitor the implementation of the programme budget policy and strategy, and concentrated this year on broader areas of concern to programme development. Such issues as greater involvement of Member States in programme development, programme budgeting at country level, intersectoral approaches for primary health care and technical cooperation among developing countries were considered and the Board agreed that the new orientation in the approach to monitoring of WHO's programme budget policy by the Programme Committee was an improvement over previous years' concentration on detailed reviews of specific programmes.

A full discussion took place on the Director-General's report on changes in the programme budget for 1980 and 1981 which was considered together with the reports of the Regional Directors on regional committee matters requiring the particular attention of the Board. In connexion with the consideration of this item the Board recommended to the Health Assembly that it amend the scale of assessment to be applied to 1981 so as to follow as closely as possible that of the United Nations. The Board also agreed to consider, at a future session, setting up a small working group to study the functions and activities of the Secretariat and make recommendations to the Board, through the Programme Committee, on the strengthening of the work of the Secretariat and its coordination at all levels. Furthermore, regional committees were invited to consider a proposal for financing the cost of travel, excluding per diem, of a representative from each Member State to attend sessions of the regional committees and to submit their views to the January 1981 session of the Executive Board.

When in January 1979 the Board examined the proposed programme budget for 1980-1981, contained in Official Records No. 250, it encountered certain difficulties with the new form of presentation, relating mainly to the application of the programme classification structure and to the linkages between programme narratives and supporting budgetary tables. Consequently the Board's Programme Committee last November examined a report by the Director-General on the steps taken to eliminate these difficulties and also discussed some other possible further improvements in this area. As reflected in resolution EB65/6, the various measures proposed, outlined in a report by the Programme Committee, were approved by the Board last January as an appropriate framework for the development and form of presentation of the programme budget. As also mentioned in that resolution, the Board urged the Director-General and the regional directors to ensure the appropriate allocation, in the formulation of the programme budget for 1982-1983, of funds for the development and implementation of strategies for health for all by the year 2000.

As a result of the Board's consideration of a report by the Director-General on financial reports and extrabudgetary resources, a resolution was adopted recommending to the Health Assembly that it approve the replacement of interim accounts at the end of the first year of the biennial financial period by a descriptive interim financial report, and that the Director-General report annually to the Health Assembly on all extrabudgetary resources available for programme purposes.

The Board had before it at its January session a report on a study by a working group on all the aspects of the question of a transfer of the Regional Office for the Eastern Mediterranean and decided to transmit this report to the Health Assembly for its consideration and decision.

A number of specific programme matters were considered by the Board during its last session. A progress report on development and coordination of biomedical and health services research referred particularly to the promotion of regional activities in this field and summarized the progress made in preparing a medium-term programme for health research. The report also included an account of the most recent session of the global Advisory Committee on Medical Research (ACMR) and informed the Board about WHO's participation in the United Nations Conference on Science and Technology for Development. The Chairman of ACMR, Professor Bergström, participated in the discussion on this item, which concluded in the Board's approval of the report.

Another specific subject considered by the Board was "action in respect of international conventions on narcotic and psychotropic substances". The discussion on this item resulted in the adoption of a resolution recommended for adoption by this Health Assembly.

On the question of malaria control strategy the Board had before it a progress report which laid particular emphasis on the training aspect of the malaria control programme. The
Board expressed its concern with the problems involved and requested the Programme Committee to examine the matter and report to a future session of the Board.

Following the conclusion by the Global Commission for the Certification of Smallpox Eradication in December 1979 that global smallpox eradication had been achieved, the Executive Board considered the conclusions and recommendations of the Commission and adopted a resolution recommending two further resolutions for adoption by the Thirty-third World Health Assembly; one on the proposed text of the declaration of smallpox eradication and the other on the endorsement of the Global Commission's recommendations.

Health legislation was another specific programme on the Board's agenda. The report of the Director-General was prepared in response to a Health Assembly resolution requesting the Director-General to strengthen WHO's programme in the field of health legislation. The Board had a fruitful discussion on this subject and recommended in a draft resolution for consideration by the Health Assembly that it approve the proposals made in the report and that the Director-General proceed with the formulation of a detailed programme of technical cooperation in this field.

The organizational study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO was presented to the Board by the chairman of the working group, Professor Spies. Members of the Board who commented on the study expressed their appreciation for this very comprehensive study, and the Board adopted a resolution endorsing the report on the study, which was transmitted to the current Health Assembly with a request to the Director-General to examine in a preliminary manner the practical steps which would be necessary to implement the recommendations in the report once adopted by the Health Assembly. The Board also had before it an interim report on the progress made in the implementation of the organizational study on the role of WHO in training in public health and health programme management, including country health programming. Members of the Board provided guidance to the working group for the future conduct of this study, which will be submitted to the World Health Assembly in 1981 after consideration by the Executive Board at its January 1981 session. The Board decided not to select a subject for a future organizational study and appointed a working group to assess the previous organizational studies undertaken by the Executive Board and their impact on the policy and activities of the Organization. This working group will report on its findings to the sixty-seventh session of the Board in January 1981.

It was particularly agreeable for the Board to reappoint Dr Quenum as Regional Director for Africa for a period of five years from 1 February 1980.

On the issue of recruitment of international staff in WHO the Executive Board decided to transmit the Director-General's report on this subject to the Health Assembly and expressed its view that it would seem inappropriate to re-examine the concept of "desirable ranges" while this question was still under study in the United Nations. The Board also examined a number of other matters related to WHO staff. It decided to authorize the Director-General to conclude an agreement with the United Nations Joint Staff Pension Fund which would allow for recognition by the Fund for pension purposes of periods of service of so-called Congo Agents performed prior to 31 December 1970 by 31 staff members in this category still in WHO service in July 1974.

The annual report of the International Civil Service Commission was before the Board, which noted that the main subject was the Commission's study on pensionable remuneration. Finally, a series of amendments to the Staff Rules was confirmed. As has now become customary, a representative of the WHO Staff Association made a statement to the Executive Board on matters concerning conditions of service, in which he emphasized the commitment of WHO staff at all levels to the goals of the Organization.

In connexion with its consideration of WHO's collaboration with the United Nations system, the Board was informed about the Organization's contribution to and participation in the World Conference on Agrarian Reform and Rural Development held in Rome in July 1979, and its involvement in the follow-up to this Conference. The Board also examined a report on WHO's role in and planned contributions to the 1982 World Assembly on the Elderly and transmitted the report to the Health Assembly after a preliminary exchange of views.

The Executive Board, after consideration of the report of its Standing Committee on Nongovernmental Organizations, decided to maintain official relations with the 36 nongovernmental organizations reviewed at its session in January last, and deferred its decision on the establishment of official relations with two organizations until its session in January 1981.

Mr President, distinguished delegates, I hope I have managed to report to you, briefly, on the work of the Executive Board at its last two sessions. Thank you very much for giving me the opportunity to address you.
The PRESIDENT (translation from the Arabic):

Thank you, Dr Abdulhadi, for that comprehensive exposé on the Board's work. I am sure you will all agree with me that the members of the Board deserve all our thanks and appreciation for their excellent work. That will of course be discussed during the debate on the various agenda items. I hope the Chairman of the Board will convey our appreciation to the members of the Board; and I should like in particular to express our appreciation and our thanks to the 10 outgoing members.


The PRESIDENT (translation from the Arabic):

We shall now hear the statement by Dr Mahler, the Director-General. I give the floor to Dr Mahler.

The DIRECTOR-GENERAL:

Mr President, honourable delegates, ladies and gentlemen, as Plato said a couple of thousand years ago, what is honoured in a country will be cultivated in that country. I think it is very important that what you, distinguished delegates, believe you are honouring in WHO, also will be cultivated in that Organization, and - with your permission, Mr President - I would like to express some reflections on the Organization you deserve if you want to make sure that what you believe you honour also will be cultivated in WHO. You will certainly, first and foremost, be reviewing the progress towards formulating health for all by the year 2000. But at the same time you will have to consider how the functions of WHO in trying to meet your latest health needs will affect its own structures. They may appear to you to be two separate issues; to me they are very closely related because, as I said, we want to be sure that we are not only honouring big words but are cultivating the action they imply.

The goal of health for all was certainly conceived in a climate of political optimism, and that was only a few years ago. At that time, I believe you will admit, there was still a feeling that in spite of ideological differences, in spite of economic enigmas, somehow our world was muddling its way out of an impasse and was going to substitute cooperation for confrontation.

Now we have clearly to face a new reality. The results of the so-called North/South dialogue, whether it is within the United Nations or in other fora, are, to say the very least, meagre. The developing countries fear - perhaps with some justification - that soft social programmes are being offered to them to conceal the intention of the developed countries to maintain their economic supremacy. On the other hand, the developed countries are contending that their own economic predicament is such that an unselfish dialogue with the developing countries appears impracticable. All this has created a climate of political, economic, social and psychological obstacles that might stand in the way of the realization of health for all in the foreseeable future.

But - and this, I believe, is important - at the same time a national and international movement for health for all is undoubtedly taking shape - indeed, is building up momentum. My visits to many of your countries have provided me with very concrete evidence of this movement. We cannot therefore allow external political climates to deflect us from this path that we have chosen together. We must encourage and support the movement for health for all, and turn any obstacles into a spur to pursue our aims. If, on the one hand, political commitment is indeed required to launch health for all and social and economic development to sustain it, and if, on the other hand, the political, social and economic conditions throughout the world would appear today to be hostile to such intensive drives for health for all, it may sound paradoxical but I believe that this should be an additional spur to action. I would like to remind you how often I have stated that health could be a powerful lever for social and economic development and, through this very development, for peace. Well, when social and economic development and peace are being actively pursued, then there is obviously less need for such levers. But it is precisely when they appear to be stagnating that levers such as health development are needed to raise them and to set them on their right course. I remain convinced that when people grasp the significance of this option it will be a turning point in socioeconomic development.
To me it is disappointing that so many of the world's leaders today are deeply entrenched in a totally materialistic concept of development that is much more concerned with raw materials and goods, trade and money, than with people. Is it not significant that the forthcoming United Nations conference on new and renewable sources of energy should have omitted any reference to the energy of human beings? I doubt if we can do much to change this situation. Too great an effort would mean that we would be deflecting our energies from the struggle for health that we have mapped together. So let us stick to our course, realizing that we will have to try harder than ever because of widespread preoccupation with well-worn patterns that are equating economic growth with human development. I am convinced that tangible achievements in health are likely to have a much greater impact on the social and economic development of peoples than purely conceptual arguments about the nature of that development.

Such achievements will depend in very large measure on the content of your strategies for health for all. I have repeatedly been told that "health for all" remains to be defined. But I ask you: what would have happened to the great social revolutions in world history if "All men are created equal and independent", if "Liberté, Égalité, Fraternité", if "Workers of the world unite" - what would have happened to these social revolutions if the slogans that epitomize them had had to be dissected anatomically as a prerequisite for action?

I will try once more to summarize what "health for all" in essence means, and to do so I will refer to your Constitution, WHO's Constitution, which defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". That definition expressed an idealized concept of health based on a high level of social morality. In reality, we know all too well that health in these terms may be well-nigh unattainable. However, the objective of WHO as defined in its Constitution speaks about "the attainment by all peoples of the highest possible level of health". The goal of health for all by the year 2000 embodies that very objective. It emphasizes "highest possible", so that different countries will strive to improve the health of their people in keeping with their economic and social capacities.

But there is a baseline below which no individual in any country must fall. By the year 2000, all people in all countries should have a level of health that will permit all of them to lead socially and economically productive lives. But what then does that mean? Well, it simply means that the level of health of individuals, of families, of communities, permits them to exploit their potential economic energies and to derive the social satisfaction of being able to realize whatever intellectual, cultural, spiritual talents they have.

Now if your health strategies are to be effective they will clearly have to go far beyond statements of good intent, however genuine these may be. They will have to indicate in very practical terms what action your countries will in fact take in the health sector and in other sectors concerned. I will say no more today about the health sector, but feel that I ought to refer briefly to action in other sectors because of its problematic nature. For example, you will certainly wish to stimulate action in agricultural development in order to assure good nutrition, in water resources development to make sure of an adequate supply of safe drinking-water, in community housing development to improve the quality of family hygiene, in educational development which is an indispensable fellow-traveller of health literacy, etc.

A lot has been preached about integrated sectoral planning, and we know that this may be Utopian in many countries, but even if it is I remain deeply convinced that it is still possible to secure the relevant involvement of other sectors. If you specify your health requirements from other sectors, you have a much better chance of gaining their collaboration than if you merely piously attempt to convince them of the philosophy of multisectoral work. But in all fairness you will then in turn have to support other sectors through appropriate action in the health sector whenever they require this from you; for instance, the health care of schoolchildren so that they can indeed benefit from the education given to them; or the health care of agricultural workers, to improve their productivity; or the prevention of occupational disease, to promote industrial development; or the provision of health care in such schemes as the building of ports or human resettlements. I am convinced that such pragmatic mutuality is worth a thousand theories when it comes to multisectoral action for health.

What can WHO do to help you to define and implement your strategies for health for all? For that is your Organization's most important role in the foreseeable future. Much depends, obviously, on the kind of WHO you want. Do you want technical excellence alone? Or managerial guidance? Or financial support? Or action to get health development strategies defined and implemented? Before you decide, let me unfold before you the WHO that I think you deserve.
You deserve a WHO that truly has a social mission, that is active in supporting you in your action - and I underline action - and not merely in providing the scientific and technical basis of that action. I have called this - and this has been criticized - the sociopolitical role of WHO. If you do not like that name I am ready to call it by any other name, but the essential point is that you deserve an organization which, to use the words of your Executive Board, is an active intermediary in the health affairs of its Member States. Why the emphasis on action? After all, we could very well content ourselves with collaborative studies whose outcome usually would be technical reports of a very high standing, but which would not commit anybody. If the health problems of the world were not as tremendous as they are, and if they did not demand solutions with the urgency they do, well then, this might be quite a satisfying way of working together, or even if this did not bring about much change, it still could help countries to do slightly better what they already are doing, and this would certainly lead often to marginal improvements. But I beg of you to consider that when health is given such a marginal attention in so many countries, then marginal efforts at improving it are not likely to have much effect. That is why it is so important that massive cooperative efforts be made - efforts to change the very course of health development - by people, by governments, and with other peoples and with other governments. The very fundamental reason for WHO's existence at this juncture is to give this cooperative action the support it needs.

When I say you deserve such a WHO, I do so not only because health development as such deserves this kind of support, but because you as Member States have been remarkable, I dare to say unique, in bringing about in the health sector the application of those important principles for the establishment of a New International Economic Order that seem to have eluded so many other sectors. For if I have brought to your attention today's changed political climate, and if I have bewailed the absence of any genuine dialogue between North and South in relation to the establishment of the New International Economic Order - indeed, in regard to the preparation of a New International Development Strategy - then, I say, fortunately this dialogue, East and West, North and South, has taken place with respect to health; and it has taken place to a large extent in that collectivity of Member States which your World Health Organization is. Your Organization has become an anchor for international justice in favour of health and human development, and you deserve that it should remain so.

For, in the midst of political and ideological strife, WHO has made significant advances in the struggle for health. It has built up a whole series of health doctrines that are changing the face of public health - and that in affluent countries and developing countries alike - and it has done so in a spirit of peaceful cooperation among its Member States. Your boldness in defining the unusual goal of health for all by the end of the century, and your maturity in agreeing on ways of reaching that goal, are indeed in themselves outstanding international achievements. Now, you have laid overriding emphasis on national strategies, and to ensure adequate support for such strategies you have set in motion mechanisms to rationalize the international transfer of resources for health, be they technical or financial; and this, I submit, is nothing less than the transfer of resources with strings attached. But what strings? These are not strings of enslavement; they are being pulled together in the same direction by the less affluent and more affluent countries alike to ensure that external resources are, indeed, invested where they are most needed in health. Also, your Organization's efforts have gained the unanimous support of the United Nations in the form of an outstanding resolution in which health is recognized as an integral, as a full partner in overall development. You can indeed be proud - I believe all of us can be proud - of these achievements, and you therefore deserve an Organization that will sustain these achievements and take them still further.

Clearly, such achievements give prestige to international action, but we now have to face how to live up to that prestige. We have to make sure that we can put into practice the bold policies we have adopted, and we must do so irrespective of political and economic crises that surround us; we have got to overcome the limitations of time, for the year 2000 looms ahead only too closely. Faced with this kind of challenge, our structures must be in tip-top shape to ensure action for health. It is this action that from now on will be the yardstick of our relevance. That is the kind of WHO I am convinced you deserve.

What do I mean when I say that "we" must ensure action for health? By "we" I mean the Organization as a whole, and each of its individual parts, but I mean first and foremost Member States, both individually and collectively. Of course, I also mean the Secretariat, but at the risk of boring you I must repeat my old refrain of the overriding importance of action of Member States. The very usefulness of WHO in support of the attainment of health for all will depend upon the single-mindedness and the intensity with which you, the Member States, nationally
as well as internationally apply the policies and the principles that you have adopted unanimously, collectively, in WHO. I therefore turn to you as representatives of your governments and would like to ask you four simple questions.

My first question is: are you really ready to introduce in your countries health policies in the spirit of those you have adopted collectively in WHO? When you consider this question, please remember that it is not enough for you alone to be ready; you have to make sure that all of those who need to know about the policies are indeed aware of them, whether they are in government or professional or other circles; and you have not only to do this, but you have to persuade them to review their activities and if necessary to reshape them accordingly.

My second question is: are you ready to base your technical cooperation with WHO on the policies you have adopted collectively in WHO and on these policies only? I have to add that in my travels to many lands I am often confronted with practice that in my opinion does not exactly follow the policies that you have laid down in the Health Assembly.

My third question is: are all those of you who are in a position to do so ready to provide adequate support to other countries in the spirit of these policies? For those of you to whom this applies, I should like to point out that, even if certain policies are hardly applicable inside your rich countries - for example, if they relate to problems that you have already overcome - you could still remain faithful to those principles if you ensured that you supported these policies in your programmes of bilateral support to other countries.

My fourth and last question is: are you ready to influence other nationals and internationals of other sectors, at the national and international levels, to make sure that they are taking action for health development in the light of these policies? And I can only repeat what I have said in your proposals for joint action. Here a gram of practice is surely worth a ton of theory.

Honourable delegates, I hope you are ready, because I remain convinced that an affirmative reply to these four simple questions is the crux of the matter. You deserve a WHO that not only keeps world health policy relevant to people's needs but also foresees these needs and reshapes its policies accordingly. You deserve a WHO that supports you not only in defining and updating your health policies in accordance with your own peoples' evolving needs, but also in realizing these policies through interaction between national and international endeavours.

But to get what I think you deserve you must appreciate that this depends on you and on you alone. The Regional Directors and I, and the Secretariat as a whole, can support you to carry out your decisions, but it remains your responsibility to take these decisions. It is your responsibility to ensure that your Organization supports you in carrying out these decisions and that its structures are geared to providing you with this support.

I do hope you realize that such an Organization will be much more demanding of itself, of its structures, of its individual Member States, than it has ever been before. It is rarely easy to work with an organism that demands discipline, let alone self-discipline, yet that is the kind of organization I am convinced the world needs to support it in attaining an acceptable level of health for all by the year 2000.

Do you really want this kind of an organization? Are you really ready for collective self-control in the fulfilment of WHO's directing and coordinating function in international health work, it being clearly understood that WHO is all of you together, the collectivity of its Member States? It is my feeling - and I hope I am right - that the Member States of WHO do have sufficient trust in one another to accept such collective control through collective coordination. If you share that feeling, you will have completed the cycle that is bound to give you the kind of WHO you deserve. If you do not share it, then I am afraid that changes of the magnitude you have ordained will not be possible.

I think I am correct in stating that your Executive Board considers that this is the kind of WHO you deserve. At its recent sessions, as pointed out by its Chairman, it made a series of recommendations which, if you are ready to adopt them, will lay the basis for the most relevant functions and consequent structures of the Organization within its constitutional framework over the next two decades. You have the Board's recommendations before you in the form of a resolution. In this draft you are asked to decide whether really you want WHO to concentrate all its activities on support to national, regional and global strategies for attaining health for all by the year 2000.

You are asked to decide that it should emphasize action for health, in addition to indicating how such action might be carried out; and that in doing so a proper balance between centralized and decentralized activities be maintained and that, above all, the unity of your Organization be assured.
You are asked to decide that the monitoring and the control of the activities of the Organization should be undertaken as a collective effort by Member States.

You are asked to urge Member States to strengthen their national health work and their involvement in the work of WHO, in the spirit of the policies, principles and programmes that you have adopted collectively in WHO.

You are asked to urge the regional committees, the Executive Board and the Health Assembly to intensify their efforts in support of strategies of health for all, and to this end to increase the correlation between the activities of these bodies.

You are also asked to direct me to ensure the implementation of the decisions contained in that resolution, as well as to assure timely, adequate and consistent Secretariat support for you.

The Regional Directors and I are preparing a plan of action so that, the moment you give the green light, we will be able to set in motion and accelerate the new uses of WHO’s structures as you would like to see them. This plan of action will certainly affect your work. It will affect the work of the regional committees and the Board. It will affect the way the Health Assembly, the regional committees and the Board harmonize their activities. It will affect, certainly, the work of the members of the Secretariat at all levels, the functions they perform, the way their work is organized, the number and type of staff employed, the manner in which they support you.

Do you agree with the consensus of the Board in this respect? Are you convinced that WHO is strong enough to carry out successfully the immense tasks that lie ahead? If you are not convinced, it is better to say so now before we cross the bridge of no return. I obviously hope you are convinced. I, personally, am. I am sure that WHO is strong enough, dynamic enough, flexible enough to meet the challenge it has set itself, and that is precisely the reason why I have taken such pains over the years to try to let you know how I believe the Organization could meet this challenge.

But now I am haunted by time. Twenty years may seem quite a long time to some of you. In the perspective of history, it is but a passing moment. Now that your strategies are becoming ripe for implementation, we need a WHO free from the agonies of organizational uncertainty in order to make these strategies truly effective. I therefore ask you to make your decisions now, at this Thirty-third World Health Assembly, so that we can get on with the job, invigorated not only by a sense of purpose but also by a sense of urgency; not only by a sense of urgency, but also by a sense of unity; not only by a sense of unity, but also by the use of our structures so as to foster that unity.

Mr President, honourable delegates, that is the kind of WHO you, the governments of the world, deserve. That is the kind of WHO the peoples of the world deserve.

The PRESIDENT (translation from the Arabic):

I thank the Director-General, Dr Mahler, for that excellent presentation of his report on the work of the Organization for 1978-1979, the review of which is item 10 of our agenda. A reading of the report which has been distributed to us clearly shows, I think, that Dr Mahler is devoting his bountiful spirit and unerring faith to the service of mankind, and this is also apparent when Dr Mahler addresses us on these topics. That spirit of Dr Mahler’s is an inspiration to us in our endeavour to achieve the aims of our Organization. Our thanks and appreciation go to you, Dr Mahler, for all that you and your associates are constantly giving to this Organization; and we thank those who have worked with you to produce such excellent work.


The PRESIDENT (translation from the Arabic):

We shall now start the general discussion on item 9 - Review and approval of the reports of the Executive Board on its sixty-fourth and sixty-fifth sessions, and item 10 - Review of the report of the Director-General on the work of WHO in 1978-1979.

I would remind the Assembly that it is recommended in resolution WHA26.1 that:

(1) delegations wishing to take part in the debate on the reports of the Director-General and the Executive Board should concentrate their interventions on matters related to those reports, so providing guidance which may assist the Organization in the determination of its policy;
and (2) delegations wishing to report on salient aspects of their health activities should make such reports in writing for inclusion in the record, as provided in resolution WHA20.2.

In addition, as you will have seen from the letter of invitation to attend this session sent by the Director-General to all Members on 3 March 1980, heads of delegations are requested, in their statements at plenary meetings, to speak of the progress made in their countries towards developing strategies for the achievement of health for all by the year 2000.

Delegations wishing to participate in the general discussion on items 9 and 10 are requested to announce their intention to do so, together with the name of the speaker, and the language in which the speech is to be delivered, as soon as possible to the Assistant to the Secretary of the Assembly. Should a delegate wish to submit a prepared statement for inclusion in extenso in the verbatim records, or whenever a written text exists of a speech which a delegate intends to deliver, copies should also be handed to the Assistant to the Secretary of the Assembly to assist in interpretation and transcription of the proceedings.

Delegates will speak from the rostrum. In order to save time, whenever one delegate is invited to come to the rostrum to make a statement the next delegate on the list of speakers will also be called to the rostrum where he or she will sit until his or her time to speak has come.

In order to remind speakers of the desirability of keeping their address to not more than 10 minutes' duration, as was decided by the Health Assembly a few years ago, a system of lighting has been installed. The green light will change to amber on the ninth minute and to red on the tenth minute. I hope all speakers will observe this arrangement, for the smooth dispatch of our business.

I now invite the first two speakers named on my list, the delegates of Gambia and Czechoslovakia, to come to the rostrum, and I give the floor to the delegate of Gambia.

Mr JALLOW (Gambia):

Mr President, distinguished delegates, Mr Director-General, ladies and gentlemen, pursuant to Article 61 of the Constitution of our Organization, I will attempt to focus attention, in this short address, on the action taken and the progress made by the Government and the communities of The Gambia in improving the health status of our peoples.

But before embarking on this task, I would like, Mr President, to extend to you and all officers elected to preside over and direct the affairs of the thirty-third session of the World Health Assembly, my sincere congratulations and best wishes for a resounding success in your arduous task. I would also like to address the congratulations of the Gambian delegation to our hard-working Director-General for his brilliant annual report.

During the latter part of 1978, two staff members of the WHO intercountry programme for health planning in the African Region were made available to us to work with nationals and WHO country staff in formulating our country health programmes. Again, in October 1979, a WHO team made up of headquarters and Regional Office staff visited my country at the request of my Government. This team, including a consultant health economist, worked in a commendable manner with our own national team, into which the WHO programme coordinator is perfectly integrated. They visited strategic points throughout the country and their combined efforts culminated in the publication of a document entitled "The Gambia Primary Health Care Action Plan, 1980-1986". In a nutshell, the Action Plan emphasizes the use of local resources to the maximum extent possible in full cognizance of the fact that, unless our strategies and plans of action are set within our own political, economic and sociocultural context, they are doomed to failure. In this connexion, we plan to use existing facilities to the largest extent possible to train large numbers of middle-level personnel, and even larger numbers of village auxiliaries including traditional healers, to focus attention on activities aimed at health promotion and disease prevention instead of our previous bias for curative health services and, last but not least, to give health its rightful place in overall socioeconomic development. In all this, our main concern will be to cater for our underserved rural areas in which over 80% of our peoples live.

Mr President, I am happy to report that my Government at the highest political level has now approved the Primary Health Care Action Plan. This approval will be translated into concrete action in our budget estimates for the financial period July 1980 to June 1981, which are now under preparation, and in subsequent budget estimates. The Gambia already spends about 10% of its recurrent budget on health and with the constraints that we have to face in many other sectors, it is not feasible to increase this figure in the foreseeable future. However, a certain reallocation of resources can be made within the recurrent budgets and we envisage some investment from our capital investment budget.
All in all, the projected expenditure for our Action Plan over a five-year period is US$5 million. Of this amount, 34% will be absorbed locally: 22% by the Government and 12% by the communities. For us, Mr President, national political commitment is a two-way process: it means the commitment of the Government; but equally, and perhaps more important, the commitment of the communities themselves. This latter commitment must be demonstrated not only by their active involvement in planning and decision-making but by contributions to ongoing projects in cash or in kind.

Some 80% of our villages now have functional community development committees. In recognition of the need to adopt an integrated approach in pursuit of our Organization's social objective of health for all by the year 2000, my Ministry collaborates with other ministries and departments involved in rural development. In this regard and as an integral part of the primary health care package, we are working in close liaison with the Department of Water Resources in tackling the problem of improving water supply facilities to our rural communities. The rural water supply project has already completed 111 wells; 56 of them have been fitted with hand pumps. My Ministry is playing an active role in this project by running health education programmes related to water supply.

Our expanded programme of immunization (EPI) has been strengthened. EPI, combined with maternal and child health (MCH), represents our first building-block in our primary health care approach to disease prevention and control. We have set up mobile EPI teams which work closely with static MCH units; and with the experience gained in the smallpox eradication campaign, we hope to immunize 85% of our target population in three years, leaving the remaining 15% (together with newborns) to be covered by the static MCH units. There are now 73 MCH clinics spread throughout the country compared to 40 in 1977. It is gratifying to note that more than 90% of pregnant women attend antenatal clinics at least once during their pregnancy.

My Government has approved a collaborative programme with the British Medical Research Council laboratories which have been in existence in The Gambia for over 30 years. The intention is to train a small corps of national research workers who will help in exploiting the mass of epidemiological data (especially concerning malaria) that have been collected over the years for the improvement of our disease control and epidemiological surveillance activities. We have been assured that WHO's Special Programme for Research and Training in Tropical Diseases will join forces with us in this endeavour and, needless to say, we would welcome research workers from other parts of the African Region.

I have indicated earlier on that 34% of the projected cost of our Primary Health Care Action Plan will be absorbed locally. We hope and feel fairly confident that, through WHO, the international community will help us meet the shortfall of 66% or US$700,000, or US$1 per head of population, annually over a period of five years.

Finally, Mr President, I wish to use this opportunity to express the gratitude of my Government for all the help we have received from our Organization. Whenever we have called on the Regional Director for Africa and the Director-General for support in the true spirit of technical cooperation, they have never failed us. We feel confident that with their continuing cooperation, coupled with that of the international community, our small country will achieve health for all before the year 2000; for we interpret health for all as nothing more and nothing less than true social equity in its multiple dimensions and in keeping with a basic African belief: "I am my brother's keeper".

Mr President, distinguished delegates, Mr Director-General, ladies and gentlemen, I wish you very successful deliberations through the course of this Assembly and thank you for your kind attention.

Professor PROKOPEC (Czechoslovakia) (translation from the Russian):

Mr President, distinguished delegates, may I first on behalf of the Czechoslovak delegation congratulate you, Mr President, on the great honour bestowed on you, as a representative of the Arab States, by your election as President of the World Health Assembly. My congratulations are particularly heartfelt because the Governments of Kuwait and Czechoslovakia signed this year an Agreement on Cooperation in the field of public health. At the same time, I would like to extend my sincere congratulations to the elected Vice-Presidents and the Chairmen of Committees A and B.

Distinguished delegates, the Thirty-third World Health Assembly is meeting in a year in which a number of important anniversaries are being celebrated. Firstly, it is the one-hundred-and-tenth anniversary of the birth of the great thinker, revolutionary and statesman, Vladimir Il'ich Lenin. Lenin was the first statesman to seek and find a solution to the
question of equal health protection and care for all members of society as a government and social priority. The public health system founded on those principles has already become reality in 14 nations of the socialist bloc. Its results have been satisfactory and it has attained full international recognition, as is shown by the 1979 resolution on national health services.

This year also marks the thirty-fifth anniversary of the day the Second World War ended - of the day on which the allied armies gained victory over fascism in Europe and the Czechoslovak peoples were liberated by the Soviet Army. Since 1945, thanks to the active peace-loving policy pursued by the Socialist nations, with the USSR at their head, and to the sagacity of many European politicians Europe as a continent has managed to preserve peace. In addition, the adoption of the Helsinki Final Act on Security and Cooperation in Europe has been a significant and most positive event. This Act represents an expression of the determination of the Czechoslovak nation to continue to support a policy of international détente, of détente in the political field as a complement to military détente. We consider it important that détente should also meet with full support here in the forum of the World Health Organization. If, when the Organization was founded, we were able to combine our efforts to heal the wounds left by the ravages of war, then people throughout the world are justified in expecting us to unite in the struggle to prevent cold war, which, as we are all aware, may not remain just a cold war.

The campaign for the health of mankind that is being conducted by WHO, and the results of that campaign, first and foremost, are playing an extremely important part in the attainment of that goal. We have succeeded, for example, in uniting to eradicate smallpox, thereby making a real historic advance. I can only congratulate the Director-General and his colleagues on that achievement. At the same time however I should like to express the hope that other programmes against the most serious diseases in the developing and developed countries will be carried out with equal efficiency and clarity of purpose, and achieve the necessary results. I refer for example, to that extraordinarily important programme and watchword of the Director-General, "Health for all by the year 2000". The way forward towards attaining this immense goal has been prepared by the resolution on national health services and by the conclusions reached at the International Conference on Primary Health Care in Alma-Ata. We realize that this programme entails taking all the particular circumstances, needs and interests of individual countries and of whole regions into account. But there is one precondition which applies universally; namely, peace throughout the world, and the maintenance of general social and economic development throughout the world.

Resolution 34/58 of the United Nations General Assembly, "Health as an integral part of development", is relevant here. In this resolution the United Nations for the first time showed how much importance that greatest of institutions attaches to health matters and the overall context of interrelationships in which it sees the attainment of public health. We must accordingly prevent any trends or attempts to hinder the accomplishment of these fundamental tasks of our time. I need hardly, I think, remind the representatives of the world's public health services here today in detail of all the sufferings in terms of ill health and social problems which have been inflicted for decades upon peoples such as the people of Afghanistan. After all WHO has quite a strong team of specialists in Afghanistan and consequently sufficient information about it. That United Nations resolution however confirms the fact that the significance and further march of the revolution, the aim of which is to achieve general progress and to solve basic social problems, have been made improper use of and that a tendency is developing to subordinate the revolution to the interests and domestic pre-election aims of the present American administration. This applies to Kampuchea and many other countries, as well as Afghanistan. At the same time national health services should not be allowed to founder for lack of adequate resources. One way of checking this trend is the one that has been proposed time and again by the socialist countries in the United Nations: namely that expenditure on armaments should be reduced and the funds thereby released transferred to aid developing countries. In order to make further progress towards solving world public health problems it would be advisable for WHO to plan its work more thoroughly and to make a more rational choice of the goals it decides to attain.

Our Organization will not become more purposeful in its work unless we consistently and systematically attain the goals set by the Sixth General Programme of Work covering the period 1978-1983, and manage to prevent the tasks of the following period from still further increasing.

In addition, I believe WHO is paying insufficient attention to the scientific side of its various programmes. I should also like to draw your attention to some of WHO's structural problems. In future we ought not to diminish the importance of the supreme organs, the World
Health Assembly and the Executive Board, and we should fully respect and observe the WHO Constitution. Furthermore, one cannot but notice that the WHO apparatus, albeit a greatly trusted one, does also have very extensive powers and the problems of supervising implementation of the programme budget and individual programmes have not yet been solved satisfactorily.

Lastly, I should like to draw your attention to the constant growth of the budget and increase in Members' contributions. I should like to underline what we have already said on several occasions from this rostrum: Czechoslovakia is in favour of stabilizing the budget and Members' contributions. The World Health Organization saw the early days of cooperation in the field of public health between representatives of the Member States of the United Nations. It is there, in our opinion, that the necessary preconditions for cooperation in solving the worldwide problems of mankind today lie. The first and most important of those problems is the preservation of peace. The mission of WHO is consequently to play an active part in the policy of decreasing international tension and of endeavouring to transfer the successes so achieved from the political to the military sphere.

Dr SURJANINGRAT (Indonesia):

Mr President, Mr Director-General, your excellencies, distinguished delegates, ladies and gentlemen, may I first of all, on behalf of the Indonesian delegation to the Thirty-third World Health Assembly, convey our most sincere greetings and best wishes to all of you? We are here together with only one goal in mind, that is to bring the Thirty-third World Health Assembly to a successful end. I can assure all of you that the Indonesian delegation will do its utmost to help this distinguished gathering achieve that goal.

May I also start my statement with a few words to Dr Prakorb Tuchinda, the outgoing President? The Indonesian delegation would like to extend its deepest appreciation for his most able guidance and leadership. The Indonesian delegation would also like to use this opportunity to extend its most sincere congratulations to the newly elected President of the Thirty-third World Health Assembly. I personally have no doubt whatsoever that you, Mr President, will also be able to guide and lead us in our deliberations, and to bring this Thirty-third World Health Assembly to a fruitful end. The congratulations of the Indonesian delegation also go to the elected Vice-Presidents, and the chairmen and vice-chairmen of the committees of this Assembly. May I also thank you for the honour that has been done to me by electing me to serve as one of the Vice-Presidents of this esteemed Assembly?

Mr President, Mr Director-General, your excellencies, ladies and gentlemen, last Sunday a great statesman and courageous fighter of a non-aligned country has passed away. President Josip Broz Tito of the Socialist Federal Republic of Yugoslavia has left us a vast legacy, which is the result of the efforts of the non-aligned movement. During his life, he has relentlessly sought, together with other non-aligned countries, to realize the goal of freedom, justice, peace and prosperity for man. In him we have lost the last of the pioneers of the non-aligned movement, but my delegation is convinced that his spirit will always inspire us to move onward. Allow me to take this opportunity to express, on behalf of my Government and the people of Indonesia, our deepest sympathies and to extend to the Government and people of Yugoslavia, and in particular to the family of the deceased, our profound condolences.

Indonesia has committed itself to the struggle for health for all by the year 2000. Much progress has been made in the health sector, the impact of which can be seen in the reduction of mortality and morbidity rates and in the increase of life expectancy at birth. Based on the results of our development efforts achieved so far, we have reason to believe that we can increase the health of our people to such a level as to enable them to lead a socially and economically productive life. We are proud to say that we have been able to maintain a political and economical stability which fosters further economic growth. The broad guidelines of the State policy very clearly stipulate that the economic rewards of our development efforts must be channelled back to the people for their benefit. One of these channels is the provision of health services for the whole nation.

It is our considered view that, in the process of realizing the goal of health for all by the year 2000, the regional offices could and should play an important role. To this end it is imperative that these offices be equipped with the material and manpower required to discharge their duty in an efficient and effective manner. In this connexion, it is with great satisfaction that we observe that the South-East Asia Regional Office, under the wise and active leadership of its present Director, Dr Gunaratne, is proceeding in the right direction towards that goal.

Allow me to relate to you some salient features of my country's development efforts. The ultimate goal is a prosperous community based on social justice, where all basic human needs
including health are met and taken care of. Therefore, development in the health sector must be an integral part of the overall development plan. Viewed within this context, we have adopted the "systems" approach, to see things as a whole in order to find better courses of action. This systems approach will enable us also to see the relationship with the environment and other existing systems, such as the global situation, WHO and its sister agencies, and regional organizations like the Association of South-East Asian Nations.

We, in the Ministry of Health, in an effort to reach the goal of health for all by the year 2000, have been engaged, in the last six months, in the redesigning of our national health system. The national health system will be the broad policy guidelines for the national health development efforts, stating the goal and objectives, the broad policies and the steps to be taken to achieve that goal. The first outgrowth of this national health system is the strategic plan for the year 2000. In this strategic plan due consideration has been given to important key issues, such as primary health care as the basic approach, health services research to support the implementation, and technical cooperation among developing countries (TCDC) as an additional input to the whole process of health development. At the same time, two important components of the national health system - namely the health manpower development system and the drug supply system - are being reviewed.

With financial support from the United Nations Development Programme and technical assistance from WHO, Indonesia is at present formulating a comprehensive national drug policy linked with the national health system. Strengthening national capability in the production and improvement of essential drugs and its supply and management system to support community health service is one of our main efforts. TCDC has also been initiated in this pharmaceutical field with our neighbouring countries. In all these exercises, we have involved central as well as local authorities, including authorities outside the Ministry of Health.

It has been repeatedly stated that new advances in medical science and new developments in medical technology do not substantially change the health status of the majority of the world's population, particularly those living in the developing countries. This is simply because the developing countries do not have the means to acquire that technology and lack the ability to use it. A lesson can be learned from the victory we are going to celebrate in this Assembly, the eradication of smallpox from this world. Even though the technology has long been at our disposal, it took more than a century to free mankind from this killing disease. The lesson we learn is that, even though the technology is there, it will do no good unless national governments are willing to allocate enough resources and have the organizing ability to start a national control programme.

Before developing countries can afford to commit the necessary resources, develop adequate skills to apply the new technology and have the organizing ability to plan and implement control programmes, these countries must reach a certain level of development, socially and economically. The sociocultural setting of the developing countries, dominated by poverty and ignorance, is the main constraint. The developing countries have been engulfed in this circle of poverty, ignorance and disease for ages, and no medical technology can stop or slow down the spinning of this wheel of misfortune.

The problem of health and disease of the developing countries does not stand alone, but it is interrelated with the problem of low levels of income and education. All development efforts must be man-centred because these efforts are meant for the human being as a totality. Moreover, it is man who will benefit from it. And since health is a basic human right, it is only natural that we should not allow the efforts to provide good health to people to become a purely profit-making business. The humanitarian principle must override the economic principle, or any other principle, particularly when the saving of human lives comes into picture. We have given serious consideration to this matter in our national health system.

In closing, I would like to draw the attention of this most distinguished Assembly to the gross inequity in the level of health that still exists between nations and between countries. Inequity in health status is directly against our target for health for all by the year 2000. The role that each of us has to play is clear. I have great confidence that, if we let ourselves be guided by the spirit of constructive cooperation, our deliberations will be fruitful and our Organization, WHO, will be one step closer towards the realization of its mission.

Finally, I wish this Assembly every success.

Professor DOĞRAMACI (Turkey):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, it is my joy and pleasure, Dr Abdul Rahman Al-Awadi, our dear and distinguished friend, to
congratulate you on behalf of the Turkish delegation on your election. I also congratulate the Vice-Presidents and all the officers who have been elected to serve during this Thirty-third World Health Assembly.

I thank Dr Mahler for his most inspiring introductory remarks and reflections, as he called them, and I shall limit my comments to several points raised in his report. I should like to begin by expressing our support of the Director-General's efforts to reorient the work of WHO, to promote technical cooperation between countries and to encourage a more equitable distribution of health resources as part of the overall strategy to establish a New International Economic Order.

The Director-General has chosen to use the Declaration of Alma-Ata on primary health care as the foreword to his Biennial Report. This outstanding document well deserves to be called the "twentieth century Magna Carta for health". In 1979 the Executive Board responded to this plea for action by declaring health for all by the year 2000 as its most urgent target. The Director-General has assured us that implementation of national plans has already begun with a remarkable degree of agreement among countries. The key to the goal of health for all is concerted effort in the area of family health, in the context of primary health care. The strengthening of the family health component of health care systems and the greater emphasis placed on integrated health care in many countries are among the most welcome developments in the past few years. Let us not forget that the family is the basic unit in the structure of society and let us assure the family the position it has traditionally had in the community. My delegation fully supports the medium-term programme for family health which consolidated activities within a new programme outline. We also believe that the WHO/UNICEF Meeting on Infant and Young Child Feeding, which called for urgent action to promote the health and nutrition of infants and young children and emphasized once again that breastfeeding is the unique biological and emotional basis of child development, deserves to be cited as one of the most significant events of the past two years.

This morning the Director-General emphasized the importance of involvement of other sectors than health sectors - such as agriculture, community housing and education sectors - for ensuring health for all and pleaded for and demanded pragmatic means for their active involvement. In this connexion, we should remember that the Declaration of Alma-Ata begins by reaffirming that health for all requires the action of many social and economic sectors in addition to the health sector. In many instances a major obstacle interfering with progress is lack of coordination, not only between different sectors but also between departments of the same sector. Education, training and services may at times be uncoordinated because each functions under a different ministry or agency. Ordinarily, primary health care comes under the direction of the ministry of health, whereas some hospitals may come under the direction of another agency, such as the social security ministry. Other hospitals are directed by still other educational agencies. This situation obviously can be improved. All health services, and especially those related to primary health, should be available for training. Coordination of education and training and provision of services will further facilitate achievement of the objective. The ministry of health is normally responsible for such coordination, but, of course, it is up to each government to decide which agency will direct the overall coordination.

A primary factor impeding progress is inadequate manpower at all levels. We note with satisfaction the Organization's health manpower development programme. We see that in 15 countries in six Regions the training programme of WHO included the following: development of personnel for primary health care; establishment of work guidelines for the training of primary health workers; a guide for middle-level management of primary health care; community-oriented education programmes, and other activities for educational development and support. In particular, WHO's training programmes in mental health and public health are to be commended.

In this connexion, we believe that the time has come for the World Health Organization to establish a world health university - or world health institute if you prefer the term "institute" - as a programming and coordination instrument for the training of health workers at different levels. Such an institute would not need a separate physical plant and would have a minimal staff. Its main function would be to prepare and offer training programmes, and it would work with existing institutions throughout the world. Continuing education, whether designed to retrain available manpower for new needs or to bring health personnel up to date in their knowledge and skills, should be one of the main functions of this institute.
I have touched briefly on the importance of coordination and manpower development if the
goal of health for all by the year 2000 is to be achieved. Realization of a goal of such a
magnitude in any country requires regular monitoring and evaluation, as the Director-General
stated in his introductory remarks this morning. Also the Executive Board expressed this
need in the document "Formulating strategies for health for all by the year 2000" as a means
by which governments would be able to know whether they are making progress toward attaining
an acceptable level of health for all their people. The Board also cited the need for
different types of indicators, such as minimum life expectancy, maximum infant mortality rate,
nutritional status, specific morbidity rates, particularly in children, educational and
-cultural levels. It was further stated that monitoring of implementation and evaluation of
impact take place at both the policy level and the managerial and technical level, which
should be interlinked. We believe that such evaluation could also be carried out to
advantage by independent nongovernmental organizations or institutes. These autonomous
organizations could monitor whether governments are acting in accordance with their declared
priorities. Creation of such autonomous evaluating and monitoring bodies, or the delegation
of authority for this type of evaluation to existing ones, should be encouraged and supported
by governments. The resulting reviews of progress and reports on the current situation in a
given country may point to a need for modification in policies, strategies, or the working
plan, and would permit adjustment of the schedule at each stage to fit the relatively shorter
time remaining from that date until the turn of the century. In this connexion, I should
like to mention that such a centre has already been established in Turkey. The Ministry of
Health has appointed two senior members of its administration to the centre's board and the
remaining members are from universities and other sectors. It is hoped to study the situation
objectively in order to make suggestions to the authorities for action in those areas where
progress has been slow. Our centre will also carry out research in the health sciences and
will plan continuing education for health personnel at the national level.

My delegation strongly endorses the World Health Organization's efforts in research.
Research in the control of diarrhoea and research in the development of malaria vaccine are
just two examples of the important areas in which WHO has been active. We are very satisfied
with the WHO programmes for the control of tropical diseases and diarrhoeal diseases.
Indeed, oral rehydration in acute diarrhoea, a simple method of saving the lives of tens of
thousands of children, was not appreciated until recently. In certain countries, the cost of
preparing oral rehydration packages for hundreds of thousands of children may be prohibitive.
Funding agencies should be further motivated so that these countries may use these procedures
more extensively.

Before I conclude, I should like to say a few words about malaria, which is of great
concern to my country. Five years ago, there was a resurgence of malaria in Turkey, as well
as in a number of other countries. From low levels, which had made eradication seem
possible, the number of cases rose to 120 000 in 1977 and we were told that even keeping
the number of cases at that level would represent some progress. However, with strenuous
Government intervention, supported by international and bilateral assistance, the level
dropped to 88 000 in 1978, reached 29 000 in 1979 and, during the first three months of 1980,
there have been half as many cases as in the first months of 1979. We expect that the
number will continue to decrease this year.

Finally, Mr President, I wish to congratulate Dr Mahler and his staff and express our
admiration for the extraordinary work they have done. I should also like to commend
Dr Kaprio, our Regional Director, and his co-workers for their excellent work and shall
terminate my remarks by expressing my delegation's best wishes for the success of this Assembly
under your presidency.

Mrs HARRIS (United States of America):

Mr President, Dr Mahler, fellow delegates and colleagues, first allow me to congratulate
you, Mr President, upon your election to preside at this distinguished meeting. I also
extend my congratulations to each of the Vice-Presidents and I assure you, Mr President,
of the full cooperation of my delegation throughout this session.

I want to join also in welcoming to this Organization the nations of Zimbabwe, San
Marino and the Seychelles.

I have long admired the work of the World Health Organization and I am pleased today
personally to represent President Carter and to underscore his commitment, and that of the
American people, to the work of this Organization. Over the years I have seen the effect-
iveness of this Organization and I have learned to admire the professionalism and concern
of Dr Mahler and his staff. It would be no surprise to anyone that, as you accept the praise of a grateful world for successful efforts to eradicate smallpox, you set an even more ambitious goal - the promise of healthier and more productive lives for all by the year 2000. We have gathered today to intensify our cooperative efforts to achieve that goal. The Government of the United States of America enthusiastically endorses and supports the goal of health for all by the year 2000 and our people will actively participate in this international effort. The United States has long been committed to the fundamental principles of human dignity and social and political justice. We recognize health as a basic human right and pledge to you our sustained efforts to make that right a reality for all people in all nations.

In seeking to promote this human right each nation must determine for itself the definition of the health-for-all goal. The United States is shaping its domestic and international health-for-all strategies with two fundamental principles in mind: first, all people should have access to health services and those in need should receive priority attention; second, the services should be effective in promoting and maintaining health and in reducing unnecessary illness and death. To translate these principles into practice we believe it is important to set health-for-all objectives that are measurable: indicators of both health status and access to services.

We have already made significant progress in our own country. The general health of the people of the United States of America has never been better. Our infant mortality rate of 13 per 1000 is the lowest in our history and other countries have already demonstrated that even lower rates are possible. Infectious diseases, such as poliomyelitis, diphtheria, measles and the various diarrhoeal diseases, have either disappeared or been dramatically reduced. Mortality rates for cardiac disease have been reduced 22% in the last decade and the incidence of stroke is down by one-third. We have made significant progress in the United States but, just as all countries do not share fully in health care advances, not all of our people share fully in our progress. Access to health care in the United States is generally good but it varies among geographical areas and population groups. Some of our people have limited access to health care, either because they reside in areas where services are not available, or because they are offered services at a cost they cannot afford. Between 25 and 30 million people, many of them poor and near-poor, live in urban and rural areas in my country which we consider medically underserved. There are also special problems which have arisen in the United States as a result of societal and environmental changes associated with our stage of development. Drug abuse, alcoholism, obesity and pollution are problems which our present health care system has not fully solved. So for these reasons, because a significant portion of our population is still not adequately covered and because new problems accompany advances in development, we are strongly drawn to the concept of health for all.

In developing our strategy for meeting the health-for-all goal, we have concentrated on four principal areas: access to care, preventive initiatives, cost and ongoing monitoring of health concerns. In order to improve access to health care, we have developed community health centres, migrant health centres and community mental health centres. The impact of these primary care centres on health status has been significant: hospitalization rates are 25% lower for centre patients and infant mortality has been reduced by 50%. Additionally our young health professionals are given opportunities to work in primary care settings in underserved areas through our National Health Service Corps. These and other federally financed primary care programmes now serve 30% of the population in underserved areas. During the next decade we intend to cover 100% of those in need. In our efforts to achieve expanded access to health care, President Carter has proposed a national health plan which is now under consideration by the Congress. That plan would provide comprehensive coverage for preventive and acute care to low-income Americans and would protect all families against the cost of catastrophic illness.

The second emphasis of our strategy is on health promotion and disease prevention, as was recently set forth in a report from our Surgeon-General. This report identifies 15 priority areas believed to hold the greatest potential for health improvement through prevention. Some of these require improved health services and health protection, control of high blood pressure, family planning, pregnancy and infant health, environmental health, control of infectious diseases and accident prevention. Many of these areas also relate to lifestyle and formation of healthy habits and require changes such as smoking cessation and reducing the misuse of alcohol and drugs. The gains possible in this area are illustrated by the marked decrease in smoking in the United States in the past decade.
The third emphasis of our strategy is on rising health care costs. Total United States expenditures for health have risen to more than $200 billion a year, almost 10% of the gross national product. Among the policies we are pursuing to control costs are: more effective regulation of health care programmes, the development of alternative delivery systems, local health care planning, and more efficient utilization of health care technology.

A fourth component of our strategy involves the development of the system to monitor our progress toward health for all and to warn us about emerging threats to health. This system would serve to alert us to emerging health problems, especially in population groups that are at risk and underserved. Our health planning system can then act to direct resources to alleviate the need.

Research undergirds all of these efforts to advance health and health services. Our National Institutes of Health have taken the lead in formulating health research priorities for the future so that both governmental and private research resources can be directed more effectively. Immediately prior to this Health Assembly WHO helped to convene a meeting on health for all by the year 2000 in industrialized countries. Both less developed and more developed countries discussed the special problems that face the industrialized nations in achieving health for all as well as the problems that all countries have in common in pursuing that goal. At this meeting our Surgeon-General presented our health strategy for all in detail.

In the global pursuit of health for all, the interaction between research and delivery of services is a special concern. In the United States experience both have been essential: research has provided significant advances in health care technology, and practical delivery systems have been necessary to bring those advances to our citizens. But science alone cannot solve the problems of poverty and ill health. Scientific advances must be met by progress in the delivery of basic health services; properly coupled, science and service can bring better health. Our Agency for International Development is committed to assisting the poorest countries in the development of basic health services, concentrating on primary health care, water and sanitation, disease control and health planning and management. During 1980 expenditure for these programmes will total $216 million, or more.

The United States strongly endorses the goal of health for all and will fully participate. We join with the Members of this Organization in our determination to put aside differences, national, social or political, which may become obstacles in our path. Health is a right, a human right, and it is the responsibility of all nations to guarantee that right to all people.

Professor MATIN (Bangladesh):

Mr President, Mr Director-General, distinguished delegates, excellencies, ladies and gentlemen, let me in the very beginning have the privilege of congratulating you, Mr President, your Vice-Presidents, and the chairmen of the committees, on your election to your respective high offices. The outgoing President also deserves our appreciation for his devoted service during the past year.

Mr President, we have carefully listened to the Director-General's excellent report on past activities; we would like to sincerely congratulate him for the results achieved and the actions initiated. The Alma-Ata Conference of 1978 on primary care shall continue to inspire all of us in devising our health care system. The catalytic role of WHO in this respect is a crucial one, and the future of the health of four-fifths of the world's population depends upon how successfully WHO can involve itself in implementing the Alma-Ata Declaration. The creation of the International Health Funding Group is yet another revolutionary step of WHO. A global view of the resource position with particular reference to need, availability and resources is certainly a very useful tool in monitoring the progress of the activities and will enable us to take appropriate measures.

Any organization, in order to be able to respond to the challenges of changing times, must keep itself under constant review, and WHO is no exception to that. It is primarily because of the structural flexibility of WHO and the continuing concern of its dynamic leadership that WHO is one of the organizations of the United Nations system closest to the people. The decision of the Thirty-first Assembly to examine the structures of the Organization in the light of its functions has been a bolster for self-analysis. All the Regions have gone through a painstaking exercise on this issue and we are happy to see the item on the agenda of this
Assembly again. All Member countries must participate in the activities of the Organization on a more equitable basis, and the adverse economic condition of some should not be an impediment to their equitable participation in this global Organization. We also hope that a decision on this item will initiate a process of substantial decentralization of the activities of WHO to the regional and country levels.

The Assembly is going to affix its final seal on the death certificate of smallpox from the surface of this globe. This no doubt is an occasion in which the Assembly can take reasonable pride. We sincerely congratulate WHO and Member countries for this singular achievement in human history. May I at this point bring to the notice of this Assembly the cases of malaria and of cholera, along with other diarrhoeal diseases? These two diseases, taken together, are responsible for the highest mortality and morbidity in the world today and the world body has unfortunately not paid as much attention to these diseases as perhaps they deserve. It has been pointed out, in respect of malaria, that technical problems in the form of vector resistance to insecticides, drug resistance of parasites and factors associated with human ecology have still remained unsolved. It is about time we should take effective steps in this Organization to solve these technical problems. With regard to cholera and other diarrhoeal diseases, some effective prophylactic and therapeutic agents have been developed, but their application has been far from satisfactory. Opportunities for major breakthroughs, however, are possible. In this respect I am pleased to mention the recent creation of the International Centre for Diarrhoeal Diseases, established by a Bangladesh Presidential Ordinance and endorsed by 20 countries and agencies. It is the hope of the Bangladesh Government that this international centre, as it is built up at each phase, and with the experience of the Cholera Research Laboratory, will attract even broader-based international participation, will continue the excellent research work and technology development, and will function as an instrument for training, extension and communication to improve the capabilities of many countries in the control of diarrhoeal diseases. We are pleased to note that WHO has initiated a global diarrhoeal diseases control programme. We support this programme and ask that cooperation be strengthened between WHO and the international centre, situated in Bangladesh, to work towards the challenging task of diarrhoea control in many countries.

For the last few years WHO has been taking commendable initiatives in analysing the existing unsatisfactory situation in the field of drugs in order to enable the Member countries to take appropriate remedial measures. We congratulate WHO for its courageous initiatives in the field of drugs in the face of stiff opposition and sometimes even threats from vested interests. As an outcome of these efforts, there has been a general awakening as to the indispensability of priority action in the matter of drugs. In particular, the preparation of an indicative list of essential drugs has been a singular achievement. The idea of such a list has met with general acceptance in many of the Member countries. Another cause of this malady on the drug front, as identified by WHO, is uneven distribution of pharmaceutical production between developed and developing countries. The task before us is to facilitate the process through which the Member countries could get better access to the required quantities of these essential drugs at reasonable cost. It is now time to initiate specific measures to increase domestic production of pharmaceuticals in developing countries to facilitate availability of raw materials at reasonable cost. We are a little surprised to see this item out of the agenda of the Thirty-third World Health Assembly.

The subject for the Technical Discussions at this Assembly is "The contribution of health to the New International Economic Order". There could not be a better choice of subject for the Technical Discussions by the Organization, which is both the contributor and the beneficiary of any economic order. The New International Economic Order aims at a better world where people will have better control of the means of production, where resources will be distributed more equitably, where opportunities will not be identified merely on the ground of geographical location, where privileged living will not be linked with an accident of birth and, above all, where the gap between the north and the south and the "have" and the "have-nots" will be less conspicuous. We all, with all sincerity, welcome this new era of human history and express our complete identity with the laudable objects of the New International Economic Order. The promised new order is a means to achieve a better and more equitable health status.

On the other hand, it is almost impossible to imagine a better economic order without optimal utilization of human energy which can only be released to its maximum by a healthy human race. We all here profess health; some of us practise it, while there are others who would not hesitate to swear by health. But what is the actual state of affairs? Increasing disparities in the provision of health services among different sections of the people within
a country and the ever-widening gap in the provision of health services between different geographical regions have become a matter of serious concern. In many countries, a large number of people do not see the face of a doctor before they embrace death. The delivery pain of a village mother does not reach a doctor's ears who lives far away in the cities. Children are born only to die within a few years from diseases against which prophylactic and therapeutic agents are already available. Diseases like cholera, malaria, leprosy, tuberculosis are responsible for morbidity of millions. These are some of the indices of the present level of health care and the story of success or failure of prevalent methods of health care, and a commentary on the collective performance of all of us. Clearly there have been improvements in the status of the health of the people of the world as a whole, but they have resulted in widening the gap between the "have" and the "have-nots". Obviously the least developed countries of the world must receive better attention in this world today. Rightly many questions arise. What are the snags in the health care systems, which have been unable to cover a large section of the people in spite of their existence for several decades? Is there anything wrong with the existing tools? Do the prestigious institutes, meant for the services of the few, outnumber those needed by the people? Are all the drugs needed for cure present only as a commercial proposition for some of those involved in the manufacturing and prescription of these drugs? Answers to some of these questions must be found: how to improve the health care delivery system, both in quality and coverage.

With these few words, Mr President, I wish this Assembly every success for successfully confronting the challenge of our time.

Mr BODJONA (Togo) (translation from the French):

Mr President, distinguished delegates, on behalf of the Togolese delegation we should like first of all to thank and congratulate the officers of the Thirty-second World Health Assembly; at the same time we also congratulate those of the present Assembly, and wish them the greatest success.

It is a great pleasure to us to be attending, during this Assembly, the solemn ceremony of the declaration of global eradication of smallpox, especially as we were not here when war was declared against that appalling disease. The eradication shows what results can be achieved by solidarity and international cooperation; but we must continue in our vigilance, so that smallpox never again appears on the list of the world's diseases.

We have read with attention the biennial report of the Director-General of the World Health Organization and take this opportunity to congratulate him publicly on its clarity and conciseness. In the report the world situation is reviewed in general, and then in greater detail for each of the six regions of our Organization. While noting the efforts and progress made in health care in 1978 and 1979, this valuable document nevertheless suggests that there is still much to be done before we can reach our objective for the year 2000, health for all the peoples of the world to enable them to lead an economically and socially productive life.

Allow us in our turn to give a very brief résumé of the health situation in Togo since the last meeting of this august assembly.

We think it would be best to begin with a subject dear to us all, the primary health care through which we hope to attain the year 2000 objective. Since last year Togo has managed to finalize its expanded vaccination programme, an essential element in primary health care. This programme, drawn up for a five-year period and financed by our Government, will soon be launched in the far north of Togo, whence it will be extended in successive stages throughout the whole country, and we believe that by 1986 the vaccination campaign against the deadliest diseases will be integrated into the daily routine of the basic health services.

First of all, however, it was necessary to instruct and enlighten people who are extremely hostile to any new ideas, that is to say the health personnel. At a four-day seminar organized at Lomé-Kara, which was attended by 75 physicians, pharmacists, sanitary engineers and hospital administrators, primary health care and other questions relating to the health services were discussed. Special stress was laid not only on the responsibilities of health personnel for the management of staff, equipment and drugs, but also on the crucial role which physicians should play in providing health education and information if they are to obtain satisfactory results in the areas in their charge. We plan to hold similar seminars this year for all categories of health personnel, so that all health workers may fully understand the concept of primary health care.

The work of selecting essential drugs is continuing. Thus after drawing up a list of essential drugs for our various health units we have managed to get a national nomenclature of
pharmaceutical and biological products for use by the Togolese public adopted and published. The number of drugs imported into Togo had dropped from 3500 to 1200 by 1 September 1979. The number will certainly be reduced yet further, which will enable us to avoid tiresome situations in which we run out of stock. The international nonproprietary names of products have still, it is true, to be brought into use, but we are confident of achieving that by gradual stages. In order to prevent waste and improper use of drugs the drugs to be prescribed for patients by each section of the health services will be redefined, since nurses and midwives should not be permitted to prescribe the same drugs as physicians.

At its last extraordinary congress the Rassemblement du Peuple togolais adopted two important resolutions: one on community health information and education, and the other on traditional medicine and the African pharmacopoeia. By these resolutions the Government of General Gnassingbé Eyadémà, for whom health problems are a priority, clearly expressed its political will to attain the year 2000 target through primary health care.

After the resolutions adopted at the Twenty-second World Health Assembly on maternal and child health we were obliged to reorganize the maternal and child health care services in Togo to make them more efficient. Family health programmes are chiefly of concern to the people in our rural areas and a nutrition unit will accordingly be set up this year at Lomé with the help of OCCCE (Organization for Coordination and Cooperation in the Control of Major Endemic Diseases) to deal with food and nutritional problems in a more practical way.

This year, the centenary of Laveran's discovery of the malaria haematozoon, we are to review our entire vector control strategy. Our vector control service is concerned not only with malaria but also with human trypanosomiasis and onchocerciasis.

Technical cooperation between developing countries is continuing and leading to encouraging developments. Thus under the bilateral cooperation agreements between Ghana and Togo a meeting of health authorities was held at Ho (Ghana) in February 1980 at which the bases of health cooperation between the two countries were more clearly defined. In particular provisions were made with respect to the health of communities on our common frontiers.

Regarding the training of health personnel, we have great pleasure in announcing to this august assembly that, next June, for the first time 17 Togolese doctors trained exclusively in Togo will be graduating from our University. This is a most encouraging event for the success of our year 2000 objective.

Last year we had occasion very briefly to give our opinion on the question of "The study of WHO's structures in the light of its functions". This year the document presented by the Director-General is more detailed and raises several questions with a view to making our Organization more effective. Concerning the periodicity of our meetings, we would say that the study is very objective and that the proposal to hold a World Health Assembly every two years should be tried out: firstly, because our Organization would thereby save a considerable amount of money and so be able to strengthen certain important health programmes; and secondly because each Member State would then be able to review the resolutions adopted, implement them and evaluate them.

Mr President, distinguished delegates, we should not like to conclude without expressing once again on behalf of our avant-garde party, the Rassemblement du Peuple togolais, and its founding President, General Gnassingbé Eyadémà, our sincere gratitude to all the bodies and friendly countries which have helped and are continuing to help us discharge our onerous responsibility: that of ensuring that the health of our peoples is so improved that by the year 2000 all, without exception, enjoy a state of health which enables them to lead an economically and socially productive life.

Mr MENDES ARCOVERDE (Brazil) (translation from the French):¹

I take great pleasure in conveying the greetings of the Brazilian Government and people to the President and delegates of Member States. Throughout the history of this Organization, the understanding and solidarity between the peoples and countries represented at the World Health Assemblies have embodied the most highly cherished values of the Brazilian people and Government. It is in this spirit, therefore, that we are taking part in this Assembly and making our contribution to the efforts of the community as a whole to strengthen international cooperation, work for peace, ensure the wellbeing of all the world's peoples, and, in particular, attain health for all.

We congratulate the Director-General and the entire Organization on the work accomplished in 1978 and 1979. The two events which have left the deepest imprint on this biennium are of

¹ The text that follows was submitted by the delegation of Brazil for inclusion in the verbatim record in accordance with resolution WHA'20.2.
particular importance for Brazil: the eradication of smallpox, which symbolizes the success of a worldwide programme in which our country played a vital role and also demonstrates the effectiveness of vaccination for the eradication of other diseases; and the Declaration of Alma-Ata, the worldwide aspirations it has aroused towards social justice, and the doors it opens for the attainment of the goal of health for all by the year 2000.

These two events have been the inspiration and stimulus for action currently being taken in Brazil with regard to public health. The basic guidelines formulated by the Ministry of Health are in line with the views expressed in 1979 by our delegation at the Thirty-second World Health Assembly and with the Government guidelines set forth by the President of the Republic.

We consider health to be the result of satisfying the population's essential needs, rather than merely its specific health needs. Accordingly, health cannot be separated from national development or intersectoral responsibility, within the context of the overall goal of building a free, advanced society for all Brazilians.

The main aim of the national programme to be implemented over the next six years is to extend basic health services to cover the whole population. This programme is at once the centre and axis of Brazil's entire health policy. As well as making the health services available to the whole population, it will also mean that the country's health system can be completely restructured and modified to meet the needs of the population and take national realities into account.

The national programme for basic health services will be carried out under the direct responsibility of the public sector authorities, without prejudice to the existence of an independent private sector. It will be implemented on an interinstitutional and intersectoral basis. On the federal level it will combine the work of the Ministries of Health, Social Insurance and Welfare, the Interior (sanitation, housing and integrated development), Education and Culture, and Agriculture, not to mention participation by other bodies within the federal units making up the Federative Republic of Brazil. In the various states, the respective health secretariats will be responsible for the operational coordination of the programme, which will be decentralized for the various regions and municipalities.

The basic services provide integrated health care for individuals and the community; their aim is to improve the environment, and they are essential for health protection and promotion, disease prevention, the treatment of the most common lesions and injuries, and basic rehabilitation.

Thus, in addition to the above health services, they are concerned with the improvement of environmental and housing conditions (when these constitute a health risk) and epidemiological surveillance, and with measures to encourage the participation of the communities concerned. One vital component of this programme strategy has been the desire to simplify without reducing efficacy, and reduce costs by making existing resources more productive. With respect to individual health care, stress is laid not so much on primary care as on the public sector's efforts to provide more complex services and to direct and monitor the private services.

The programme is both conditional upon and aimed at active, informed community participation, which is also a factor in the endeavour to enhance democracy within Brazilian society.

The introduction and implementation of the programme is an unprecedented and complex undertaking for the Brazilian public health services. The operation will require investments of around US$ 2000 million over the next six years and more than 300 000 health workers, distributed between almost 20 000 health units at all levels in the 4000 municipalities.

Parallel with and complementary to the programme, a number of priority functions are performed in specific sectors, namely:

- disease control and epidemiological surveillance, including, in the short term, vaccination against poliomyelitis and measles, and the intensified control of major endemic diseases, such as malaria, schistosomiasis, Chagas' disease, the potential threat of yellow fever arising out of the reinvasion of certain areas of Brazil by Aedes aegypti and the endemic presence of a jungle form of the disease;
- the development of institutions within the public sector and of the human resources required at all levels and in all categories;
- manufacture of immunobiological substances and, first and foremost, the development of technologies for manufacturing vaccines against measles and poliomyelitis;
- a programme for problems related to blood and its derivatives;
- technological development to produce the pharmaceutical substances necessary for the manufacture of basic medicinal preparations in Brazil, in order to reduce dependence on imports and make substantial cuts in costs and prices;
quality control of drugs, biological substances and foods, thus making good a serious deficiency in Brazil. Brazil needs international cooperation to supplement its own efforts within the country, and is confident that the countries and governments able to assist will display their solidarity. Our hopes relate mainly to the following points: cooperation in technological exchange and development; additional financial resources for the huge investments which will be required; the exchange of information and experience to help solve problems; the coordination of work on current problems, such as the eradication of the urban yellow fever vector in the Americas.

The challenge which the Brazilian Government is at present taking up in the health field is just one aspect of a nationwide campaign to build a more prosperous, free and just society. Our hope is that justice, liberty, understanding, solidarity and the welfare of all the world's peoples, all its men and women, will rule over relations between governments and nations, as well as between individuals, thus hastening the advent of a new international order. It will then be possible, even easy, to achieve health for all by the year 2000, a goal which the Brazilian Government hopes to reach by the end of this decade, despite poverty and other constraints.

Health is a political process also, and its political dimension is of crucial importance whenever its worldwide promotion is at stake. The aim of the Brazilian Government for Brazil and the rest of the world is to spare no effort, as far as its means allow and with due respect for the national sovereignty of all countries, to create a more just world, one in which the central value in all societies will be human dignity.

The PRESIDENT (translation from the Arabic):

I now have a meeting of the General Committee, immediately after adjournment of the present meeting, in Room VII. I remind you that our next meeting will be at 14h30 today.

The meeting rose at 12h55.
THIRD PLENARY MEETING

Tuesday, 6 May 1980, at 14h30

President: Dr A. R. AL-AWADI (Kuwait)

1. ADOPTION OF THE AGENDA AND ALLOCATION OF ITEMS TO THE MAIN COMMITTEES

The PRESIDENT (translation from the Arabic):

The Assembly is called to order.

The first item to be considered this afternoon is item 8: "Adoption of the agenda and allocation of items to the main committees".

The provisional agenda (document A33/1) was sent to Members and Associate Members sixty days before the opening of the session. The General Committee at its first meeting, held at 12h30 today, made a number of recommendations relating to the agenda, which we now have to examine. They concern, in the first instance, modifications to the agenda itself and, in the second instance, the allocation of items in the agenda. We shall first consider the recommendations of the General Committee for amendments to the agenda: item 13, "Admission of new Members and Associate Members" - two sub-items, namely sub-item 13.1, "Application by San Marino for admission to membership", and sub-item 13.2, "Application by Zimbabwe for admission to membership", should be included, to take into account the applications received by the Director-General and contained in documents A33/30 and A33/31.

Does the Assembly agree to accept the recommendations of the General Committee to include these sub-items in the agenda? In the absence of any objection, it is so decided.

The General Committee decided that these sub-items will be considered this afternoon in plenary immediately after item 8 which we are now examining. The general discussion on items 9 and 10 will be resumed after the completion of sub-items 13.1 and 13.2.

As regards deletion of items from the agenda the General Committee recommended that the following items bearing the proviso "(if any)", should be deleted from the agenda, since the Assembly does not need to consider them: item 35, "Supplementary budget for 1980-1981 (if any)"; item 40, "Working Capital Fund" with its two sub-items: 40.1, "Advances made to meet unforeseen or extraordinary expenses as authorized by resolution WHA32.10, part C, para. 2 (1) (if any)", and 40.2, "Advances made for the provision of emergency supplies to Members and Associate Members as authorized by resolution WHA32.10, part C, para. 2 (2) (if any)".

I take it that there is no objection to the deletion of these items? In the absence of any objections, it is so decided.

Concerning item 34.3, "Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution" the words "(if any)" should be deleted, since this item is to be considered by the Assembly.

We shall now consider the allocation of items of the agenda to the main committees.

The provisional agenda of the Assembly (document A33/1) was prepared by the Executive Board in such a way as to indicate a proposed allocation of items to Committees A and B, on the basis of the terms of reference of the main committees.

The General Committee recommended that the items appearing under the two main committees, as indicated in the provisional agenda, be allocated to these committees, on the understanding that, later in the session, if may become necessary to consider the transfer of items from one committee to the other, depending on the workload of each committee.

As for the items appearing on the agenda of the plenary, which have not yet been disposed of, the General Committee recommended that they be dealt with in plenary.

Does the Assembly agree with the recommendations of the General Committee regarding the allocation of items? In the absence of any objection, it is so decided.

The Assembly has now adopted its agenda. A revision of document A33/1 will be issued and distributed tomorrow.

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The General Committee decided that the hours of work should be as follows: plenary meetings - it has been decided that the meetings shall be held from 9h00 to 12h30, and in the afternoon from 14h30 to 18h00. Thus there has been a change in the timing of the plenary meetings: we shall be starting half an hour earlier, at 9h00, and finishing at 18h00, since there are as you know a large number of speakers and we need more time for the plenary meetings. For the main committees the hours of work will be as before: 9h30 to 12h30, and 14h30 to 17h30. The General Committee will always meet either at 12h30 or at 17h30.

In accordance with resolution WHA31.1, paragraph 2, the Technical Discussions will take place on Friday, 9 May, morning and afternoon, and Saturday, 10 May, in the morning only. Detailed arrangements for these discussions are to be found in document A33/Technical Discussions/2. Assembly participants who wish to take part in the Technical Discussions on "The contribution of health to the New International Economic Order" are requested to return their registration forms by 14h00 tomorrow, Wednesday, 7 May. It will not be possible for anyone not having registered before the time limit I have mentioned to take part in the group discussion. I hope this is clear.

While examining the programme of work of the Assembly, the General Committee noted the decision of the Executive Board that the Thirty-third Health Assembly should close not later than the end of its third week. As you may be aware, the Thirty-third World Health Assembly requested the Board to fix the duration of each session of the Health Assembly.

The General Committee decided that the programme of work for Wednesday, 7 May, and Thursday, 8 May, will be as follows: Wednesday, 7 May, at 9h00, plenary meeting: presidential address, Consideration of the first report of the Committee on Credentials, General discussion on items 9 and 10 (continued); from 14h30 to 16h00, plenary meeting: General discussion on items 9 and 10 (continued); Thursday, 8 May, 9h00 to 12h00, plenary meeting: Announcement by the President inviting suggestions concerning the election of Members entitled to designate a person to serve on the Executive Board, General discussion on items 9 and 10 (continued); 12h00 to 12h30, first meeting of Committee A, and concurrently, first meeting of Committee B; 14h30 to 15h45, plenary meeting: General discussion on items 9 and 10 (continued); 16h00 to 17h30, plenary meeting: Ceremony for the declaration of global eradication of smallpox.

2. ADMISSION OF NEW MEMBERS AND ASSOCIATE MEMBERS

Application by San Marino for admission to membership

The PRESIDENT (translation from the Arabic):

As I announced earlier, we shall now consider agenda item 13, "Admission of new Members and Associate Members"; and we shall start with sub-item 13.1, "Application by San Marino for admission to membership". The relevant document is A33/30.

The application of San Marino is now before the Assembly. The Assembly may wish to vote on this application by acclamation. (Applause)

The delegate of San Marino wishes to say a few words. She has the floor.

Miss BONELLI (San Marino) (translation from the French):

Ladies and gentlemen, on behalf of the Government of the Republic of San Marino and on my own behalf, may I express our deep satisfaction at the admission of the Republic to the World Health Organization. I also wish to express most sincere thanks to all the delegations present who supported the candidature of my country.

May I, Mr President, point out that today, through the admission of two new States, the World Health Organization has taken an important step forward towards universality: one State, Zimbabwe, which achieved its independence quite recently after many struggles and a difficult process of decolonization, and another State, the Republic of San Marino, which although it can pride itself on many centuries of freedom and autonomy, naturally has to tailor its international presence and participation to its actual possibilities as a small State with just over 20,000 inhabitants.

Of course, for many years now the Republic has provided comprehensive forms of health assistance which cover the entire population and extend even to non-citizens, has sent its own observers to several Assemblies, and has maintained relations with the Organization, for which it recently hosted a meeting of experts on veterinary public health. I am happy to confirm that the Government of San Marino, within its policy of strengthening its participation in international organizations, has given priority to the World Health Organization.
because of its conviction that the achievement and preservation of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition. While confirming the formal commitment of my country to make its own contribution, within the limits of its actual possibilities, to achieving the lofty social and humanitarian goals of the Organization, may I conclude, Mr President, by expressing the hope that the work of this World Health Assembly will be fully successful and that the work of the Organization in the service of health, better international understanding and peace can be continued and expanded.

The PRESIDENT (translation from the Arabic):

I thank the delegate of San Marino.

We now have to take a decision on admission of San Marino to membership, and I shall read out the text of a draft resolution for adoption by the Thirty-third World Health Assembly:

"The Thirty-third World Health Assembly

ADmits San Marino as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution".

Are there any objections to the adoption of this draft resolution? In the absence of any objections, the resolution is adopted, and accordingly I declare San Marino admitted to the membership of the Organization. I wish her all success. (Applause)

Application by Zimbabwe for admission to membership

The PRESIDENT (translation from the Arabic):

We now move on to sub-item 13.2, "Application by Zimbabwe for admission to membership". The relevant document is A33/31.

The application of Zimbabwe is now before the Assembly. Are there any objections? In the absence of any objection the Assembly may wish to vote on this application by acclamation. (Applause)

I therefore declare Zimbabwe admitted to membership of the Organization, and shall read out to you the text of a draft resolution which I propose for adoption by the Assembly:

"The Thirty-third World Health Assembly

ADmits Zimbabwe as a Member of the World Health Organization, subject to the deposit of a formal instrument with the Secretary-General of the United Nations in accordance with Article 79 of the Constitution".

Are there any objections to the adoption of this draft resolution? In the absence of any objections, the membership is accepted, and I have much pleasure in requesting the delegate of Zimbabwe to take the floor.

Dr USHEWOKUNZE (Zimbabwe):

Mr President, your excellencies, and honourable fellow delegates, indeed I feel deeply honoured to have this opportunity to address this Thirty-third World Health Assembly. On behalf of the people of independent and sovereign Zimbabwe, it gives me great pleasure to be among you today, to be able to share your experiences and attempt to view what the future has in store healthwise.

Zimbabwe, as an independent State, is a new face in this Assembly, but we, as its authentic voice, have had a long association with this distinguished gathering and most of its individual members. Our relationship has come a long way and from the very basic level, in the course of which we had our bad as well as good moments. There is no one in this Assembly, hopefully, who does not know the bitter struggle the people of Zimbabwe had to prosecute in the quest for independence and self-determination. The cost in human lives was enormous, but freedom can only be obtained at a high price. There is no price too high to pay in order to be free. The amount of suffering the people of Zimbabwe and our comrades of the frontline States had to undergo and still are undergoing was immense. Our and their old and young women and children were and are maimed physically, mentally and socially. Together we continue to march determinedly to crush the enemy politically and militarily. But in the process we have

1 Resolution WHA33.1.
2 Resolution WHA33.2.
come up against another version of the enemy, namely, the enemy "ill health", "bad health" or "lack of health". There is a grave need to rehabilitate our war-wounded and to reintroduce the services so badly needed, especially in the rural areas. In view of that, the need to count on you for support - moral, financial, functional, educational, etc. - is self-evident. Hence the necessity on the part of the people of Zimbabwe to be happy on having become a full Member of the World Health Organization.

Perhaps it would be more illuminating if we looked back a bit, for it is from history that we learn to know ourselves and others. Southern Rhodesia, as Zimbabwe was then called under British colonial rule, was an Associate Member of this body. It is common knowledge that British rule was interrupted, if I can say so, by the unilateral declaration of independence by Ian Smith and his Rhodesian Front Party in 1965. The United Nations resolution to impose sanctions, under British instigation, led to the suspension of the colony from associate membership status. It is our theoretical belief and understanding that no links therefore existed between this body and the rebel colony.

In May 1977 I came here as a representative of a liberation movement seeking recognition as the mouthpiece of the oppressed masses of Zimbabwe, only to enter into a fight with the Smith-Muzorewa Government for recognition by this Assembly. I lost the fight, and was de-recognized. Fortunately, the forces of wisdom prevailed and this Organization decided to de-recognize the Smith-Muzorewa alliance and to recognize the then Patriotic Front Alliance, which, after the change of fortunes of the day, I still continued to represent. The net effect of that noble move was that, as from May 1977, we were able to take part in the deliberations of this Assembly, and have continued to do so up until this day. When we come as representatives of the Republic of Zimbabwe, we come in all humility. Today we see a mission fulfilled, for indeed we are now here as the undisputed mouthpiece of over seven million Zimbabweans. For on 18 April 1980 the sovereign State of Zimbabwe was born.

It is easy for the world to remember and glorify the war in Zimbabwe and the outright and certain victory of the progressive forces. But it must be imprinted in the world's mind that the phase we have entered represents the second phase of our revolution - a much more difficult phase which involves reconstruction, planning and implementation of change. After all, it is change in its broadest sense, encompassing every avenue of life, that we fought and some died for.

Allow me, honourable delegates, to note with appreciation the British Government's application on our behalf for our reinstatement to associate membership status. This was a necessary step which they efficiently expedited. But in our letter of application to this body we stated that "our associate membership has since been overtaken by events and the time has come for us to apply, as we hereby do, to the World Health Assembly, for full membership, as we are no longer a British colony. We hope our application will meet with your favourable consideration". This was a letter written after cherished and satisfying military and political victories. It was indeed only right that we should apply and be accorded the honour of full membership of the World Health Organization, as part of the "Well done, thou good and faithful servant" of the revolution; "thou shalt have dominion over the destiny of Zimbabwe".

It is neither possible nor sound for me to end this address to you, a body concerned primarily with people's health, without giving you an insight into the direction we intend to take. It is, admittedly, not possible for me to deliver, in one mouthful, the Government's health policy. But I can state very briefly the guiding philosophy which directs our thinking and the problems which lie ahead.

Our clear aim is to centralize policy and decentralize implementation. This is not the same as imposing instructions and demanding performance - essentially, because the process of formulation of the policy envisaged and the feedback mechanism planned are different, the clear intention being to encourage people to organize themselves in an effort to be healthy. This is the basis of "grassroots" participation, which becomes the unshakable base and origin of health activity. This base then originates plans from the village level to the area, the district, the province and, lastly, the Ministry. We have to look at two major prerequisites if success is to be guaranteed, and these are commitment by the Ministry in conjunction with other related ministries to change people's health; and understanding by the people, to fully participate in the effort to be healthy. And we have the following problems: embarking on an analysis of the present system and how it operates; opening and extending primary health care units and clinics; strengthening primary health care in conjunction with other departments; communicable disease control; setting up surveys and epidemiological studies; instituting environmental health programmes; instituting manpower development programmes; ensuring black advancement in middle and top management levels; refining supply and maintenance programmes.

It is self-evident from the size of the problem that we cannot possibly solve it in isolation. On that score, therefore, we seek some kind of assistance from well-wishers and
friends alike - friends who have helped and stood by us during the revolution and armed struggle, and well-wishers who admire our victory and would like to see us succeed.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Zimbabwe and have the pleasure of extending our congratulations to his Government on his country's having joined our Organization.


The PRESIDENT (translation from the Arabic):

We shall now continue the general discussion on items 9 and 10. Before giving the floor to the first speaker on my list I wish to inform the Assembly that the General Committee has confirmed that the list of speakers should be strictly adhered to and that further inscriptions will be taken in the exact order in which they are made. These inscriptions should be handed to the Assistant to the Secretary of the Assembly personally. To facilitate your task, the list of speakers will be published in tomorrow's Journal. Delegates who have to leave Geneva and are not able to deliver their speech can ask, if they wish, for their text to be published in the records of the Assembly. I hope that statements will be as brief as possible so as to save the Assembly's time while yet achieving the intended purpose, and so that everyone can be heard.

I invite the first two speakers on my list, the delegate of Rwanda and the delegate of Mozambique to come to the rostrum. Will the delegate of Rwanda please take the floor?

Dr MUSAFILI (Rwanda) (translation from the French):

Mr President, honourable delegates, the delegation of the Republic of Rwanda which I have the honour to head at the Thirty-third World Health Assembly presents its warm congratulations to the President whom this Assembly has just elected to guide our discussions. I also congratulate the Vice-Presidents, the Chairmen of the main committees and all members of the General Committee.

I offer my most sincere compliments to Professor Prakorb Tuchinda on the outstanding services he rendered to the Organization by guiding the Thirty-second World Health Assembly with dignity and skill.

My delegation must also congratulate Dr Mahler most sincerely on the drive, devotion and competence he has shown in directing our Organization since he has been at its head. We cannot forget either the appreciable contributions to this worthy task untiringly made by Dr Lambo, the Deputy Director-General, and by all members of the Secretariat and the Executive Board.

In Maputo, in September 1979, Rwanda completed its term of chairmanship of the Regional Committee for Africa; on that occasion our Regional Director was re-elected for a further term of office. On behalf of the Government of Rwanda I wish to ensure him once again of the sincere wishes of my country and of our willing collaboration.

I thank WHO, through our Director-General and Regional Director, for the smooth operation of the various programmes set up in Rwanda, namely for health manpower training, the expanded programme of immunization, support for research on medicinal plants, the mental health programme, the drinking-water supplies, and the efforts to establish a programme on essential drugs. We also thank the agencies and friendly countries which are helping to implement public health programmes in Rwanda.

Nevertheless, Rwanda continues to lead a constant struggle against malaria, diarrhoeal diseases, measles, deficiency diseases, tuberculosis, leprosy and relapsing fever.

Mr President, honourable delegates, the Government of Rwanda has just signed the Health Charter for the African Region, which calls for health for all by the year 2000. This objective cannot be achieved without considerable assistance from the World Health Organization, particularly in the following areas: establishment of a concrete programme of action on essential drugs, diversification and intensification of health manpower training, resumption of activities at our only pilot centre for maternal and child protection, in Kibilizi, and continuous support for the health programmes I mentioned earlier. The same goes for the programme to control epidemic diseases, such as cholera and cerebrospinal meningitis, for which we have to call upon the Organization whenever they occur.

The delegation of Rwanda once more congratulates the people of Zimbabwe on their independence, sincerely congratulates them on their admission to the World Health Organization, and assures them of its sincere cooperation. Rwanda, aware of the great difficulties this
brother people experienced in gaining their liberty, requests the Organization to provide Zimbabwe with all the assistance it needs for the development of its medical and health services. Likewise my country offers sincere congratulations to San Marino on its admission to the World Health Organization.

I shall conclude, Mr President, by expressing my best wishes for the success of the work of the Thirty-third World Health Assembly and hope with all my heart that our struggle against disease and poverty will help to strengthen the bonds uniting the peoples of the world so that they can achieve the noble objectives of peace, happiness and prosperity.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Rwanda.

Before I give the next speaker the floor I should like to remind the Assembly that the Committee on Credentials will meet immediately. The membership of this Committee is as Dr Lambo, the Deputy Director-General, will now read out.

The DEPUTY DIRECTOR-GENERAL:

Thank you, Mr President. The following 12 Members are members of the Committee on Credentials: Djibouti, German Democratic Republic, Greece, Guinea-Bissau, Guyana, Iceland, India, Mauritius, Paraguay, Qatar, Rwanda, and Tonga.

The PRESIDENT (translation from the Arabic):

I thank the Deputy Director-General. Will the members of the Committee please proceed at once to the meeting?

I now invite the delegate of Senegal to come to the rostrum, and give the floor to the delegate of Mozambique.

Dr MOCUMBI (Mozambique) (translation from the French):

Mr President, distinguished delegates, ladies and gentlemen, may I address myself first of all to you, Mr President, to congratulate you warmly on behalf of the delegation of the People's Republic of Mozambique on your election to preside over the work of the Thirty-third World Health Assembly. We also welcome the Vice-President and other members of the General Committee. We are convinced, Mr President, that you will guide our work wisely and effectively.

The delegation of the People's Republic of Mozambique also welcomes the participants in the Thirty-third World Health Assembly and reaffirms its determination to contribute to the success of this session.

We warmly welcome the two new Members, San Marino and Zimbabwe. It is with emotion and special pleasure that our delegation welcomes the Republic of Zimbabwe, the world's youngest independent State, which is taking part in a World Health Assembly for the first time. The presence among us of a delegation from the Republic of Zimbabwe is above all the result of the successful armed struggle for national liberation waged by the people of Zimbabwe against British colonialism. It is also a logical consequence of international solidarity, particularly by the front-line countries. It represents a great victory for the people of Zimbabwe, a victory for Africa and progressive mankind. It is also with great satisfaction and trust in the future that we see and welcome among us the representatives of national liberation movements, particularly our comrades from the African National Congress (South Africa), SWAPO, Namibia and the PLO, who are conducting a heroic struggle to win back their rights and the dignity of their peoples.

Mr Director-General, our delegation greatly appreciated your excellent report on the work of our Organization in 1978 and 1979. In studying it we noted that during these last two years considerable progress has been made, that we have dealt with matters fundamental for our Organization, and that specific activities are in progress to give substance to the important decisions taken by Member States at previous Assemblies. We refer in particular to the steps taken to alter the status of the WHO representative, who has now become the Organization's national programme coordinator, to the abandonment of the donor-beneficiary concept and its replacement by a more accurate concept of cooperation between Member States and the Organization, and to the analysis we shall be making at this Assembly of the study of WHO's structures in the light of its functions. These are just a few examples of the important steps taken in the last two years. We are convinced that we shall continue along this road towards a World Health Organization that is no longer a supranational organization.
but rather a cooperative of Member States, just as you stated, Mr Director-General, in your address to the twenty-ninth session of the Regional Committee in Maputo last September.

The strengthening and revitalizing of programmes for technical cooperation among developing countries is one of the measures taken in the last two years which need to be highlighted. Technical cooperation among developing countries (TCDC) is of decisive importance for the economic, technical and cultural liberation of these countries. That does not mean, of course, that the developed countries are excluded from this process. The latter should accept historical responsibilities towards the developing countries. The developing countries, in their turn, should make an effort to surmount the barriers and complexes which often prevent them from understanding the tremendous value of their own experience and progress. The People's Republic of Mozambique attaches the utmost importance to technical cooperation among developing countries; accordingly, ever since the proclamation of our independence in 1975 we have taken an active part in the TCDC programme in the African Region. For us the basic areas for such cooperation are health manpower training, research promotion and the availability of drugs, and it is in these three areas that we feel technical cooperation should be developed more strongly. In our own country, where we are building up a socialist society, one of the basic rules of our work is the planning of all activities, including health activities. Within this context, we have held regular planning meetings since 1977 in which all sections of the Health Ministry take part, from the central level down to the district level. However, the process of evaluation of activities has not yet been developed sufficiently to form a proper accompaniment to the planning of health activities. That is why we are now making efforts to strengthen programme evaluation activities so that at every stage we can determine the effectiveness of the programme in concrete terms. During the period 1978-1979 the People's Republic of Mozambique took part in an interregional meeting on evaluation.

One of the most important sections of the report under discussion is the one concerned with pharmaceutical policy. The question of drugs and other pharmaceutical substances has been tackled openly by our Organization. Resolution WHA31.32 was a victory for the Organization and in particular for developing countries. Its implementation is one way of supporting these countries in obtaining adequate supplies of essential drugs, which are essential for providing primary health care. We believe that the correct application of WHO's decisions on pharmaceutical policy will help to give fresh impetus in our sector - the health sector - to the struggle for the New International Economic Order. Our delegation wishes to reaffirm our readiness to welcome the international meeting on essential drugs to our country in August of this year. May I congratulate our Director-General on the welcome initiative of holding the Meeting on Infant and Young Child Feeding? Because of its timeliness and the content of its decisions, this meeting represents one of the most important activities undertaken by WHO in the last two years. We express the earnest hope that these decisions will be put into effect as soon as possible.

May I warmly acknowledge and thank the various organizations in the United Nations system, particularly WHO, UNICEF and UNDP, for the way they are cooperating with our Government to promote the health of our people? It is international solidarity which has enabled us to overcome the material difficulties in the way of implementing many of our health programmes. In this connexion we should like to mention the long-term research subsidies granted by WHO to our National Institute of Health and the participation in the expanded programme of immunization and the maternal and child health programme, which form the pillars of our primary health care system.

In the last section of his report, the Director-General analyses the current situation and outlines future prospects in the African continent. May I voice a few thoughts on these matters on the basis of the experience of the People's Republic of Mozambique? In our country we regard health as a right of the people and we consider its promotion and defence to be of the utmost importance. We define health as a dynamic equilibrium between the human body and personality and the external environment, the latter being understood as the totality of its physical and social factors; in other words, health is not a water-tight compartment, it is not an island. Our experience has clearly shown that political, economic and social problems constitute an interdependent whole. Eliminating the causes of disease and promoting the health of our people means, in the last analysis, watching over economic and social development in accordance with the interests of the toiling masses. This is the fundamental question, the main objective of our revolutionary policy. In our country as elsewhere in the African Region, the situation, although difficult, offers some encouragement. After five years of independence we have created conditions for joining the economic battle.
Our Party, the guiding force in Mozambique, has decided that the period 1980-1990 will be the decade of victory over underdevelopment in our country. In other words, during the next 10 years our people will be struggling to eradicate hunger and poverty and will substantially reduce the problems of water supply, lack of housing and illiteracy, thus opening up bright prospects for health protection for all by the year 2000. Since January 1980 we have accordingly embarked upon an organizational political offensive, guided by our President in person, against our internal inadequacies, against our internal enemies, thus committing the efforts of the entire Mozambican people to the objective of eradicating underdevelopment. One of the essential objectives in the health sector is to strengthen the health services in order to introduce primary health care nationwide.

Our experience is not isolated; it reflects the great transformations that have taken place in Africa, of which the independence of Zimbabwe is the most recent example. We are aware of the difficulties that lie ahead but we face the future with confidence. Africa today is not what it was twenty years ago, when three-quarters of the continent was still under colonial rule. Now that it has almost completed its political liberation, the whole of Africa is joining in the struggle for economic liberation. We are convinced that, just as Africa in 1980 is more advanced than in 1960, by the year 2000 Africa will be closer to the objective of health for all. We wish this Thirty-third World Health Assembly every success; may the decisions it takes serve the health of our peoples.

Mr DIOP (Senegal) (translation from the French):  

Mr President, may I first of all congratulate the Member States which have just been admitted to this Organization, the Republic of Zimbabwe and the Republic of San Marino. We hope that these two States will help to strengthen the Organization and to achieve its essential objectives.

Mr President, Mr Director-General, distinguished delegates, last year from this rostrum I offered congratulations to Professor Prakorb Tuchinda, President of the Thirty-second World Health Assembly and wished him every success in guiding our work. He took command in masterly fashion and carried out his duties to everyone's satisfaction. Once again I should like to express to him my deep admiration and sincere congratulations.

This year, in keeping with our symbolic and living tradition, we have handed over the torch to the new President of the Thirty-third Assembly, Dr Al-Awadi, Minister of Health of Kuwait. Mr President, as you take on this exalted position, I should like on behalf of the Head of State of Senegal, President Léopold Sédar Senghor, the Government and people of Senegal, and the delegation I have the honour to head, to offer you our sincere and brotherly congratulations. Our best wishes go with you for the successful completion of the noble task the Assembly has just assigned to you, for your election comes at an exceptional time, marked by crises and uncertainties throughout the world; in addition we are experiencing major economic, social and political upheavals which unfortunately have repercussions on the health of our peoples.

That is why our shared Organization, which is working for the well-being of the peoples of the world and for social justice for all mankind, cannot remain indifferent to the great debate which calls for our deep reflection and enlivens contemporary thought: I am referring to the New International Economic Order. WHO intends to make a positive contribution to this in the course of the present session.

Faced with this formidable economic situation, our delegation, faithful to the ideas of President Senghor, believes that the new world economic order to which we all aspire implies first of all the establishment of a new world cultural order based on mutual respect for the values of the civilizations of the great regions of the world, on the right to differ, in brief on an ethic of human solidarity, and - I would add - on a strategy of health development, defining health in the generally accepted sense of a state of complete physical, mental and social well-being.

We therefore greatly appreciated the masterly report by the Director-General on the work of the Organization which gives an admirable analysis and summary of the problems surrounding the new order which we so earnestly desire. May I congratulate the Director-General on his outstanding intellectual contribution, so rich and full, lucid and impassioned, on the serious and complex problems that face us? In it we find not only the wisdom of the thinker but also the commitment of the practical humanist who is essentially concerned with the difficult issues concerning the advancement of the least privileged peoples on this planet.

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1 The following is the full text of the speech delivered by Mr Diop in shortened form.
On behalf of my delegation I should like very briefly to express our views on some of the major topics referred to by the Director-General in his excellent report and which particularly caught our attention.

First of all the definition of national, regional and global strategies for the attainment of health for all on the basis of primary health care has had a considerable impact in my country. Indeed, at the last Assembly we reported how the regional and local administrative reforms being introduced in Senegal have led to far-reaching changes in the operation of the traditional health system, as a result of the setting-up of health posts, rural maternity units and village pharmacies, under the supervision of community health workers and with the participation of the rural populations themselves. This kind of community participation is an integral part of our national health system, which itself is a basic component of our overall strategy for economic and social development.

Moreover, another essential component of primary health care and a prerequisite for the attainment of health for all by the year 2000 is drinking-water supplies and sanitation. This problem is of particular concern to my Government which, through the Ministry of Development, has set up a large-scale action programme to solve it. Quite recently, from 12 to 26 March 1980, the whole of Senegal enthusiastically celebrated the national hygiene and cleanliness fortnight, which is in keeping with the relevant resolution adopted by the Thirty-third World Health Assembly.

Incidentally, we note that questions concerning the development and overall management of programmes are given prominence in the report. In our view this is inevitable, because we are convinced that in the developing countries planning and management are the cornerstones of any effective and progressive health system. It is for this reason that in November and December 1979 we acted as hosts to a seminar on hospital management organized by the International School of Bordeaux. We take this opportunity to express sincere thanks to the authorities of that institution for their continuing interest in the social and cultural development of the peoples of the Third World.

Moreover, a workshop for West African Ministers of Health organized in Senegal under the auspices of WHO from 20 to 23 April 1980 dealt with management for social wellbeing, public health and productivity.

The Minister of Public Health, in collaboration with WHO, is endeavouring to introduce country health programming and programme development that will achieve the social target of WHO.

Since we come from a developing country, and what is more a Sahel country, you will readily understand our concern about nutrition. The Division of Food and Nutrition, attached to the Department of Hygiene and Health Protection within my Ministry, is now closely following food programmes and nutritional research. In the light of this concern we welcomed the last meeting of the Codex Alimentarius Commission for Africa in Dakar, where the main theme was a study of food standards. My country was honoured to host this meeting, the scientific importance of which is self-evident.

In general, we find comfort in the fact that, in carrying out all these projects we receive benefits from the international cooperation we have established with friendly countries and with United Nations specialized agencies such as WHO and UNICEF.

This is the time and place to thank the authorities of WHO and all those who are helping us to set up basic health services or who are contributing in some way to health promotion in Senegal. From this viewpoint the official visit which Dr Thomas Lambo, Deputy Director-General of WHO, has just made to Dakar, accompanied by eminent experts on medical research, is an encouraging and promising sign that cooperation between WHO and Senegal will prove exemplary.

Naturally we attach great importance to TCDC within bilateral, subregional and regional frameworks. We took part in the WHO meeting on TCDC held in the Republic of Cape Verde in March 1980 and we support all large-scale projects of this nature.

Traditional medicine is gradually being introduced into our modern institutions, particularly in the psychiatric field. It is the Government's wish to develop this traditional sector in the years to come.

Turning to family health, may I point out that maternal and child health, family planning, nutrition and health education are its essential components and are the priorities of our public health programme. Naturally the activities mentioned in the Director-General's report are supplemented by activities we are developing within our health and welfare units.

In setting up an office of mental health within the Department of Hygiene and Health Protection we wanted to indicate the interest we take in a sector which is growing ever more rapidly on account of the increasingly numerous and complex psychosocial problems which go hand in hand with the technical progress of industrial civilization.
We are of course aware that disease cannot be vanquished without prophylactic, diagnostic and therapeutic substances. There is, therefore, a need for efficient pharmaceutical policies and management, covering adequate supplies of essential drugs, biological substances (especially vaccines) and blood. A national blood day has been organized in Senegal and proved a great success.

All these activities are directed towards the control of diseases in general, and particularly the communicable diseases which are rife in the developing countries. Some examples are malaria, the general epidemiological situation of which is still causing concern; the parasitic diseases, which continue to present public health problems; the bacterial and viral diseases including tuberculosis, measles and the sexually transmitted diseases, the prevalence and incidence of which are becoming more and more alarming; and yellow fever and cholera, which have recurred in Senegal since the last Health Assembly.

For all these reasons we have strengthened our epidemiological surveillance system with great vigilance and caution. An expanded programme of immunization is being developed at Kolda, with the support of the Association for Preventive Medicine and WHO. Our delegation will make its contribution in the light of our experience when the main committees come to deal with this fascinating subject.

The control of noncommunicable diseases is not being neglected either. The Association for Cancer Control is concentrating on motivating the public for the early detection of this terrible disease. The cardiovascular diseases are becoming an increasingly serious problem, no doubt because of the stress produced by our hectic way of life. Finally, dental health is not lagging behind either, in view of the training of health personnel and the establishment of appropriate infrastructure.

In any case, it is evident that health activities cannot be expanded without developing staff training at all levels. This is why I give it priority within the Department of Research, Planning and Training in my Ministry.

These brief comments on the activities dealt with in WHO's biennial report for 1978 and 1979 reflect the main lines of our public health policy. Nevertheless, our delegation reserves the right to make more detailed observations and comments on any of these matters during the discussions to be held in committee. Our delegation warmly recommends the unanimous adoption of the Director-General's report, which summarizes the fundamental aspects of the health problems, looked at on a world scale and in the light of the requirements of the new economic, social and cultural order. This is the new order which we intend to make more just and more brotherly; its rapid establishment could save mankind from the challenges and perils, crises and tensions that threaten us.

Here as elsewhere, as you can see, human health has its part to play as a prerequisite for safeguarding the future of mankind.

In conclusion, Mr President, I beg your indulgence to allow me to offer my country's congratulations once again to Professor Comlan Alfred A. Quenum on his reappointment as WHO's Regional Director for Africa. The proven skill and drive, courage and commitment of Professor Quenum in the service of a noble cause, the cause of man, make this worthy son of Africa an example to us in our unrelenting struggle to attain health for all by the year 2000. Senegal, which shares this noble and forward-looking vision, intends to achieve the target.

On the eve of the next Special Session of the United Nations General Assembly on the New International Economic Order, this Thirty-third World Health Assembly is of particular importance, for we realize that beyond all the contradictions and conflicting interests what is basically at stake in any new international order is the destiny of man, the health of man, that is his material and moral, physical and mental, social and spiritual well-being, which alone can ensure the life and survival of mankind.

Surely the entire philosophy of WHO can be found here, in the new strategy for economic and social development which we are trying to establish through the North-South dialogue.

Through its vocation within the United Nations family, WHO is in the vanguard of this movement, borne along by the forces of history and man's aspiration for universal well-being.

Mrs HOLM (Sweden):

Mr President, Mr Director-General, fellow delegates, last year, at the Thirty-second World Health Assembly, the Member States of the World Health Organization adopted guiding principles in response to the appeal by the Alma-Ata Conference regarding the formulation of national policies and strategies for the attainment of health for all by the year 2000. I should like, right at the outset of my remarks, to reiterate my country's wholehearted
support of those principles. They reflect the conviction that primary health care is the fundamental tool for reaching the year 2000 goal and constitute the indispensable basis for the continued work of WHO and for its service to Member States.

To be sure, the setting of global targets is not without risk. There is above all the danger that they are set without full consideration in depth of the actual possibilities of ever realizing them. After some time many of our targets are therefore forgotten or abandoned, and relegated to history's garbage pile. The manner in which the Alma-Ata Declaration has begun to become translated into concrete action by WHO indicates, however, that the global ambitions in the health field stand a good chance of escaping this sorry fate. One especially encouraging sign that this may be so is adoption by the General Assembly of resolution 34/58. But, this realization ultimately depends upon action by and within countries themselves. In the field of health, this involves the purposeful extension of primary health care facilities as an integral part of national development efforts. My delegation intends to dwell in some detail upon this topic in the Technical Discussions scheduled to be held later this week.

Mr President, the Swedish Government notes with special satisfaction that this year's World Health Assembly will witness the formal declaration of smallpox eradication. I should very much like to record my sincere gratitude for this to the Director-General and his staff.

An aspect of primary health care of particular concern to Sweden is that of family health. We have manifested this interest in the past, and intend to do so again at this Assembly in relation to infant feeding. We of course recognize the fundamental importance of infant and child nutrition within the spectrum of global problems of nutrition. We therefore welcome the joint WHO/UNICEF initiative during the International Year of the Child of calling together an international Meeting on Infant and Young Child Feeding. The recommendations by this meeting constitute an excellent foundation for continued international collaboration, with a view to elaborating eventually international regulations as regards the production, marketing, and use of infant formula and similar breastmilk substitutes. My delegation intends to develop our views on this topic further under the appropriate item in the agenda before us.

Mr President, my Government is concerned over the still widespread practice of female circumcision. We deplore the serious medical and social consequences of this tradition, and indeed welcome the assurance of WHO to respond positively to requests for assistance from Member States concerned with attacking this serious problem. As and when called upon, my Government stands ready to support all such initiatives.

Time permits me only to mention a few more areas which we think merit special attention. The first concerns this summer's World Conference of the United Nations Decade for Women. The lead themes of that Conference are equality, development and peace. Health plays an essential part in all these, and this in our view needs to be clearly brought out in the deliberations of the Conference.

I should also like, equally briefly, to draw attention to the International Year for Disabled Persons, which is to be observed in 1981. In our view the problems of the disabled must be seen as a relationship between individuals and society. Action to improve conditions for disabled persons should form an integral part of policy and planning in every sector of society. We wish to underline preventive care aspects and the need to approach handicap care within the broader perspective of attaining full utilization of human resources. Rehabilitation measures must be linked with primary health efforts.

A third area of our concern is the care of the elderly, and with regard to the agenda item "Health care of the elderly" I wish to make a few remarks on the most important trend in health care development in Sweden. Swedish health care becomes more and more synonymous with health care of the elderly. Today, 60% of all health care in Sweden is directed to old people. This development affects all parts of the health care system - acute and long-term care, outpatient and inpatient care, somatic and psychiatric care. The need for medical care is especially great for the very old. As a consequence, there are considerable structural changes in our health care system. The number of long-term care beds expands by 3% annually. As a consequence of rapid urbanization and the high proportion of women in employment, traditional home care has been decreasing for a long time. Long-term care in the patient's home is, however, now gradually becoming more important. Modern home care must be a combination of qualified medical and social efforts and care performed by relatives. Teams of nurses, physiotherapists and doctors will be responsible for rehabilitation and other curative measures, leaving the responsibility for social care to social workers and family relations. It must be emphasized that in Sweden the health status of the elderly is today better than it was earlier. The increased need for medical care is a consequence of the growing number in our country of very old people.
Mr President, in conclusion I wish to express to the Director-General and his able staff our appreciation of their arduous work in bringing together the great body of documentation before this Assembly. This documentation is indeed quintessential to our deliberations concerning the activities of the World Health Organization. The Swedish Government repeats its sincere wishes for the continued success of the Organization.

Dr GABR (Egypt) (translation from the Arabic):

Mr President of the Thirty-third World Health Assembly, Mr Director-General, distinguished heads and members of delegations, on my own behalf and on behalf of the delegation of the Arab Republic of Egypt, I should like to offer you our warmest congratulations on your election to this high position and to wish you success in guiding this assembly. I should also like to congratulate the Vice-Presidents on their election, wishing them every success in carrying out the tasks for which they have been elected. I am pleased to congratulate the Director-General and his assistants on the tremendous effort they have made in preparing their most useful report on the Organization's work during 1978 and 1979, which clearly reflects the Organization's eagerness to provide health for all. I have also pleasure in congratulating the Governments of Zimbabwe and San Marino on their admittance to full membership of the Organization.

Mr President, the world was overwhelmed by the death of President Tito of Yugoslavia. We mourn in him a founder of the non-aligned movement and a statesman who had led his country in giant strides towards justice and development. Our condolences go to the people of Yugoslavia and to the international community.

Ever since the Organization put forward the idea of "Health for all by the year 2000", discussions have been going on with respect to the concepts it involves and the way it can be achieved. I salute the efforts the Organization has made to explain this idea, whether at central or regional level or through the written word. It has become clear to us now that it primarily implies a social contract and a political commitment between governments and their peoples, and between Member States, to provide objective action aimed at achieving an adequate standard of health for all peoples, taking into consideration the fact that progress in the health field is an integral part of social and economic progress. We have also agreed, through the Declaration of Alma-Ata, to consider the provision of primary health care as the fundamental approach to achieving this goal. Here too, there has been constructive discussion of the concept of primary health care, which has made it clear that it does not imply duplication of the efforts made by first-line health workers, but is rather an objective action programme based on available technology in the health field and capable of influencing the course of health by dynamic interaction between the environment, the community and the health activities as a whole.

In the light of this concept and in order to fulfil that commitment, Egypt has drawn up its health policy as follows:

1. clear identification of the diseases and health problems existing in the country;
2. selection of the best available means for taking action;
3. emphasis on the most vulnerable and needy social groups;
4. application of quantitative programmes that can be evaluated whenever necessary;
5. mobilization of available resources, whether economic, human or potential, to achieve these objectives according to specific priorities.

To implement this policy, we have redirected the activities of the available primary health services as follows:

1. to raise the standard of preventive services and primary health care services, with particular attention to pregnant women and to children, the group representing the major source of health problems in Egypt, and to develop the following programmes for this group:
   a. in view of the effects of malnutrition at this stage of life, nutritional care including the encouragement of breastfeeding, since the law grants three months' leave with full pay following childbirth and prohibits the advertisement of breast milk substitutes and infant foods;
   b. reduction of the maternal mortality rate;
   c. special priority to the population growth problem and utilization of the health approach to solve it through the provision of contraceptives and health education programmes that explain the importance for maternal and child health of spacing pregnancies (the Supreme Council for Family and Population Planning has been reorganized under the chairmanship of the Minister of Health, giving a strong impetus to this work, opening the way to coordination between the bodies working in this field and ensuring utilization of external assistance to the best effect);
(d) implementation of immunization programmes against the group of diseases for which effective vaccines are available;
(e) expansion of the treatment of dehydration by rehydration;
(f) attention to health education as an effective preventive approach;
(g) special attention to endemic disease control programmes, either by the use of therapeutic drugs or by effective means of intermediate host control.
(2) To provide emergency care for diseases or cases of poisoning, or in disasters, by developing a satisfactory ambulance network and by introducing wireless communications for the ambulance service.
(3) To develop an effective information system that will permit rapid assessment of the health situation, and to promote health administration so that the proper decisions are taken at the proper time.
(4) To develop an integrated plan of health manpower training to prepare personnel for the functions the health services require, including the expansion of specialized studies and the utilization of international expertise.
(5) To coordinate the functioning of the primary care network with that of other health establishments.
(6) To provide for complete interaction between primary care units and health personnel on the one hand, and between other environmental and social activities on the other.
While the emphasis is on these priorities at the present stage, Egypt is also paying attention to other health problems that are more prevalent in the developed world. At the present stage of development in Egypt and similar countries, such other health problems as cancer, cardiovascular disease and mental disease are also present. Our health policy has given them appropriate consideration and we are trying, wherever necessary and possible, to integrate services for them into the primary care network.
One of the major items for discussion at this Assembly is the "Study of the Organization's structures in the light of its functions". We have carefully studied the excellent report prepared by the Executive Board and other studies on the same subject by committees. I should like to refer here to the question of determining the Organization's activities at country level. The theme of health for all by the year 2000 and the national and international obligations it entails have established a close relationship between WHO policies and the interests of the peoples concerned, thus generating a need for wider information on the Organization and its active role. I believe that we have to intensify our efforts to find appropriate means for disseminating information about the Organization through the information media available in countries. We hope to see the development in every country of a public opinion acquainted with, sympathetic to and in agreement with the Organization's activities and policies. My delegation would also lay stress on the Organization's role in developing cooperation between countries, particularly between developed and developing countries.
The Arab Republic of Egypt is proud of being one of the founder States of WHO. It has been in the past, and shall remain in the future, a fervent supporter of cooperation with the Organization as a whole and with the Regional Office for the Eastern Mediterranean in particular. I should like, in this connexion, to thank the Regional Director, Dr Abdel Hussein Taba, and his assistants for their indefatigable efforts.
In choosing the way of peace, the Government of my country is convinced that it is the ideal avenue to economic and social progress and hence to progress in health for all the peoples of the world. While continuing steadily on the road to peace, I should like to refer to our brothers, the Palestinian people, who are still suffering under occupation. We sincerely support the statement at the conclusion of the report submitted by the Special Committee of Experts appointed to study the health conditions of the inhabitants of the occupied territories. To quote the report: "... However, the Committee is convinced that whatever improvements in health conditions for the population can be observed in the occupied territories, it would be fruitless to imagine that a state of complete physical, mental and social welfare can be achieved if there is no improvement in the population's own conditions of existence, if this population is not integrated into its own environment, if it is not rooted in its own sociocultural values, if in short it is not able to live in a climate of peace and security". This is the policy of my Government and we are making every effort to achieve it.
Thank you, Mr President, and all of you for listening to me.

Mr KRIEFS (Luxembourg) (translation from the French):

Mr President, the Director-General's biennial report on the work of WHO in 1978 and 1979 devotes it opening pages to the Alma-Ata Declaration, which stresses once again the importance of primary health care for the future of health services in all countries of the world.
Breaking with the well-established custom of discussing the reports of the Director-General and the Executive Board from this rostrum, the Director-General formally invites us this year to supply him with information on the national strategies of the various Member States for attaining health for all by the year 2000 on the basis of primary health care.

In Luxembourg such care was in the past provided almost exclusively by the general practitioner, or rather the family doctor. Today, with the prospect of a fresh distribution of care, general medicine is experiencing an unprecedented revival. For several decades general medicine has been rather overshadowed and under pressure from all directions by an increasing profusion of specialities, to an extent where we in Luxembourg were in the almost unique situation that our specialists far exceeded our general practitioners. Nowadays more and more young doctors are attracted towards general medicine and the Ministry of Health grants substantial financial assistance to those who agree to settle in areas where there is a clear shortage of medical care. This arrangement has enabled us to provide complete medical coverage throughout the country. We warmly welcome this reversal of a trend which had become disturbing.

In our country the family doctor remains the pivot of the primary health care system, from prevention to convalescence, and above all at the family level. It is obvious that the borderline between health problems and social problems is becoming vaguer every day. It is therefore becoming increasingly urgent for the health services and social services to make an effort to conduct concerted action at all levels. Within our primary health care services, therefore, the general practitioner must share his responsibilities with the whole of the medical, paramedical and social personnel who have become indispensable to the successful performance of his duties. When we talk about primary health care, however, we must try to enable our population to avoid two dangerous stumbling-blocks: first of all - and this is apparent from the report of the discussions in Alma-Ata - there are too many who wrongly believe that the task before us is to provide the least privileged with the cheapest forms of medical care through a strict minimum of financial and technical support. We must correct this mistake at all costs, because in our countries it has by no means been proved that perfectly organized primary health care is likely to cost less than secondary health care. On the other hand, it does have the undisputed and deeply human advantage of going out to meet the sick person in his own natural, family and social environment, within that biosocial unit par excellence represented by the family and the local community.

The national home care service announced in my Government's programme became operational last July and fits neatly into this context of primary health care and will undoubtedly contribute to the success of an extensive programme of secondary and tertiary prevention. It is mainly old people and individuals with severe physical handicaps who will benefit from a well-organized service of this kind. The aim is of course to prevent an old person from resorting to hospitalization when his state of health does not require it but he is unable to remain at home on account of his advanced age or the lack of family support. It must be stressed that this is by no means a substitute for conventional paramedical care or a new formula of home hospitalization.

At present we have ample beds for acute cases in our hospital establishments but there is still a shortage of beds for routine care. We have concentrated our efforts on this particular sector and the programmes now being carried out will enable us within the very near future to solve this thorny problem which is arising in every country with an increasing population of old people.

Although the protection of the health status of a country's population is the joint responsibility of the public authorities, some of our activities will be doomed to failure if individuals, families and local communities are neither motivated nor inclined to become aware of the responsibilities each individual must accept for his personal health and his own well-being. As we read in the Director-General's report, the Health Assembly's constant concern about ways of influencing certain life styles is borne out by the resolutions it has adopted on the use of tobacco and the problems of alcohol.

The Health Assembly has called for the strengthening of health education activities and has requested Member States to take economic and social measures to limit smoking. This is precisely what we have tried to do in our country. Unfortunately our vigorous campaigns against the abuse of tobacco and alcohol are being thwarted by obstacles over which we have no control. For example, eight of the nine television programmes we are able to receive in Luxembourg are broadcast from the surrounding countries. Newspapers and magazines from those same countries literally flood into our news-stands. It is our intention to ban the clamorous advertising of tobacco and alcohol in our country, but this step will have no effect
as long as such advertising is introduced into the country by a wide variety of channels as a result of the free circulation of information. Obviously everyone who makes a living from selling tobacco or alcohol takes a very dim view of any unilateral attempt at introducing controls and raises the spectre of sackings and loss of earnings. Unfortunately, health arguments often do not carry much weight against economic arguments. We as a small country are particularly vulnerable. For us the only way out of this dilemma would be for all European countries, and especially the European Community, to get together to decide on joint action and measures.

Mr President, it only remains for me to congratulate the Director-General and the Executive Board on the work they have performed during these two years and on the excellent presentation of their reports. I also thank Dr Kaprio and the Regional Office for Europe for the support they have given my country.

Dr PETROVKIJ (Union of Soviet Socialist Republics) (translation from the Russian):

Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, allow me on behalf of the Soviet delegation to congratulate Dr Al-Awadi on his election to the lofty post of President of the Thirty-third World Health Assembly, and to congratulate the Vice-Presidents of the Assembly and the Chairmen of the main committees on their election to high office.

I cordially congratulate the new Members of WHO, San Marino and the Republic of Zimbabwe.

The Soviet people share the grief of the Yugoslav workers over the death of that eminent figure in the international communist and workers' movement and champion of peace, Josip Broz Tito, President of the Socialist Federal Republic of Yugoslavia and Chairman of the Communist League of Yugoslavia.

We listened with interest to the statement by Dr Abdulhadi on the sixty-fourth and sixty-fifth sessions of the Executive Board and to the report by the Director-General, Dr Mahler, on the work of WHO in 1978-1979. The Director-General makes special mention of two events: the adoption of the Declaration of Alma-Ata, as the twentieth century Magna Carta for health, and the achievement of smallpox eradication throughout the world. These events in the biennium do indeed have immense significance. The text of the Alma-Ata Declaration is included in the report on the work of WHO. It is extremely important that the work done by the Organization should be in complete harmony with the essence of the ideas set forth in the Alma-Ata Declaration. The climate of international cooperation prevailing at the Alma-Ata Conference and a general desire to combine our efforts to provide primary health care for the peoples of the whole world and to use the powerful research potential now available in the service of the noble aim of saving human lives and human health, have assuredly united us all as representatives of the pre-eminently humane profession of medicine. And today it is obvious that if we are seriously and responsibly to attain WHO's target of health for all by the year 2000 then we must take on the obligation of strengthening international cooperation and peace throughout the world. Indeed what, except harm, can be done to man and to the health of mankind by international tension and the cold war, with which certain imperialist circles are facing us by their recourse to bellicose threats of nuclear conflict and their wrecking of international détente? It is no accident therefore that the report on the work of WHO for the last two years contains a special section entitled "Health and peace".

Ladies and gentlemen, our Assembly is taking place in the year of the one-hundred-and-tenth anniversary of the birth of Vladimir Il'ich Lenin. Expressions of deep respect and love for Lenin as the great architect of a new social order are resounding in every corner of the world. Lenin's ideas have now become firmly established in the practice of social and international relationships. Among them his ideas of peaceful coexistence and international cooperation are particularly noteworthy. We are on the eve of the thirty-fifth anniversary of the end of the Second World War. Particularly those who, like myself, worked as physicians at the front and in military hospitals will always remember the sufferings inflicted on millions of people by that sanguinary war. Such a thing must not happen again. To the doctrine of war we oppose the doctrine of peace, in which medicine, with its humanism and its immense economic and political influence on society, is assuming ever greater significance. This function of public health is today based upon the firm foundation of scientific discoveries. Such immense discoveries as space science, nuclear energy, the cracking of the genetic code and the chemistry of proteins must be used for improving human health. The road to the achievement of health for all is the road of strengthening détente and achieving disarmament, including nuclear disarmament and the ratification of SALT-2. The results achieved by discussions on disarmament in the 1970s are encouraging and show that with good will further steps in the same direction are perfectly
possible. As is known, the Soviet Union has proposed and continues to propose a broad programme of peace and disarmament to be adopted at the international level. We consider that WHO, together with all the other specialized agencies of the United Nations, must determine as quickly as possible what its own contribution is to be to the second disarmament decade proclaimed by the United Nations. In this connexion I should like to mention resolution WHA32.24 adopted at the last Assembly, in which the Director-General was asked to "prepare a report on the further steps which WHO, as a United Nations specialized agency, would be able to take in the interests of international socioeconomic development, and also with the aim of assisting in the implementation of the United Nations resolutions on the strengthening of peace, détente and disarmament". Obviously we must ask the Director-General to make no delay in presenting this report, and to prepare it for the Thirty-fourth World Health Assembly.

The Director-General's report singles out as a most important event in the biennium the fact that in December 1979 the Global Commission on Certification of Smallpox Eradication declared the world free of smallpox. We shall be speaking about this at the special meeting. The immense advances made in the control of poliomyelitis, measles, influenza and other infections, the achievements attained in the diagnosis and treatment of cancer, cardiovascular diseases and injuries, and in the transplantation of organs and the re-implementation of limbs and fingers, the designing of artificial organs and the achievements in the treatment of eye diseases and other ailments must be placed at the service of health protection. We welcome what the Director-General's report says in that connexion. But the development of biomedical research is proceeding too slowly, and the report states that only a draft programme is ready as yet. It seems to us essential to envisage measures for strengthening the role of the global Advisory Committee on Medical Research so as to avoid any unnecessary duplication of effort that might arise as a result of the increasing regionalization of our work. Priority in the programme should still be assigned to problems connected with the control of the most dangerous and widespread diseases, which include infectious and parasitic diseases, also cardiovascular diseases and cancer, whose importance is growing as a result of demographic shifts. We must also deal with problems of the medical and sanitational aspects of the environment and the organization of primary health care for the population. Long-term approaches are needed for the programme of primary health care, as one of the main elements in the development of the whole activity of our Organization up to the year 2000 and beyond.

It would be desirable to see in the report a list of WHO scientific reference centres, to enable concrete conclusions to be reached regarding their quantitative growth and changes in their composition from the point of view of the problems they deal with and their geographical situation. It is here, in our view, that the main shortcomings of the report presented are most clearly seen; they must definitely be corrected. Unfortunately the evaluation of work on an Organization-wide scale also has shortcomings. Here again we consider the evaluation must be scrutinized, and this is primarily the responsibility of the Secretariat. The aim of health for all by the year 2000 which the Organization has set itself is a tremendous one. To achieve it we need a many-sided, combined approach and support from all the United Nations specialized agencies. In that connexion wide prospects are opened up by resolution 34/58, on "Health as an integral part of development", adopted by the United Nations General Assembly. The progressive principles of developing national health services, approved as long ago as the Twenty-third World Health Assembly, are becoming more and more important for the carrying out of WHO's strategy. We should like WHO to pay more attention to putting those principles into effect.

However, the main condition to be met if the Organization is to be successful in attaining the noble aim it has set itself is still active utilization of the experience and research potential of the Member States. The Soviet Union has declared, and declares again today, its readiness to place freely at the disposal of WHO its rich experience in organizing public health and settling problems of social hygiene, and to make available the whole range of scientific achievements of Soviet medicine, which have been widely acclaimed.

Allow me on behalf of the Soviet delegation to wish the World Health Organization, its staff and its Director-General, Dr Mahler, further success in the noble work of uniting the international community in the fight for the happiness, health and longevity of the people of our planet!

Dr LAGUNA (Mexico) (translation from the Spanish):

Mr President, Mr Director-General, fellow delegates, in Mexico the attainment of health for all by the year 2000 is seen as more than an aspiration; it is a reasonable and feasible
objective. Pursuit of this ideal also provides an opportunity for a review of the basic premises of various programmes carried out or completed by the bodies responsible for its execution. To improve the health situation we must first recognize the different factors conditioning it, particularly socioeconomic development as a direct source of employment. Unemployment is one of our country's greatest problems: in 1978 only 28% of the population was economically active. Socioeconomic development itself depends on food and its direct consequence, sound nutrition, for the effects of nutritional deficiencies contribute to the high child mortality rates recorded in some parts of the country.

Another related problem is the population distribution pattern, which reveals two extremes: urban overpopulation and rural dispersion. At present, 27% of the country's population and 70% of national economic activity are concentrated in three large cities. In rural areas, on the other hand, nine million people are spread over about 85,000 communities, each with less than 500 inhabitants and inadequate communications and basic services. Apart from education, perhaps the most significant factor affecting my country is the demographic explosion, resulting in the highest population growth rate in the world for countries with over 50 million inhabitants: 3.2% in 1976, 2.9% in 1978 and 2.8% in 1979. Recent decreases are due to a Government policy of intensive action to facilitate access to primary health care services, including maternal and child protection and large-scale family planning programmes.

Taking a long-term view of the health situation, considerable progress can be discerned. The general mortality rate fell from 26.6 per 1000 in 1930 to 7.2 in 1975, and life expectancy at birth was calculated at 64.4 in 1975 as compared with 37.8 in 1930. Smallpox, urban yellow fever and typhus have been eradicated and the incidence of measles, diphtheria, pertussis, tetanus, poliomyelitis, tuberculosis, dengue and typhoid greatly reduced. New health problems have emerged as a result of development, as can be seen in the increase in mortality rates due to cardiovascular disease, accidents and other disorders related to deterioration of the environment caused by pollution.

One most important step taken by the Mexican Government was recognition of the general objectives of the health sector as a political commitment. Those objectives concern development of public services with a view to providing health for all, and include: (1) coordination of the activities of all bodies providing health services; (2) incorporation of health plans into social and economic development programmes; (3) provision of a minimum of health care to all the population, giving priority to rural and marginal urban communities; (4) promotion of balanced population growth; (5) establishment of mechanisms for collaboration between different sectors for conservation of the environment; and (6) preparation and training of personnel of the necessary quality and quantity.

The strategy for increasing coverage of the population is based on the extension of the minimum health services that can effectively be provided to the population, as a step towards our objective of providing health for all. Minimum services fall into two categories: personal care and protection of the environment. The former include: (1) vaccination against poliomyelitis, diphtheria, pertussis, tetanus, measles and tuberculosis; (2) prenatal and postnatal examinations for early detection of disease, supplementary feeding during pregnancy and lactation, and attendance at delivery; (3) provision of family planning services; (4) medical consultations, with supply of essential drugs; and (5) supplementary feeding of young children. This whole range of activities depends on balanced development of a graduated network of regionalized and decentralized health services operating at different levels, giving priority to the primary care level. Over the last three years the Ministry of Health has set up 11,340 health units in rural areas, manned by staff with elementary training, called "community assistants". These health units complement 3,976 rural health centres staffed by over 4,500 doctors and as many nursing auxiliaries. The health centre is the support and referral centre for the health unit.

In addition, 10 million people living in rural areas received primary care last year through a social security and health agency. The people covered had had no access until then to any formal and permanent services, partly owing to the scattered population pattern. Urban community centres have been established only in marginal zones of Mexico City. To date 132 such units have been set up, each manned by a team composed of a physician, a nurse and a social worker. The programme is now being extended to the suburbs of other towns in the interior of the country.

Turning to the next level, that of secondary care, over 200 urban health centres and rural hospitals or clinics are now in existence. Their function is to provide support services for diagnosis and treatment, receive referrals and furnish supervision. Thus we are fulfilling our part of the formal agreement reached with the World Health Organization and the Mexican people that primary health care is the key to attaining the goal of health.
for all by the year 2000. Our efforts are based on practical and socially acceptable measures made accessible to all individuals and families at a cost that our country and our society can afford. We are convinced that this is the only way to raise the socioeconomic level of our people and to increase their capacity to work and take part in the active life of the country.

Dr KALUME (Zaire) (translation from the French):

Mr President, my delegation and I join with the previous speakers in congratulating you most sincerely and wishing you every success in carrying out the responsibilities entrusted to you. We also pay tribute to the Director-General of WHO, Dr Mahler, and to our Regional Director for Africa, Dr Quenum, for the work they carried out during 1978-1979.

We have read the report of the Director-General for the period 1978-1979 most attentively and we congratulate the Director-General and the Secretariat on the quality of this document. The biennium was marked by two salient features, as appears from the Director-General's report. One was the Declaration of Alma-Ata, which is a genuine twentieth century health charter, the other was the declaration of the global eradication of smallpox. As regards the Alma-Ata Declaration, Zaire has been aware of the need for social justice in health since 1974 and has endeavoured to formulate and apply the policy, the strategies and the national plan of action based on primary health care, in order to meet the basic needs of its peoples.

We have updated and given official status to the Manifesto for Health and Wellbeing, which represents a programme-plan for setting up appropriate structures capable of meeting the health needs of the population. To promote good nutritional conditions, for example, we have set up a planning and human nutrition centre which, in cooperation with the agriculture and rural development sectors, has been given the task of improving nutritional status through agricultural and household economy programmes aimed at meeting the priority needs of the family and community.

As regards basic sanitation, the Department of Public Health and the Department of the Environment are carrying out a joint programme of sanitation and mosquito control.

With regard to maternal and child health, we have a heavy programme for the promotion of desirable births, using methods which are acceptable to the community and must be paid for by the community.

Through the Expanded Programme on Immunization we propose to reduce mortality and morbidity associated with the major infectious diseases of childhood. A five-year plan of operations covering 1980-1984 is being implemented with the collaboration of WHO, UNICEF, USAID and Belgian Medical Cooperation.

As regards local endemic diseases, special emphasis has been placed on the control of trypanosomiasis, onchocerciasis, schistosomiasis, malaria, leprosy and tuberculosis.

For all these various health services, from the rural health district via the community welfare centre to the referral hospital, we have adopted a drug policy which consists of supplying essential drugs in the light of local disease patterns.

In Zaire we have gone beyond a mere declaration of intent, because the public authorities and the community are all committed to revising the national health development strategies in order to meet essential community needs.

Whenever necessary we have called upon WHO, which has unfailingly supplied us with the material support and expertise we need to enable us to meet our needs more effectively. I should therefore like to offer most sincere thanks to Dr Quenum, our Regional Director for Africa, for the special attention he has constantly paid to my country. He can be assured of our deep gratitude.

Turning to smallpox eradication, my country rejoices at the magnificent victory achieved by WHO and its Member States through the collaboration of the international community. The eradication of smallpox is for us a subject for legitimate pride and leads us to hope for further victories in our unrelenting struggle against disease, poverty and ignorance.

Social wellbeing and the quality of life are for us an objective to be achieved by harnessing all energies so as to attain an acceptable level of health for all by the year 2000.

Mr CHIN (Republic of Korea):

Mr President, Mr Director-General of the World Health Organization, distinguished delegates, ladies and gentlemen, it is a great honour and privilege for me to convey to this Thirty-third World Health Assembly cordial greetings from the Government and people of the
Republic of Korea. On behalf of my delegation and myself, I would like, first of all, to express warm congratulations to you, Mr President, to the Vice-Presidents and the committee Chairmen, upon your elections by unanimous votes.

Mr President, for the past many years, many delegates participating in the conferences of the World Health Organization have been taking every opportunity available to stress the supreme importance of providing basic medical care, which constitutes a fundamental human right of all people. I would also like to propose that a basic health care service should be provided to all peoples throughout the world. However, the reality still remains a far cry from our dream. Therefore, we are called upon to commit ourselves to the realization of the principal goal of the World Health Organization, which is to provide the minimum of health service to all peoples of the world by the year 2000.

In this connexion, my Government fully subscribes to the concept of primary health care - which WHO proposes as the core of its health programme - which, I believe, is the most effective approach to meeting the health and medical needs of its people. In order to implement this concept, the Korea Health Development Institute has been developing a primary health care programme suitable for our particular situation. The programme will be put into effect by the end of this year, and it will be systematically enlarged in order to cover even the remotest rural areas of the country.

The Republic of Korea, on the strength of its unparalleled economic growth in the last two decades, is now devoting more of its efforts to the development of health services and social welfare programmes. Taking advantage of this opportunity, I would like to briefly discuss the recent improvement of major health services in my country.

First the Government initiated safe drinking-water supply systems, which now provide safe potable water for up to 70% of the rural population. Through the adoption of this new system, we have been able to reduce waterborne communicable diseases and improve food sanitation.

Second, under the Government's sponsorship and guidance, the maternal and child health and family planning programmes have been implemented throughout the country by utilizing village mothers' clubs. As a result, we significantly reduced the population growth rate and at the same time lowered infant mortality.

Third, the Government has taken forthright measures to improve the quality of foods and pharmaceutical products, the result of which is the standardization of foods and additives.

What I especially cannot overlook is the medical insurance programme and the medical aid programme which my Government introduced in 1977. This medical security programme is being gradually expanded to provide medical insurance to the entire population. In conjunction with the medical insurance programme, my Government has drawn up a plan to expand and modernize the medical facilities in order to make the most up-to-date medical care available to the entire population in the near future.

My Government is also placing greater emphasis on improvement of environmental protection programmes. A firm base has been laid for the implementation of an intensive pollution control programme with the reinforcement of the old environmental protection law and the introduction of new ones, together with the inauguration of the statutory Office of the Environment early this year.

The afore-mentioned health service programmes are being carried out on a community basis with the voluntary participation and cooperation of both urban and rural populations in conjunction with the Saemaul Undong, or New Community Movement, which has been under way for the last decade. It is a movement that my Government initiated in order to build a better, richer and more democratic society in which to live with the spirit of "diligence, self-help and cooperation". Coupled with and backed by these community-based, nation-building efforts, the primary health care programmes will no doubt prove successful in promoting the health and welfare of the populace as envisioned in the Saemaul movement.

Needless to say, the health programmes of a country cannot be successfully implemented by its government health department alone. Their successful implementation will be possible only when these programmes are actively supported by the related organizations of that country, and also by the World Health Organization and its Member nations. In this sense, I believe that this thirty-third conference of the World Health Organization carries greater importance than ever before in that it intends to deliberate the ways and means of achieving the historical goal of the Organization, that is, to provide the minimum essential benefit of health services to the entire population of the world by the year 2000.

In closing, Mr President and honourable delegates, let me once again express the best wishes of the Government and the people of the Republic of Korea for the success of this auspicious conference. I do hope all of you will some day find opportunities of visiting my country, Korea. You are assured of our warm welcome.
Professor HALTER (Belgium) (translation from the French):

Mr President, your wisdom, friendliness and skill are known to all members of this Assembly. They provide a guarantee of the success of this session and I welcome your election. I would add that my congratulations are of course extended also to all officers of this Assembly.

Mr Director-General, some weeks ago you asked delegations to report to this Assembly, during the discussion of the reports of the Executive Board and the Director-General, on the situation in their country and on the attitudes each country may have towards the concept which you have so energetically been advocating for several years, the attainment of health for all by the year 2000. Dear colleagues, in compliance with the Director-General's wishes, I shall for once talk about what is going on in my own country and depart from the traditional practice of my delegation and myself of trying to deal only with general matters of interest to the Assembly as a whole.

Belgium, as you know, is a member of the European Economic Community and the Regional Office for Europe. In passing I welcome the presence here of Dr Kaprio and thank him on behalf of all countries of the Region for his constant efforts to maintain the spirit of unity among the various countries of our Region, which as you know includes groups with contrasting outlooks. Belgium, as part of Western Europe, has like most industrialized countries seen a transformation in its health problems over a number of decades. More than a century ago health was in the hands and under the responsibility of the local authorities; a centralization process occurred in the course of 100 years, culminating after the war in a systematic and increasingly active public health structure. This structure was in turn able to take part in international initiatives, and I personally have had the pleasure and honour to take part in a large number of health development activities at the international level.

For some time Belgium has differed somewhat from other countries of the European Community by virtue of internal social, political and economic problems, as a result of which the concerns of its politicians have been directed towards redistribution of powers, and public health problems have obviously undergone a number of ups and downs. At present my own responsibilities in Belgium, as a public health official, are shared among a dozen ministers; obviously this does not make it any easier to give the reply I would like to make to Dr Mahler's question about Belgium's policy towards the new concepts of distribution of health care, primary health care and specialist health care, and about Belgium's part in the international alliance which will have to develop if the target of health for all by the year 2000 is to be attained. Nevertheless, I may say that the presence of the Belgian Minister of Public Health at the Alma-Ata Conference had a considerable influence on the moves which have taken place in my country in recent months, and I have not lost hope that Belgium, like the other industrialized countries, will develop new health policies - as indeed it ought to do, because after the Alma-Ata Conference we became convinced that this Conference was not intended solely for the developing countries, but was concerned just as much, if not more, with industrialized countries like my own.

I should like to point out to all of you from countries which are developing health programmes and which want to organize them systematically for the benefit of their population, that Belgium is a wonderful laboratory where they could come to experiment and, at all events, to assess the solutions applied there, the mistakes we have made and the difficulties we have encountered. After all, we have this paradoxical situation in the world that some countries are completely destitute while others live in a chaos of plenty, which makes the situation particularly alarming when it is projected for several years ahead. Indeed, in my country, just as the Minister of the Grand-Duchy of Luxembourg was saying a few minutes ago, we have a superabundance of a whole series of institutions for curative care. I would say that we have too many doctors, too many specialists, too many hospitals, too many nurses - we have too much of quite a number of things and this is probably because we do not use them properly. I would also say that health insurance budgets are increasing at an astonishing rate, and successive governments are becoming increasingly worried about the expenditure as compared with the benefits. I should also like to point out that a certain number of health indicators offer no evidence that these surpluses, this excessive expenditure, really produce results that benefit our population's health.

Admittedly, the people of my country, like the people of most European countries, do not have much to ask for because they can obtain curative health care whenever they want it and under any conditions. And I say under any conditions deliberately, as this implies conditions which are often unfavourable. On the other hand, primary health care or preventive health care has by no means reached a favourable stage of development, and if I consider for a moment the concepts of health information and education I am forced to observe that the people of my
country are assailed by a host of advertising slogans which encourage the increasingly unrestrained consumption of a whole series of products which in principle are intended to promote health, but which do not seem to improve the situation, or to prolong life, or to make our people any happier. Moreover, we can see that unemployment is rampant in Europe, that our system allows job shortages to develop, and that a substantial proportion of our people are unhappy as a result because human beings find their happiness to a great extent in the work they are able to perform. Obviously, therefore, we may well wonder what the health of the Belgian population will be in the year 2000 if things continue to go the same way as they are going at present; for I notice that cases of cancer or cardiovascular diseases, for example, are continuing to increase. This is because, although we have developed industrial activities, in increasing number and of increasing diversity, we have often done so clumsily and neglected elementary precautions.

I shall not dwell on all aspects of these problems because that would take far longer than the time allotted to me. However, I should like to conclude by saying to everyone here that the efforts they wish to make and the efforts we are making should be made with international agreement. I am pleased that my country has been able in recent years, as I can confirm, to collaborate actively in a large number of international cooperation activities, through bilateral or multilateral collaboration, and I have often advocated the intervention of the World Health Organization in relations between countries because we believe that such relations offer the best guarantee of the success of its work.

My country will continue to contribute to WHO as it has done in the past. I hope the economic crisis we are going through will not force us to slow down certain activities. For my part I hope these activities will be the last to suffer from our internal problems, and I should like to conclude by inviting once more those delegations that wish to avoid the difficulties we have come up against to come to Belgium to see what we have done and how things could be done better.

Mr IMAI (Japan):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, on behalf of the Japanese delegation I would like to express my heartfelt congratulations to you, Mr President, on your election to the presidency of the Thirty-third World Health Assembly. I would also like to extend my warmest welcome to the representatives of the Republic of San Marino and the State of Zimbabwe for their admission to the Organization.

Referring to the biennial report on the work of WHO for 1978-1979, I should like to express my profound admiration for the many challenging health programmes and, at the same time, to pay sincere tribute not only to such noble work done by the Organization but also to the Director-General and his able staff for having produced such an excellent report.

Among the various programmes in the work of WHO, there are five points to which I would like to make special reference. First, I believe firmly that the attainment of the goal of health for all by the year 2000, and the formulation of a strategy for achieving that goal, are extremely important, since they will contribute greatly to the attainment of peace and prosperity for the world. However, it will not be an easy task at all to achieve the goal in 20 years before the target year 2000, and I am convinced that much more mutual understanding and cooperation among the nations of the world are essential if we are to obtain that goal.

Japan recently attained the highest life expectancy in the world, and has become one of the countries with the lowest infant mortality. This outstanding achievement has not been made in one day. It is the result of the untiring efforts made over many years not only by the Government but also by the people of Japan for the development of health services, with the common understanding that the improving of health for the people is indispensable to a country's socioeconomic development.

Secondly, it has always been the firm belief of my Government that the developing of its human resources is the basis for the socioeconomic development of any country, as was emphasized by Mr Ohira, our Prime Minister, in his speech at the fifth session of UNCTAD, and in this regard I believe that development in the area of health is not possible without developing the nation's health manpower.

Japan wishes to make a further contribution to sound health manpower development for the world by means of the participation in the work of WHO of as many Japanese specialists as possible as members of WHO's staff and as consultants on short-term commission.

Thirdly, I consider that mere expansion of the health measures which have hitherto been in operation is not enough to achieve the goal of health for all by the year 2000 in only
the 20 years left to us. I believe that the key to attainment of that goal is to study, formulate and implement more concretely defined and practicable strategies at country, regional and global level, paying due regard to the Declaration adopted at the Alma-Ata Conference on Primary Health Care. I should also like to emphasize again here the importance of the programme for ensuring the supply of safe drinking-water to all people in the world by the year 1990.

Fourthly, it is indeed a matter for gratification that later in this session we declare to the world that the eradication of smallpox has been achieved. This is a truly outstanding achievement, representing an unprecedented feat in the history of mankind, for which I should like to offer here my warmest congratulations. This great achievement is the fruit of the unflagging and concerted efforts of the Organization and all the participating countries. In this connexion, all the lessons which have been learnt in the fight against smallpox should be fully utilized in the fight against tropical diseases, including malaria, and against leprosy and other communicable diseases.

I should, furthermore, like to emphasize that the various programmes which are now being pushed ahead by the Organization should be tackled with the combined wisdom of all the participating countries. I am confident that the experience we have acquired in Japan will be very useful for reference in the implementation of these programmes.

Lastly, my country feels particularly grave concern about environmental health problems. Japan hopes most strongly that integration of programmes within the framework of the International programme on chemical safety will be pushed forward by the Organization.

Mr President, let me conclude by saying that the role to be played by the Organization will become increasingly important in the years ahead and that Japan, which has, we believe, hitherto made an important contribution to the activity of WHO, will continue to extend positive support to the various projects of WHO, in the full realization of the importance of the Organization.

Mr KASSEGBAMA (Sierra Leone):

Mr President, Mr Director-General, your excellencies, distinguished fellow delegates, first of all I would like to seize this golden opportunity to heartily congratulate all the elected officers of this Thirty-third World Health Assembly. On my behalf and on behalf of my delegation and the Republic of Sierra Leone, I wish the President and his staff a successful tenure of office. I pledge my delegation's unstinted support and cooperation.

I would like to inform you that my Government has grappled with the immense benefits to the socioeconomic development of our country by the establishment of primary health care facilities within the broad framework of the Alma-Ata Declaration of 1978 and the guidelines and strategies laid down by the Executive Board. We are fully committed to better health for all by the year 2000 and will spare no pains in making this a factual reality even before the target date. Already, a pilot project in one of the chiefdoms is well under way with the fullest cooperation and participation of all sectors concerned with the socioeconomic development of the country. This has been extended to five other chiefdoms. Voluntary workers drawn from the local community are playing a very important role in this, and since this is an innovative approach to health care the experience being gained will serve to ensure a very sound foundation for future expansion of the services to other areas throughout the country, a development which will be given all the impetus we can possibly marshal to speed up the national coverage with an eye on the target date.

I was particularly happy to receive Dr Quenum, our Regional Director, early in February this year when he paid a visit to Sierra Leone. The opportunity was taken to show him what we are doing and to acquaint him with some of the pressing problems confronting us in the health field, in a pious plea for assistance which the Regional Office can render in order to facilitate and accelerate the implementation of our health care programme, which is designed to provide better health for all within the shortest possible time.

Dr Quenum saw for himself the organization of the pilot project for primary health care, which is in progress with the assistance of the Regional Office, and the plans to provide a national coverage. I am sure that he was very much impressed with the set-up and the results so far achieved. There are, in particular, financial constraints which tend to slow down progress, but my Government is fully committed to the expansion programme for primary health care and will do everything possible to fulfil its obligations under the programme, with the assured assistance of the World Health Organization.

I note that the provision of safe drinking-water and sanitation is reflected in the priorities of WHO, as they form an essential component of primary health care and a
prerequisite for the attainment of better health for all by the year 2000. My Government continues to give topmost priority to the provision of adequate and safe drinking-water, with greater emphasis on the rural areas, and the improvement of environmental sanitation on a countrywide basis. Safe drinking-water supply systems have been established in many of the villages and towns in the rural areas, and the process continues with marked rapidity towards the achievement of complete implementation of the water supply programme, adequate, safe and with easy accessibility to all concerned. Measures designed to improve the state of environmental sanitation throughout the country continue with encouraging results in the areas of collection and disposal of refuse and human waste, storm water drainage, cleansing of streets, drains, market places, housing conditions and, in general, the maintenance of a healthy environment in both the urban and rural areas on a countrywide basis.

In the fields of water supply and environmental sanitation, my Government would like to acknowledge with profound appreciation the great assistance it continues to receive from WHO and other international agencies and friendly governments. Much credit is due to this assistance, which has in no small measure contributed to the gradual but successful implementation of our development plan for community health care.

Turning to preventive health care, the national expanded programme on immunization, which was launched in 1978 with the assistance of the Regional Office, continues with satisfactory progress. The programme is to run for five years, during which it is planned to immunize every child in the vulnerable group throughout the country against diphtheria, pertussis, tetanus, measles and poliomyelitis, as also women of childbearing age against tetanus. Here again, my Government is fully appreciative of the assistance being given by the Regional Office to this programme, which will go a long way towards ensuring better health for children and women of childbearing age.

I wish to commend the efforts of the Director-General for the generous support which has been given to the Special Programme for Research and Training in Tropical Diseases. Some of these diseases have been contained through the advancement in technological science, but there remain a good few, the scourge of which continues to plague our population. We therefore wholeheartedly endorse the objectives of the Special Programme and eagerly await the results of the research. On the question of training in these diseases, it may perhaps be of advantage to expose public health doctors from Member States in the tropics as well to the programme of training, in the interest of the community health care programme.

Another area of immense interest is that of traditional medicine and, as is rightly stated by the Director-General in his report, traditional medicine has been recognized as an important element in the strategy for attaining better health for all by the year 2000. In Sierra Leone, the traditional birth attendants have been integrated into the health care services and now form an integral part of the maternal and child health care programme. This is a first step, as admittedly there are many other areas which, when explored and possibly integrated into the official health care services, would yield immense benefits to our people. In the meanwhile, the handbook for use by health administrators and health workers promised by the Director-General in his report would be most appreciated. My Government would be most willing to participate as far as possible in programmes on traditional medicine.

My Government is fully appreciative of the confidence which has been reposed in one of our indigenous doctors by her appointment as WHO Coordinator, with Freetown as the duty station. This innovative approach to collaboration and coordination at the country level is already yielding fruitful results, and there is every evidence that by this arrangement there will be greater effectiveness and coordination of the activities of the Organization at the country level.

Finally, I would like to conclude this statement by joining the previous speakers in congratulating the two new Members which have been admitted into this august and very important Organization.

Dr PALAZZI (Bolivia) (translation from the Spanish):

My Director-General, distinguished delegates, first it is my honour and my privilege to convey to you, Mr President, the congratulations of the Bolivian delegation on your election. We also extend our congratulations to the five distinguished Vice-Presidents. On a sadder note, my delegation wishes to join those who have expressed their condolences before the Assembly on the death of the Yugoslav Head of State, Marshal Tito, who was one of the giants of our time.

Bolivia attaches great importance to this and coming Assemblies in that they are laying the foundations for the international strategy to attain for all peoples of the world by the
year 2000 a level of health that will permit them to lead a socially and economically productive life, in the words of the report of the Executive Board.

My delegation followed with special interest the significant speech made today by the distinguished Director-General, Dr Mahler, who with his usual eloquence and fervour faced the Member States of the Organization with their responsibilities.

In fact a true challenge has been set before the international community, a challenge that can perhaps be summed up in these words: in the two brief decades left before the millennium, will humanity surmount political dissentions, social injustice and economic imbalances in order to devote its unanimous efforts to the supreme aim, mankind? As Dr Mahler asked, are the Member States prepared to be integrated into this New International Economic Order, with all the difficulties involved? Will the next century see the emergence of a new type of man, more materially and spiritually fulfilled? Such questions call for deep reflexion and perhaps for a separate reply from each individual and nation.

The problem assumes dramatic proportions for countries like my own, still struggling to overcome difficulties stemming from our underdeveloped situation. One of the most important of these is without doubt the health and welfare of our people. Some figures reflecting the present state of affairs in Bolivia give an idea of the magnitude of the challenge. Mortality indicators show an annual rate of 17 per 1000. Half of these are less than five years of age and the situation is even more critical among infants under one year, one of whom dies for every four live births. One of the major causes of the high infant mortality rates, particularly among the under-fives, is malnutrition, aggravated by the lack of safe drinking-water and environmental sanitation and of adequate housing and medical attention.

In spite of cooperation offered by international bodies, in some respects the general health situation of the country has deteriorated recently. For example, I regret to have to report to the Assembly that some communicable diseases such as yellow fever, which was believed to have been eradicated in the 1940s, seem to be reappearing. This threat calls for renewed efforts and for international aid which we hope will be forthcoming. In this connexion I should like to take the opportunity of thanking publicly the Government of the beautiful Republic of Brazil for the gift of 500,000 doses of yellow fever vaccine, as part of an emergency plan drawn up to deal with the situation.

The Government of Bolivia has therefore decided that its medium- and long-term policy should be to establish a system of primary care, with full community participation. Intense efforts are now being made to create the conditions required for attainment of the goal of health for all by the year 2000. A series of meetings and seminars are being held to work out guidelines pointing in that direction and to strengthen regional cooperation.

The National Congress of Deputies and Senators, which represents legislative powers in my country, is fully aware of the need to support the constitutional Government of Mrs Lidia De Tejada and to give material assistance to the Ministry of Social Services and Public Health, with a view to directing health policy towards the community as a whole, with full community participation. Scientific and academic organizations, the universities and other bodies also offer effective support. The Ministry of Social Security and Public Health has acknowledged that internal technical and administrative changes are needed to prepare the way for implementation of the National Health Plan. Those changes involve the decentralization of the Ministry executive during the creation and putting into operation of the National Health Service as an administrative mechanism which will come into effect next June. Plans for the new service were formulated in collaboration with bodies such as the Pan American Health Organization and institutions such as the Bolivian Medical Association, the various science and medical faculties, the Bolivian Public Health Society and others which have perceived the urgent need to make the service operational. In the long term the National Health Service will be the only body responsible for the development of health services in Bolivia.

We hope that with these changes, the technical cooperation of the World Health Organization and financial aid from friendly industrialized countries we shall succeed in attaining a high level of health for every citizen of my country.

In conclusion, I should like to congratulate on behalf of Bolivia the new Members admitted to the Organization.

Professor MECKLINGER (German Democratic Republic) (translation from the French): ¹

Mr President, Mr Director-General, distinguished delegates, the delegation of the German Democratic Republic wishes to congratulate all those whom we have jointly entrusted to occupy the major offices of this Assembly.

¹ The following is the full text of the speech delivered by Professor Mecklinger in shortened form.
May I express to the delegation of the Socialist Federal Republic of Yugoslavia our condolences on the death of the President and Secretary-General of the Yugoslav Communist League, Comrade Broz Tito. His life and work, devoted to the struggle against exploitation and oppression and for social progress and a peaceful future for mankind, will remain unforgettable.

Distinguished delegates, the Thirty-third World Health Assembly is being held on the threshold of a decade that will obviously be important for the peoples of the world, a decade during which decisions will be taken that are of great significance for the future of our Organization. The delegation of the German Democratic Republic considers the biennial report of the Director-General a good basis for the discussion at the present Assembly of the tasks that will have to be carried out in the years to come, tasks which are essential if WHO and the Member States are to come closer to the target of health for all.

We stress appreciatively that the Director-General's report reflects a new quality in WHO's work, and this should determine our activities during the next decade. The States and peoples of the world are fully entitled to place all their hopes in the 1980s, for the time has come to ensure the prerequisite for the life and health of the peoples: a lasting peace. We as health politicians and doctors cannot close our eyes to the fact that all the efforts undertaken to improve the health of the world's population are threatened by those who encourage the arms race, who practise a policy of confrontation, boycott, threats and return to the cold war.

May I take this opportunity to remind you that tomorrow it will be 35 years to the day since the Second World War unleashed by German fascism came to an end. We recognize the victory over fascism achieved by the Soviet Union and all the other forces of the anti-Hitler coalition as an event of genuine historical importance for the whole world. This victory ushered in the longest period of peace that Europe has known.

May I, distinguished delegates, put forward some personal thoughts. Quite a number of us here - and I am one of them - lived through the inferno of the Second World War ourselves. We saw men die in the prime of life. We saw children perish and old people suffer a violent death. We saw fortune and health become victims of death. There are not a few among us who were obliged to undergo similar bitter experiences in the theatres of war and the crises which occurred after the Second World War. But there are also not a few among us for whom the Second World War is virtually history.

You may wonder what I am trying to convey by this on behalf of my delegation. It is this: all our activities and all our programmes aimed at improving the health of the peoples of the world will simply remain on paper, cluttering up our office files, unless we use all the political and moral authority of our Organization to contribute effectively to safeguarding peace. We believe that never in the history of our Organization have so many wishes and so many hopes of hundreds of millions of people in the world rested on a Health Assembly as they do now. These hopes and desires reach their climax in the request to this Assembly, through its content and through a convincing decision to ensure the peoples of a life of peace, to spread courage and confidence in a common path towards a future without war, without hatred between peoples and without mass extermination, towards a future of peaceful coexistence by peoples and States. To safeguard what has been won and to continue along the path of détente which began in the 1970s is of vital importance for the peoples of the world. This can only be done by halting the arms race and making genuine progress towards disarmament. This must also be the basis of WHO's future work if that work is to be successful.

The Director-General's report rightly stresses two outstanding events in the history of the Organization: the Alma-Ata Conference and the global eradication of smallpox. The Declaration of Alma-Ata formulated and justified in full the principal steps for achieving WHO's target by the year 2000. Already in previous years we have been able to state from this rostrum that we fully approve of this objective because it aims to solve the urgent health problems in the world, and particularly in the developing countries. May I here draw attention to resolution WHA32.34, and to resolution 34/58 adopted by the United Nations General Assembly, both of which highlight the importance of health as an integral part of the development of peoples and States. The favourable results of the smallpox eradication campaign prove convincingly that many of mankind's burning problems can be solved only under peaceful conditions and through international cooperation, but under no circumstances by a nuclear war.

The victory over smallpox illustrates how the strengthening of international cooperation gives our Organization greater authority. Its international effectiveness in the service of life and health is increasing. This Organization in particular is morally obliged to help ensure that mankind is not robbed of the fruits of the desperate struggle for détente. The moral and political capital amassed during the 1970s through the policy of détente, which also benefited WHO, must be protected and increased.
Ladies and gentlemen, during 35 years of development the leaders of my country's Party and State have always looked upon the problems of health protection and medical science as an extremely demanding task of social policy. No one in the world today can doubt our country's determination in the socioeconomic field. Otto Grotewohl, a former Prime Minister of the German Democratic Republic, stated in 1951: "A genuine social policy is not a social insurance policy; a genuine social policy is based only on social justice. Our social policy is based not on crumbs from the table of the bosses but on the considerable results of the daily labours of the working population in the German Democratic Republic". In our country this social policy is a task for State agencies at all levels and for society as a whole. In the implementation of social policy - guaranteed by the national plan which brings together all sectors - the extensive strengthening of unified health care has been given an important place. Health care is increasingly being directed towards prevention, including the systematic improvement of environmental health. It includes all therapeutic, after-treatment and rehabilitation measures, in which outpatient and inpatient care are integrated, and the gradual development of specialized and highly specialized medical services. This unified system of health care is a basic component of the socioeconomic conditions under which people can lead socially and economically productive and satisfying lives. The elementary need for health and physical capacity is being met more and more effectively.

Our experience brings out the direct relationship between the level of health care and the increase in knowledge of medical science. The German Democratic Republic has always considered it its duty to do its utmost, through scientific advances in basic and applied research, to bring about a systematic improvement in health care by introducing recent research findings into medical practice.

With regard to the implementation of our Organization's strategy for health for all by the year 2000, the following principles and experiences have proved very valuable in my country:

1. national socioeconomic conditions directed towards the well-being of the population as a whole and not towards the aspirations for power or profit of a small privileged group;
2. peaceful international relations based on understanding, collaboration, the halting of armament, and disarmament, which by seizing all opportunities for trusting international cooperation help to devote all material, human, technical and scientific resources to the service of life and health;
3. the establishment of an effective national health protection system and the training for the health services at all levels of qualified staff who are professionally, morally and ethically suitable for their duties;
4. as regards equipment and personnel, to ensure the operation of primary health care services which are accessible to the urban and rural population and are provided without discrimination of race, colour, sex, language, religion, political or other opinion, national or social condition;
5. the gradual organization of specialist services, for example for workers in industry and agriculture, for mothers and children, for the aged and handicapped, and the planned extension of preventive services in other fields, using the full potential of the primary health care services;
6. the setting-up of national research and training centres, the international exchange of experience in medical science, and cooperation in basic and applied research;
7. development of extensive and democratic participation by the entire population in the systematic improvement of hygiene and health conditions, and the preparation of progressive health legislation.

Mr President, distinguished delegates, the success so far achieved by WHO in the world has been particularly evident when WHO has used the available resources in a planned and concentrated manner, following a proper order of priority. Accordingly the German Democratic Republic believes that in the present situation we must lay down programmes and the main policies for the joint work we have to achieve by the year 2000, and we must jointly prepare the approaches of cardinal importance, as we have done hitherto. The preparation of WHO's Seventh General Programme of Work, for example, will be substantial proof of this.

My delegation is convinced that this Assembly is aware of its great responsibility in the serious international situation and that it will do all it can to help ensure that a stable peace becomes the norm in the future life of the peoples. It is only under these conditions that health, physical capacity and a satisfying life for mankind can prosper. The German Democratic Republic will continue to do everything in its power to contribute to the work of WHO in a humanitarian spirit.
Mrs VEDER-SMIT (Netherlands):

Mr President, it is an honour to extend to you on behalf of the Netherlands delegation my congratulations on your election to this high office. I trust that you will ably direct the proceedings of this Assembly.

At this very moment, more than 25% of the world's population does not have access to any kind of health care, and only very modest health care provisions are available for another 25%. In our view, WHO can be instrumental in reducing the clear inequalities in the field of health. Our cooperation in the framework of WHO makes us sharply aware of these inequalities and makes us realize the seriousness of the health problems outside our national boundaries. In that context, our own problems seem modest.

I regard the recent adoption by the General Assembly of the United Nations of the resolution on health as an integral part of development as encouraging. This resolution puts great responsibility on our Organization. The integration of health in the development process will certainly also require an active health policy of other sectors in society. Those responsible for the health sector must get a strong commitment to health improvement from their colleagues in the economic, social and educational sphere.

The biennial report of our Director-General for 1978-1979 begins with the Declaration of Alma-Ata—rightly, because perhaps for the first time in the history of world health a global consensus came about on the importance of making primary health care available to all in society. For many developing countries this will demand tremendous efforts to make this essential care accessible all over their territory. For the industrialized world it implies that it will have to reorient its health care system, which in some areas has become over-specialized and shows structural imbalances. Furthermore, in these countries expenditure on health has risen so tremendously that in future we may no longer be able to afford its price. In our view primary health care services should be strengthened in order to restore the balance in the health care system as a whole. In our country, as a first step, I have published a report on primary health care, which was well received.

As our conference time is limited I would like to confine my further remarks to three subjects. These are: the long-term effects of violence on mental health, sexually transmitted diseases, and the Expanded Programme on Immunization.

In the field of mental health we are faced with great problems which are still to be resolved. In view of the success of international cooperation with regard to somatic diseases, we may expect that also in the field of mental health progress can be made by a concerted effort. I would like to mention here addictions like alcoholism and drug abuse, but also the effects of violence on mental health. We are increasingly aware of the fact that exposure to different forms of violence has an impact on mental health. This impact often appears at a much later stage of life, and can be very serious. To be more precise, by violence I mean inter alia child-battering, being kept hostage, torture during interrogation or detention. With regard to these forms of violence, results of research have given rise to concern about this serious problem. The medical profession often does not recognize the syndromes stemming from the infliction of violence, and the health care system has no - or inadequate - possibilities of helping the patients. We feel that this problem is of such a nature as to warrant international attention. It seems to us that WHO is particularly suited to deal with the health aspect of this phenomenon in its mental health programme. A first step could be the convening of a WHO-sponsored symposium, which my country would be willing to host.

Second, in the field of sexually transmitted diseases, particularly gonorrhoea and syphilis, a high incidence is still being observed in most of our countries. We shall have to consider seriously what ways and means are to be used to control these diseases. Of particular concern are the gonococci that are completely resistant to penicillin. These so-called beta-lactamase gonococci have increased drastically since 1976, and are now considered endemic in the Netherlands. We would like to compliment WHO for its response to this problem, and would wish to see its international surveillance programme continued. In my view obstacles to effective control are ignorance of the patient concerning the recognition of symptoms, and hesitation to seek medical treatment immediately. Furthermore, the patient often lacks knowledge of the possibilities for prevention of sexually transmitted diseases. Few results from our efforts can be expected unless those who are at risk show themselves responsible as regards their sexual behaviour. Educational programmes should therefore also be directed to that goal.

Third, we strongly support the goal of immunization of all children against the major infectious diseases by 1990. We think that the WHO Expanded Programme on Immunization provides an excellent mechanism to help to bring about worldwide immunization coverage. In the
past we have contributed to the programme both financially and in kind. As regards poliomyelitis, field trials with inactivated vaccine have shown encouraging results. In our country, the National Institute of Public Health has gained considerable experience in the preparation and use of this type of vaccine. Given the potential advantages of inactivated poliomyelitis vaccine - *inter alia* a great potency, which appears to make a one-dose schedule possible - further field trials seem justified. It is a pleasure for me to announce that my Government will make available from development funds 1 million guilders - about US$ 500 000 - which may be used for the donation of a quantity of inactivated polio vaccine and to support the use of this vaccine within the framework of the Expanded Programme on Immunization.

In concluding my statement, Mr President, I would like to compliment the Director-General and the Secretariat for their tireless work on behalf of the Organization, which is exemplified by the excellent documentation presented to us for this Assembly.

Dr BLACK (Canada):

Mr President, Mr Director-General, and distinguished delegates, the Canadian delegation also congratulates you and the Vice-Presidents on your election to the important offices you hold in this, the Thirty-third World Health Assembly, and we wish you every success as you guide this Assembly through the serious deliberations and important decisions which lie ahead. We also extend our greetings to the new Members, Zimbabwe and San Marino, admitted to the Organization today.

We have noted carefully the work of the Executive Board during its sixty-fourth and sixty-fifth sessions, as ably reported by its Chairman, Dr Abdulhadi, and we noted with particular interest the significant work of the Programme Committee of the Executive Board. We have also followed closely the work of the Organization during the past year, as so clearly summarized in the Director-General's report "The Work of WHO, 1978-1979". It is significant that this document is prefaced with the Declaration of Alma-Ata. The other momentous declaration of the biennium is the eradication of smallpox, and Canada joins with all Member States in recognizing this signal event in international health cooperation.

Last year we emphasized the importance of WHO being dynamic, pro-active, capable of growth and adaptation, of developing priorities in line with budgetary restraint, and of responding effectively and adequately to the needs of Member States. Canada continues to be committed to work towards such ends within this Organization, as well as within other specialized agencies. We continue to take great interest in the work being done in medium-term planning and evaluation, and welcome the new medium-term plans which we shall be considering at this Assembly.

Canada supports the Director-General in his emphasis on the structures required to ensure action for health, and in particular the need for a strong social activism in WHO. Canada wishes to reaffirm its strong support of this Organization and its commitment to the goal of health for all by the year 2000. The stirring and challenging address by the Director-General today strengthens our resolve in this matter.

On the domestic front in Canada, based on the recognition of the impact of unhealthy lifestyles on morbidity and mortality statistics, our Federal and Provincial Governments are directing particular attention towards effective lifestyle programmes designed to motivate Canadians to lead healthy lives. Our Federal and Provincial Governments are also focusing particular attention on the needs of those with special health problems. We have in this connexion developed and are implementing a new health policy for Canadian native peoples which conforms to the principles of the Declaration of Alma-Ata, and at the Federal Cabinet level health issues are now considered in conjunction with all social and economic sectors to ensure effective coordination and maximum efficiency. On the international front, although our budgetary constraints continue to require us to review our priorities and areas of participation with particular care, we are continuing our direct participation in the work of the Organization in such areas as the Special Programme for Research and Training in Tropical Diseases, and are prepared to take an active part in the development of the new international programme on chemical safety. A recent initiative which my Ministry regards highly, entitled "Santé Afrique", and which has been prepared and executed by the National Film Board of Canada and the Canadian International Development Agency, has resulted in the production of a number of health educational films aimed at health manpower training and development. Some of these will be shown next week and are commended for your attention as a particular tool for active health development.
We in Canada consider health for all as a challenge for all nations, whatever their present level of health. Canada was privileged to participate in a meeting organized by the European Region last week on this topic, and we found it most useful in further defining our understanding of this goal. The process of achieving this goal addresses not only health issues, but also other social and economic sectors, and thus requires of us all a deep and personal commitment, along with intense promotion to produce the required individual community, national and political commitments for such an achievement. The fulfilment of this goal will not be easy, and we must all be prepared to act as advocates and to use every persuasive mechanism at our disposal for this purpose. Canada is prepared to participate fully in this endeavour, which is of fundamental importance to the dignity, wellbeing and achievement of the full potential of all peoples of the world.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Canada for his excellent speech.
After this long day I think that you will agree with me that we should adjourn the meeting. We shall resume our discussion at 9h00 sharp. The meeting is adjourned.

The meeting rose at 18h00.
FOURTH PLENARY MEETING

Wednesday, 7 May 1980, at 9h15

President: Dr A. R. AL-AWADI (Kuwait)

later

Acting President: Dr A. N. ACOSTA (Philippines)

1. PRESIDENTIAL ADDRESS

The Assembly is called to order. First of all I should like to remind you of the plenary agenda announced yesterday. This morning we were to consider the first report of the Committee on Credentials immediately after the presidential address. However, a number of delegations have approached me with a request to defer this item until the beginning of the afternoon to allow time for consultations. I feel that these delegations are entitled to be given such an opportunity and hope that you will agree to discuss this item during the afternoon meeting. Are there any objections? I see none. It is so decided.

I hope now that you will bear with me while I deliver my address.

In the name of Allah, the Compassionate, the Merciful, and with a prayer to our Prophet Muhammad, Seal of the prophets and apostles:

Honourable colleagues, heads of delegation, ladies and gentlemen, I take the greatest pleasure in greeting you, and I should like to begin my address by thanking the Almighty for the good health with which He has blessed us, and which I pray He will continue to bestow on all mankind.

Allow me to thank you all and to express my appreciation for the confidence you have placed in me and the honour which you have conferred upon me by electing me as President of the Thirty-third World Health Assembly. By granting me this personal honour, you have also honoured Kuwait, my country; a country small in size but with great hopes for the future, a country that participates in many domains, seeking to achieve all it can for the good of mankind, for peace and for the welfare of the world. It is also an honour to the great Arab world that carried the banner of civilization and progress for over a thousand years, and to which I am proud to belong.

I began my address by thanking the Almighty with the intention of proclaiming to the entire world that the mention of His name at the beginning of any speech conveys a sense of security and tranquillity to one's soul, particularly as we are living in a world that suffers from anxiety and instability, despite the so-called technological and scientific advances which man has achieved.

I also prayed to Muhammad, the Prophet of Islam, not only because he is the Seal of the prophets and apostles dispatched by Allah to this world, but because the message of Islam, delivered by Muhammad, prayers and peace be upon him, called for the people to be taught the most important rules of general hygiene. It also drew particular attention to the importance of personal cleanliness and hygiene. Islam ordained that the faithful should pray five times each day; during prayers the worshipper is alone with the Almighty, leaving behind all his troubles and worries. In this way he finds peace of mind, and his soul is imbued with tranquillity and assurance. Furthermore, Islam instructed the Muslims to be sure to perform the ritual ablutions before each prayer, washing themselves with water to purify themselves. By so doing, Islam affirmed an important principle of public health, that of personal cleanliness. Cleanliness thereby became an indivisible part of the faith, in spite of the fact that the message of Islam was revealed in the Arabian peninsula, the country with the least water. With this in mind, I am sure you will all agree with me that Muhammad - prayers and peace be upon him - was the first to call for attention to public health, and that he established correct principles in that respect, principles for which the World Health Organization was created.
Following this introduction, and as we begin the meetings of this session, I should have liked to mention by name each individual who has taken part in developing and strengthening the principles of public health, and each individual who has worked for the health and welfare of mankind. It is naturally impossible for me to enumerate all those who have endeavoured and achieved, and who have given so much in this human domain. In your name, I salute each and every one of them, and express to them my gratitude and reverence.

On this occasion, we must not fail to mention a great man whose contribution to recent history has had worldwide consequences. He was one of the founders of the non-aligned movement, and he brought independence and stability to his country. The passing of Josip Broz Tito, President of the Republic of Yugoslavia, who died last Sunday, is indeed a great loss. We should like to express our sincere condolences to his family and nation.

Permit me to congratulate on your behalf once again the Republic of San Marino and the State of Zimbabwe, which have become Members of our Organization, wishing them all success in their effective participation in the services of the Organization.

I hope to be able to uphold the high standards of those who have preceded me in the presidency of these meetings, most of whom are venerable professors and men who have devoted themselves to the cause of human health. I am sure that you will agree with me that it is our duty to mention them at the beginning of each session, in recognition of their devoted efforts.

Please forgive me if my address is somewhat lengthy, but I believe it is my duty to review with you a large number of questions, particularly as our world is at present passing through a difficult period in which man is exposed to a great deal of anxiety, insecurity and confusion.

In order to be able to proceed with firm steps to face whatever great challenges may face us, we must cooperate with one another and give some time to a general consideration of our future. Perhaps many of those present here have not had personal experience of the developments through which the meetings of our Organization have passed, but I can see very clearly the changes that have occurred in these meetings. The method which has developed is one of presenting and discussing topics; instead of raising old political disputes between States struggling for world leadership which used to occupy much of the time of our meetings, discussions in the Health Assembly have evolved towards a greater realism and effectiveness. The reason for this is our realization that our health problems can be solved in one way only, namely by definition of the goals, followed by the establishment of completely realistic solutions to our problems in the light of our obvious objectives and disregarding personal interests. Thanks to this realistic approach we have been able to achieve concrete results through joint efforts. The eradication of smallpox from the globe, which we shall declare during our meeting this year, is clear proof of the success of joint and common efforts, despite the struggles and conflicts that shake our world. With practical, positive steps and joint action we have been able to make true today what were merely dreams and delusions yesterday. While we rejoice today over this fine result, we must not forget, however, that we are confronted by many problems created by man himself, in which he has become embroiled in spite of the hardships and suffering they have caused him. For example, although man is fully aware of the harmful effects of smoking and its definite connexion with lung cancer, he persists in this harmful habit. The Organization has made great efforts in this field, having realized the dangers inherent in smoking. Its motto this year is "Smoking or health - the choice is yours". The information media have exerted every possible effort to reveal the truth to the public through a large-scale campaign aimed at alerting people to the dangers of smoking and informing them how to rid themselves of this bad habit. Nevertheless, I see that those with a personal interest in increasing the use of various kinds of tobacco are still energetically tempting our youth and the mothers of our children to smoke. It is truly regrettable that there are some who are duped by this misleading, biased propaganda, not knowing that they are on a road full of perils and ending in disease, suffering and death.

I believe that we must pursue our efforts to combat smoking, and not consider as sufficient what we have undertaken this year. We must continue to stress at each session the dangers of smoking and the health, economic and social losses it causes.

It is truly painful to note that this is not the only bad habit acquired by modern man. Many of our young people consume alcohol, narcotic drugs and various types of hallucinogens, all of which lead them to their own destruction. I hope that our Organization will take a firm attitude with regard to the problems and that it will combat this scourge by all possible means, so as to destroy it and protect our youth from such evils.

Obscurity seems to cover the world in which we live. We see that man has set out on a road, while being unaware of where it will end. He risks his life, finding some sort of
enjoyment in so doing. But the more man pursues his pleasures and strays from the true inner meaning of life, the closer he will come to the danger of extinction. In this context, we observe that oppression has become a form of pleasure in our world, practised by a category of people we call the forces of evil and oppression. Its victims are the oppressed of the world, victims of the use of tyrannical force, the occupation of territory by force of arms, the expulsion of peaceful people from their homes, their torture and finally their conversion into homeless, landless refugees. This situation is a mark of shame on the face of civilization in the twentieth century, and it is our duty as a humanitarian organization to condemn all acts of oppression and all inhuman actions directed against any human being anywhere. It deeply grieves me that the region which I represent suffers, more than any other region in the world, from the tyranny and oppression of man. We must always condemn all forms of oppression and repression and resist them with all our determination, with faith in our principles and in the Charter of our Organization. It is inconceivable that we should accept such inhuman actions in an age in which we claim to uphold the rights of man and to safeguard his human dignity. I hope that our Organization will lead the fight against all degradation of human dignity, for we cannot stand idly by and watch mankind proceed to its own destruction.

Some may say that I am placing too many burdens on the Organization that may not come within the scope of its competence. But I maintain that the competence of WHO includes all that is related to the life of man. Thus it must be said that the Organization fully deserves every expression of admiration and appreciation for having started to work towards the realization of what is a beautiful dream for this world, the goal of health for all by the year 2000.

The decision taken, in this respect, by the International Conference held in Alma-Ata in 1978 is a historical decision involving the dignity of mankind and calling upon all the responsible world authorities to provide primary health care for all by the year 2000. The Thirty-second World Health Assembly, in May 1979, approved the decision which was later endorsed by the thirty-fourth session of the United Nations General Assembly. To carry out such a humanitarian decision would, indeed, require from us a tremendous collective effort to overcome all the associated difficulties and challenges. We have accepted that challenge, adopted our slogan and pledged ourselves to see that every individual in the world is provided with primary health care by the year 2000. Yes, we accepted the challenge and pledged ourselves, and by so doing we took, for the first time, a positive step with well-defined objectives and in accordance with strategies that we adopted as our approach, in the conviction that we must start work to realize a dream that was the fondest aspiration of those who drew up the Constitution of our Organization. We have accepted the challenge though we are aware of the fact that we live in a world more than half of whose inhabitants are living a life lacking the basic components of what we may call health, whatever the definition of that word may be. That proportion would rise to three-quarters if by health we meant the definition given in the Constitution of our Organization.

The brief fixed span, in the life of the world, between now and the target year 2000 for the achievement of the great objective of human health and welfare, poses a tremendous challenge. We have accepted this challenge too, motivated by our strong will to achieve the objectives of our Organization despite the contradictions of the world we live in. We hope that our acceptance of this challenge will not be in vain, so that, if it be God's will, we shall be able to declare the year 2000 that of health for all, just as we declare today the global eradication of smallpox, after the long years of human suffering from that disease. I would mention in this context that all our apparently successful planning will be fruitless unless everyone in this world, young or old, rich or poor, actively and effectively participates in safeguarding his own health and that of his family, in order to achieve the overall objective.

It is imperative that we genuinely act so as to apply the Alma-Ata Declaration. I should like to present to you some aspects of the plan that we might follow in our attempt to overcome the difficulties.

At the WHO level, I believe that action to attain such an objective had already been started, even before the Alma-Ata Declaration, by adopting resolution WHA29.48 stressing field and auxiliary technical services. I hope that we shall be able, this year, to complete the developments needed to achieve that objective. I also believe that the Organization is taking serious initial steps in this respect, in collaboration with other organizations of the United Nations system. The agreement of our Organization with UNICEF on planning and coordination of projects for the implementation of primary health care is another indication of positive action taken in this field. I also hope that our Organization will take steps to cooperate and to coordinate its work with all other international organizations and intergovernmental agencies concerned, so as to attain the goal of health for all by the year 2000.
I know personally that the Director-General has taken other steps to organize the work of WHO so as to provide all possible assistance in attaining that objective. I would also like to refer to the positive action taken by the Executive Board so as to develop the structures of WHO in accordance with the great responsibilities the Organization has assumed and accepted. I am sure that we support everything done by WHO to increase its efficiency and performance through the continuous extension of its functions and effective services. This is the only way to maintain the vitality and continuous activity of the Organization so that it remains in the forefront of the advance towards integrated health and does not lag behind. I am very optimistic concerning the Director-General's initiative and the favourable response from all of us, and the resultant benefits for all members of the international community.

I believe that burdens and responsibilities are greater at the regional level as the regions have to shoulder the major load in carrying out activities for the implementation of the Declaration of Alma-Ata and in contributing to the application of the new strategy and policy of the Organization by taking realistic actions adapted to the conditions of the particular region. They must do this in coordination with other regions and also exchange skills and experience in this field.

This is the kind of cooperation and solidarity expected from the Organization and its regional staff, in the light of the new economic order within which we have started to work and which cannot be attained unless those responsible for health services in every country throughout the world are competent enough to shoulder these responsibilities, whether in the developing or developed countries. Such responsibilities, as stated in the Alma-Ata Declaration, are reflected by the participation and interaction of all in our health plans and efforts to carry them out. I call on all those who are responsible for health services to work for the integration of such services in their own countries and for coordination with all other agencies or groups that render, directly or indirectly, such services. We should not stand helpless waiting for miracles. We have to utilize all our available resources and capacities, and lose no chance of playing an active role at the level of policy decisions as well as the level of collective and public action. Our slogans should be on the lips of every child and young person. We should rely on the younger generation and see the future through their eyes. We should turn our dreams into aspirations that can be fulfilled by the younger generation who must build the future. It is our duty firmly to support the aspirations of people all over the world to attain health and prosperity for all.

What will be the world of tomorrow? Personally, I am optimistic as long as we believe in collective action - as long as we can overcome our personal interests and the narrow interests of our countries and as long as we work for health, the most important component of human life, without which life is incomplete and peace of mind is unattainable. We should be bold and frank in expressing our goals and principles since we are working for the welfare of others. We, the health workers, should bear in mind that what we are cultivating today in the field of health services through vaccination, environmental sanitation, personal hygiene, health education and guidance in all programmes and at all levels will, I believe, as long as we continue to work in this way, bring the world of tomorrow nearer to our dreams and aspirations.

I apologize, once again, if I have spoken too long. However, I feel morally obliged, before God, to tell you of my hopes for the future. Our Organization, I believe, can give the best example to be followed in international cooperation. I hope that we all cooperate and will assist the Organization to carry out its functions as well as possible. I also hope that we shall cope with the responsibility for taking care of those who are entrusted to us.

May the Almighty crown this session with success. I hope that we shall issue the resolutions and recommendations expected by the peoples of the world, for the health and prosperity of all members of the international community.

Just as I began my speech in the name of Allah, I will conclude with thanks to Him. It is only by the name of God that hearts can be reassured and aspirations and objectives achieved. (Applause)

Thank you very much. We now have to continue the general discussion on items 9 and 10. However, as I am sure you are all tired of the sound of my voice, we shall now adjourn for a few minutes, after which the first Vice-President will take over the presidential chair.

Dr Acosta (Philippines), Vice-President, took the presidential chair.
2. ANNOUNCEMENT

The ACTING PRESIDENT:

Your excellencies, I have pleasure in informing you that Equatorial Guinea, which is a member of the United Nations, deposited on 5 May 1980 its instrument of acceptance of the WHO Constitution, thereby becoming a Member of the World Health Organization. I wish to welcome this country to membership of the World Health Organization.


The ACTING PRESIDENT:

We shall now continue the general discussions on items 9 and 10. The first and second speakers on my list are the delegates of Guatemala and Ghana, whom I now invite to the rostrum. I give the floor to the delegate of Guatemala.

Dr RECINOS (Guatemala) (translation from the Spanish): 1

Mr President, Mr Director-General, Vice-Presidents, your excellencies, it is pursuant to the lofty ideal inspiring all those who are concerned with health in the world, with enthusiasm as a guide and hope as a constant that I come to this august World Health Assembly from a country which, though small in size, has boundless faith in its destiny and boundless determination to overcome the obstacles inherent in its situation as a small developing nation. I bring from a land of eternal spring friendly greetings to all the participants in this major meeting and, alive to the spirit of the most noble and modern postulates of health as an inalienable human right, wish to give you a brief picture of public health activities in the Republic of Guatemala.

As part of the country's overall development policy, the Ministry of Public Health and Social Welfare drew up a health policy for the period 1978-1982 based on an assessment of existing services and the prevailing state of health in the country. Four priority areas are defined in the programme: increase in health coverage, quality of the environment, nutrition and food, and financial policy.

Basic environmental sanitation was established by the Government as a priority area under the National Health Plan for 1978-1982 and the Plan of Social Action. In view of the small percentage of the population supplied with piped water, especially in rural areas where such water is available to only 18% of the inhabitants, targets have been set for 1990 when we hope that 100% of the urban population, amounting to approximately 3.8 million inhabitants, will have such facilities, 75% with water piped directly to their homes and 25% with easy access to water supply. For half of the total population (2.9 million inhabitants), piped water will be provided to 20% and easy access to water supply to the remaining 30%. Of the total urban and rural population, 80% will dispose of sewer and privy systems or other excreta disposal facilities.

In financial terms, these targets will involve during the decade an investment of approximately 850 million quetzales at current prices, or over 50 million quetzales yearly, which is an increase of roughly 500% in the funds traditionally earmarked for water and sanitation. With a view to achieving these goals, the Government has established strategies in respect of management, human resources, technology and financing with the assistance of international credit and technical cooperation agencies.

A food control programme is being carried out to guarantee the quality of foodstuffs from the producer to the consumer, with the use of existing resources in health areas. Steps are being taken to improve urban sanitation services and extend them to 50% of the population living in towns of more than 10 000 inhabitants. A programme for controlling the quality of water for human consumption will be undertaken shortly. Air quality monitoring will be stepped up to ensure that the maximum permitted concentrations of atmospheric pollutants are not exceeded. Publication of the new Health Code and its detailed regulations will help to

1 The following is the full text of the speech delivered by Dr Recinos in shortened form.
strenthen the measures taken by the Ministry, especially concerning the control of environmental pollution.

The Robles' disease (onchocerciasis) control programme is carried out through the national malaria eradication service and is intended primarily for studying and controlling Robles' disease in the country. Besides the epidemiological surveys carried out in endemic areas, an insectarium is kept with Simulidae for studying microfilariae ingested by the vector at the same time as a model animal and, as regards therapeutics, small intranodular doses of marayne are being tested together with the effects of diethylcarbamazine in patients treated with the drug.

Since September 1975, under a cooperation and assistance agreement concluded with the Government of Japan, we have been collaborating with the Japanese mission in developing a pilot plan for the eradication of Robles' disease. The Japanese mission has published over 30 scientific works on the results obtained with the use of larvicides and on other aspects of the programme. We have also been collaborating with research workers from Johns Hopkins University, the Institute of Tropical Medicine at Hamburg and the University of Atlanta. It should be mentioned too, distinguished colleagues, that Guatemala already has under way a primary eye health care programme.

Guatemala has not remained immune from the worldwide resurgence of malaria since the country's tropical environment is ideal for its transmission. Administrative difficulties, aggravated by the devastating earthquake of 1976, have compounded the already existing technical problems, and as a result malaria has again become the principal cause of disease in the country, though fortunately there have been no deaths. This situation has received priority attention, resulting in an increase of staff, equipment and material sufficient to cope with the disease in the most affected areas as defined by the Pan American Health Organization and WHO. Despite the high cost of insecticides of the pyrethroid group, towards the middle of this year we shall begin to utilize them in our problem area on the Pacific coast and trust that in this way we shall be able to check the rise of malaria incidence and diminish its transmission.

As to the drug control programme, use of a national pharmacopoeia is now obligatory in hospitals and health centres, and regulations on drugs and toilet articles are under study for supplementing the provisions of the Health Code. Quality control of antibiotics is now being carried out at the Unified Quality Control Laboratory, and it is hoped in future to be able to control all pharmaceutical products and biological substances. Also, the drug control department, now being reorganized, will register and inspect all drugs in the country.

The Unified Food Control Laboratory will, under an agreement with PAHO Area 3, be administered by the Institute of Nutrition of Central America and Panama (INCAP). For the time being, it will carry out food controls, but in future it will gradually extend its work to the control of drugs in general.

The biological production laboratory of the Ministry of Public Health is continuing to prepare rabies vaccines for dogs and preventive treatments for human beings. As regards the production of diphtheria/pertussis/tetanus vaccine, this year 500,000 doses were prepared and will be used during the second stage of the national immunization campaign.

Alcohol continues to be a serious problem in the country, with its sequelae of disease and death and of social and family disorganization. Mental health institutions are providing increasing health care and surveillance for seriously ill patients, and separate blocks have been built for women. The Anti-Alcoholics Association, which enjoys growing government assistance, has increased coverage for alcohol-related problems. Priority attention is being paid to alcoholism in training programmes for staff employed at the various levels of mental health services, especially in rural areas.

After the former Health Code had been in force for 43 years, on 6 September 1979 Congress issued decree No. 4579 containing the new Health Code of the Republic of Guatemala, which extends the coverage of health services in line with new requirements and scientific advances in health and modern technology.

The Government's social welfare policy is designed as part of the overall development process involving the various social phenomena that constitute the basic structures of the society. Priority here is attached to the individual and the community and, consequently, the Ministry of Public Health, in accordance with the postulates set forth in the WHO Constitution, has reiterated that "health is a fundamental human right and social objective for all, essential for basic human needs and quality of life, and should be accessible to everyone in the world".

Pursuant to the provisions of the Declaration of Alma-Ata adopted by the International Conference on Primary Health Care, the Government of the Republic of Guatemala, through the
Ministry of Public Health for which I am responsible, has drawn up a comprehensive plan of action for achieving the targets proposed at international meetings, and has formally undertaken to do so. Accordingly, our strategy for the coming decades is directed towards increasing the quantitative and qualitative coverage of health services in the most vulnerable areas of the country. This will be done through an analysis and assessment of the environmental factors that help to develop facilities for basic sanitation, drinking-water supply, and sewage and excreta disposal, food control, better housing, and more effective intrasectoral and extrasectoral coordination of the various activities designed to improve the environment. We shall also implement coordinated programmes onchocerciasis and leprosy. Problems of basic sanitation and the use of pesticides in the frontier area were also discussed, and it was agreed to draw up coordinated programmes for cooperation in implementing research and human resource development in the operational areas. Problems of basic sanitation and the use of pesticides in the frontier area were also discussed, and it was agreed to draw up joint programmes for housing improvement, excreta and solid wastes disposal and drinking-water supply and to establish common standards for the use of the pesticides in question. It was also agreed to resume the operation of the Mexican-Guatemalan Public Health Association, which is to hold its first meeting in January 1981 at Antigua in Guatemala. Lastly, a coordinating committee on cooperation, composed of two Guatemalan and two Mexican members, was set up to promote implementation of the high-level agreements.

Excellencies, on leaving this rostrum I wish to reiterate Guatemala's most cordial greetings, with our sincere wishes that peace and prosperity shall be the framework in which your communities, replete with physical, mental and social well-being, will develop in the immediate future. Mr President, Mr Director-General, may I express my best wishes for the proceedings of this august assembly and thank you most gratefully for your attention to my words.

The ACTING PRESIDENT:

I thank the honourable delegate from Guatemala. May I request the succeeding speakers to be brief within the allotted time in view of the long list of speakers? May I invite the delegate of Chile to the rostrum? I give the floor to the delegate of Ghana.

Mr ANSAH (Ghana):

Mr President, Director-General, distinguished delegates, the delegation of Ghana brings to the Thirty-third World Health Assembly the good wishes and greetings of the Government and people of Ghana.

I would like to take this opportunity to express on behalf of the Government and people of Ghana my deepest sympathy to the Government and people of Yugoslavia on the loss of their great leader, Marshal Tito. He will be remembered especially, in Ghana, for his indefatigable fight in the cause of non-alignment and freedom for the peoples of the world. We hope that his example and achievement will forever inspire us in the Third World to a greater pursuit of the noble objectives to which he devoted his entire life.

Permit me to join the various heads of delegations who have addressed this Assembly and to offer sincere congratulations to the President, and to the other officers elected to guide
the deliberations of this session. I am confident that, under your noble rule and guidance, the business of this Assembly will be conducted to a very successful conclusion. To this end, you are assured of the full support of my delegation.

I would also like to take this opportunity to pay, on my personal behalf and on behalf of the Government and people of Ghana, warm tribute to Dr Alfred Comlan Quenum for his reappointment as the Regional Director for Africa; more particularly for the dedicated and long service that he has rendered in the cause of health for the peoples of the African Region as well as for the whole world. He has earned a well-deserved reappointment and I wish him many more years of success.

At this stage I would like to congratulate the two new Members and welcome them to the World Health Assembly: San Marino and Zimbabwe. The admission of Zimbabwe, especially, to this august body is a source of pride to my delegation. We wholeheartedly welcome them and wish to assure them of our unfailing support and cooperation in their efforts towards the achievement of the noble objectives of health for all.

I will now turn very briefly to four items on the agenda.

First, the study of the World Health Organization's structures in the light of its functions. My delegation finds the present structures and functions generally acceptable. However, there are one or two points that deserve serious consideration. It is clear that some regional offices are virtually self-sufficient and able to respond fully to the needs of their Member States. In some Regions however, the situation is not so. It is therefore considered that, if the policy of decentralization is to be successfully pursued, then more should be done to strengthen the capabilities and capacities of those Regions less favoured.

At the headquarters level, there is a need to modify the structure and organization, to intensify its global policy formulation and coordinating roles, as well as its capacity to respond to special needs that cannot be satisfied at the regional level. With regard to the Executive Board, if the suggestion of a biennial Assembly, which my delegation still considers to be a rational move, is acceptable, then there would be the need to modify its composition and functions in such a way as to make it more active and strengthen its role in giving effect to the policies and decisions of the Assembly.

The call of the Executive Board on the Director-General to take all necessary measures to redefine the functions of the regional offices and headquarters and to adapt the organizational structures and staffing accordingly, therefore, has the full support of my delegation.

The second point is the formulation of strategies for health for all by the year 2000. The progress made at all levels is generally satisfactory. At the national level and in my own country, Mr President, you will recall that last year my delegation reported that a national health policy and strategies for a primary health care programme had been formulated. It was also reported that, following the experience gained from a collaborative study with WHO and UNICEF on the involvement of communities in the solution of their own local health and other problems, the primary health care programme had been launched in one district in each of the nine administrative regions. In this regard, certain problems have been encountered which have tended to slow down progress. For example, the lack of up-to-date demographic morbidity and mortality data has adversely affected planning, implementation and evaluation of integrated community development programmes. Other problematical areas include inadequate logistic support for the distribution of drugs, disease surveillance and control and, more important still, the movement of supervisory staff to ensure maximum control of peripheral staff while continuing with their education and training. These problems and obstacles are not insurmountable and indeed are being vigorously tackled. But they have demonstrated clearly that political commitment, determination, self-reliance and TCDC alone are not sufficient for the attainment of the goal of health for all, but that considerable support from the affluent countries is vital.

The establishment of the global and regional health development advisory councils and the Health/2000 Resources Group is therefore considered to be a welcome move in the right direction. However, as has been pointed out, my delegation agrees that there is the need for caution and clear definition of functions, if duplication and conflict with the Executive Board are to be avoided. The outcome of this move is therefore anxiously awaited.

Finally, I come to the closely interrelated questions of the effect of the continuing currency instability on the budget and the relocation of the WHO headquarters. First, I would like, on my own behalf and on behalf of my delegation, to congratulate the Director-General and the Secretariat for the excellent reports on these issues. Secondly, after careful study of the Director-General's report, my delegation is of the opinion that, at
this stage and despite the current problem, it would not be in the best interest of the
Organization to move the headquarters from its present location. In this connexion, I wish
to urge the Director-General to continue to collaborate with the United Nations headquarters
and the other specialized agencies in his efforts to find appropriate measures to contain the
adverse effects of the currency exchange problem.

Mr President, on behalf of the Government and people of Ghana, I would like to place on
record our deep appreciation of the prompt responses that we have had, and continue to
receive, from WHO to our requests in times of need. These have helped us in overcoming the
many constraints that invariably arise in our efforts to ensure the enjoyment of an acceptable
level of health by all our peoples, especially those in the rural and periurban areas. We
recognize how long and arduous the struggle for the achievement of the goal of health for all
is, but we are equally confident that the World Health Organization can measure up to the
challenge.

Finally, I wish to assure you that we, on our part, will continue to work in the spirit
of cooperation to achieve this noble goal.

Mr MEDINA (Chile) (translation from the Spanish):

Mr President, Mr Director-General of the World Health Organization, distinguished
delegates, ladies and gentlemen, may I first express, on behalf of my Government, my sincere
congratulations to the President, Vice-Presidents and officers of this Assembly and my best
wishes for their conduct of the debates. The proceedings will doubtless be a success both
because of the personal qualities of these authorities and because of the full support they
are sure to receive, over and above any differences, from all the members of the international
health community. The Director-General, in his comprehensive and interesting biennial report
on the period 1978-1979, has underlined the importance of the Declaration of Alma-Ata and
primary health care in making feasible the goal of health for all by the year 2000. Our
country fully subscribes to these principles, and I should like briefly to describe the
advances which Chile has made in this respect.

From the standpoint of fundamentals, our political orientation is established in the
Constitution, the constitutional laws and our Government's declaration of principles, all of
which state that health is part of the national inheritance and, consequently, an ineluctable
responsibility of the State. They also establish the people's right to health and free and
equal access of all to health services, to whose financing all citizens are to contribute
proportionally to their income.

The need to coordinate the various social welfare sectors led to the establishment in
1979 of the Social Council, composed of the Ministries of Health, Housing, Education, Labour,
Justice and Finance under the supervision of the Ministry of Home Government, with a view to
promoting multisectoral or unisectoral action in cooperation with the various bodies active in
this field. The Council is responsible for the coordination of sectoral activities and its
operation is funded by additional resources from a special social welfare fund, with a
scheme of priority for projects duly evaluated according to their socioeconomic content and of
benefit to low income areas in the country.

The importance attached by our Government to social welfare expenditure is evident from
the fact that 50.1% of the national budget for 1980 has been set aside for that purpose. The
need for redistributing resources has resulted in growing financial appropriations for the
health sector and in an orientation of health programmes towards high risk groups. Such
appropriations rose from 196 million dollars in 1969 to 744 million dollars in 1980 which, in
relation to the gross domestic product, shows an increased participation of the health sector
from 2.05% in 1969 to 5% in 1980 and a national investment in health of nearly 70 dollars per
head. Under the various programmes, redistribution for individual purposes is made according
to a joint scheme of national coverage comprising various levels of growing complexity and
providing for the participation of the private sector, as well as of the government sector,
in health services. The community's participation, through professional associations, trade
union organizations, universities and community organizations, with their specific orientations
and purposes, is considered fundamental. Such responsible and informed community participa-
tion has also been set in motion in all activities relating to health protection and
development through suitable health education in schools and large-scale use of mass media to
ensure the broadest possible dissemination.

For the sake of greater efficiency, we have considered it essential to reorganize the
health system in order to adapt health services to the process of national regionalization,
thus permitting administrative decentralization and promoting autonomous operation based on a
clear separation of standard-setting, executive and financial functions. Though there is a central level empowered to establish policy standards, plans and programmes, including evaluation and control, this system provides for decentralized health services at the operational levels capable of adjusting to regional and local requirements and a national fund able to allocate financial resources according to the standards and priorities set by the Ministry and to different local conditions.

Starting in August 1979, we have gradually been introducing changes, drafting the necessary laws and regulations and readapting existing structures. This work should be completed this year. The formulation of the health policy reflects a national development strategy designed to improve the health status through a rational use of human, physical and financial resources and better multisectoral administration, coordination and participation. We believe that these goals should be achieved uniformly and progressively, with greater emphasis on expanding primary health care. Consequently, the general lines of action have been established according to a policy of human resources aimed at balancing production and needs, ensuring that services are distributed with uniform national coverage and achieving progressive and uniform contracting capacity. These efforts go hand in hand with a policy of physical resources to be developed consistently with programmed plans of action; a policy of individual health care establishing levels of coverage and complexity, with a primary level of maximum coverage and minimum complexity, a secondary level of average coverage and average complexity, and a third level of minimum coverage and maximum complexity; and an environmental policy involving normal measures for the protection of the environment. The Health Code is also to be brought up to date, a basic task we expect to complete this year, and a financial policy carried out based essentially on the cost-benefit concept, with specific programme budgets for determining the scope of the different objectives and stressing those having priority.

With the implementation of the various programmes, this policy has resulted in improved death rate indices. In the last decade, for example, general mortality has clearly decreased, falling from 8.9 to 6.8 per 1000 inhabitants, while infant mortality has fallen from 79.3 to 36.3 and maternal mortality from 1.68 to 0.73 per 1000 live births, as shown by our statistics for 1979.

Our approach to the health development strategy for achieving the goal of health for all by the year 2000 is based primarily on the conditions obtaining in our country, where favourable results have been achieved in the coverage of maternal and child health care, amounting to 90.4% in the case of professional care during childbirth, a similar percentage of immunizations for newly born children, and the virtual eradication of poliomyelitis in our country over the last five years.

Similarly, in reviewing the composition of the country's population, whose age groups have changed with the current birth rate of 2.2% annually, we have found that we must adapt to future changes, paying greater attention to health development and protection and to programmes for adults and the elderly, especially with a view to diminishing the effects of the three main causes of death in Chile, which are cardiovascular diseases, malignant tumours and accidents, amounting to 50.9% of the total in 1959. Such efforts will doubtless lead to higher life expectancy at birth, which in fact has already occurred in the last decade, when it rose from 61.5 to 65.65 years. Such progress has been facilitated by our existing organizational and medical infrastructure, in which there is already one doctor for every 1433 inhabitants nationwide, and one for every 854 inhabitants in the capital.

We wish to express our desire for growing collaboration with other countries whose experience and relatively higher level of development may help us to accelerate our own development for the benefit of our inhabitants, and our readiness to collaborate with other nations with a view to contributing to the best of our ability to the health of their peoples. We should also like to state our full agreement with the Director-General's remarks about the importance of mental health programmes, which are daily acquiring increasing significance. Notable headway in the programme to combat alcoholism in our country has been made by providing general practitioners with training in this field and ensuring intersectoral coordination with the Ministry of Education on primary prevention programmes.

We fully agree with the Director-General, too, about the importance of health statistics as a basis for planning and evaluating health programmes. This has been a constant concern in our country, and the Ministry of Health is giving due support to staff training in cooperation with the Department of Public Health and Social Medicine of the University of Chile and with PAHO.

In concluding, we wish to congratulate the Director-General, Dr Mahler, on his comprehensive report and to thank him, the Director of the Pan American Sanitary Bureau, Dr Hector Acuña,
and the staff of both for the valuable and constant collaboration which the Chilean Ministry of Health has received from them in carrying out its programmes.

Ladies and gentlemen, what I have described is a picture of Chile today which, without self-congratulation, is steadily advancing in the field of health as in other sectors, subscribing to and strictly observing the recommendations of our specialized international agencies. It does so as an optimistic, enterprising and peace-loving people which believes in sound international coexistence based on a fresh, imaginative approach of mutual respect for the specific conditions, self-determination and full sovereignty of each people within the concert of nations seeking, for their domestic development, the peaceful harmony and international collaboration which all of us desire.

Professor VON MANGER-KOENIG (Federal Republic of Germany):

Mr President, Dr Lambo, distinguished delegates, ladies and gentlemen, the Constitution of WHO has been, during the past 30 years, the most important foundation of international health policy and of our common efforts in and for this Organization. In addition to upholding these statutes, two years ago we have agreed to take over an additional responsibility in the field of health and developmental policy - the Declaration of Alma-Ata. The importance of this Declaration was particularly stressed last autumn by the General Assembly of the United Nations with its important statement that "health is an integral part of development" and that the realization of the Alma-Ata Declaration is an essential prerequisite for the achievement of the goal of health for all by the year 2000, which - in my opinion - is ambitious and optimistic, but necessary.

The transformation of the new Alma-Ata charter into practical health policy by legislative and executive bodies of all levels and in the daily routine of health services is the responsibility of many participants: WHO headquarters, WHO regions, other United Nations organizations, the Member countries in North and South as well as the nongovernmental organizations.

Transformation on the national level must be orientated by the given social, economic and cultural data and facts in each country, and according to the national organizational structure and also the experiences of the country's health system. It is impossible to apply a general scheme, or just to adopt solutions or systems from other countries. But there is the one common goal: to offer equal opportunities for protection and promotion of health to everybody.

The Federal Republic of Germany, being a State based on the principle of social justice, abides by this goal. This is especially because, during the past 35 years, we have experienced how much the reconstruction of our country, its society and its economy, was dependent on the role of social and health security - and therefore on social peace - as well as on the active participation of all citizens. Only when the health budget and the social budget receive their sufficient share of the national income, will it have a chance for growth.

Two guiding principles of the Alma-Ata Declaration are still relevant for our own national problems. One is better planning, and better distribution of health resources, especially the availability of health care in rural and in suburban areas, better cooperation between health services and social services in order to supply preventive, curative, and rehabilitative services for citizens in rural areas, for single elderly citizens and for migrant workers, as well as for citizens of large cities; furthermore, these services should also be available for the community-oriented care of people mentally ill. The other principle of the Alma-Ata Declaration mentioned is the principle of community participation, with which we have made satisfactory experiences. This refers not only to the citizen's direct, personal engagement or to that of his family or the members of a working unit within a health programme, but also includes joint participation of the trade unions and the self-management bodies of the social insurance system.

Twice a year in our country the so-called "concerted action on health services" assembles to identify current problems and mutually to work out strategies for their solution. The private sector, for instance health professions and the pharmaceutical industry, also participate. The annual maximum expenditures for special tasks, for instance for delivery of ambulatory health care or for drugs are agreed upon. Our "concerted action" is an example of the fact that community participation is able to solve complicated and difficult tasks, such as reducing or containing expenditures for the health services. This has become possible through a form of self-responsibility to which all participants are committed, and which is oriented to relevant and objective necessities as well as to financial possibilities. On this basis the social agencies concerned are working in agreement with governmental bodies, whose political responsibility is not substituted but effectively supplemented by experience, understanding and readiness for cooperation of all parties concerned.
With regard to national political commitment, let me stress another point in the operational tasks - the cooperation within governments. The prime minister, the minister of finance and the minister of planning must cooperate with the minister of health; they should make his affairs their own when it comes to making health an integral part of the country's economic development, and consequently the development of primary health care. So far, practical experiences within the framework of bilateral technical cooperation reveal that this necessity is not yet followed in a number of governments in developing countries. It was, however, an important goal, may I recall, of the Alma-Ata Conference in its planning stage to convince - during the Conference or at least by the Declaration - the responsible ministers for national development and resource distribution of the economic importance of primary health care and of the necessary reassessment of priorities, which is the consequence of it.

This has not yet succeeded: the action programme on essential drugs stands as an example. In spite of the readiness of many countries to help in a worldwide frame of cooperation, and in spite of the offer of the pharmaceutical industry to supply, on special conditions, the necessary basic drugs to the public agencies and for primary health care, the countries concerned have so far made no use of this chance for cooperation. I especially stress the statement of the Director-General in his Introduction to the Report for 1978-1979 "... without these essential drugs and vaccines people will not have confidence in primary health care."

Ladies and gentlemen, the realization of the Alma-Ata action programme depends on the proper assessment of priorities; the countries concerned must take the first step themselves. The action programme demands immediate action from all of us, here and now; otherwise, we shall hardly be able to reach the goal of health for all by the year 2000.

Mr SHANKARANAND (India):

Mr President, distinguished delegates, I take this opportunity of extending to the President my very hearty congratulations on his unanimous election to this high office. I also congratulate the Vice-Presidents and wish you all a successful tenure.

Our Director-General, in his inspiring address to this Assembly, has pointed out most clearly what we must do, individually and collectively, if we are seriously interested in achieving the goal of health for all. In the course of the next two weeks we shall have ample opportunity to discuss various important issues in adequate depth. However, at this juncture I would like to congratulate Dr Mahler for his imaginative and practical approach to the problem of health and human development. My country, under the able leadership of Mrs Indira Gandhi, will cooperate fully with WHO in its coordinating efforts to establish a healthier and peaceful world order.

While cooperation is the prime need of mankind, the unfortunate reality is that we continue to be embroiled in conflict. It has been said by Bertrand Russell that the world in which we live has been shaped by some six thousand years of organized warfare. In our own lifetime, we have seen numerous wars, small and big. Hardly a day passes when we do not hear of conflict in one part of the world or another. It would not be right, however, to think that history can be described only in terms of war. Man has also constantly striven to overcome hatred and fear, and his own weaknesses. The best men have stood with the forces of life in the eternal fight against the forces of death and destruction. Medical science has continuously been striving to preserve and prolong life. However, at the same time, man has been constantly developing newer techniques to destroy it.

At some stage in the journey man lost grip over his relationship with his own health. Perhaps this loosening has been a steady process spread over years. It is, therefore, both timely and relevant that, under the New International Economic Order which we are seeking to build, man's relationship with his own health is sought to be restored and strengthened. May I, however, reiterate that our efforts to enable all the people to lead socially and economically productive lives would become a practical possibility only if the more advanced and affluent members in the comity of nations declare, here and now, their firm and urgent resolve to initiate concrete moves to assist their not so fortunately endowed neighbours in the achievement of the objectives which would provide health for all by the year 2000.

May I also caution that the building up of international strategies to bring about a new economic and social order would remain meaningless ventures unless the rich and mighty of the world sincerely and urgently believe in the very need of building an interdependent world of peace, equality and justice. Once we start seeing evidence of such a resolve, the poor and the weak of the world would also be able to contribute towards building up a new world order. Good health for all by the year 2000 is a goal that we have all adopted. In our country we have launched time-bound efforts to identify the varieties of action which would contribute
to the attainment of this goal. Needless to say, the requirements of money and materials are staggeringly enormous. However, within these constraints which, I fear, will operate for very many years, we find that, whatever else, the objective before us can become attainable only with the willing participation of the community. It has thus become immediately essential to ensure that the people's involvement and continued commitment is transformed from a hackneyed slogan into an operational reality.

We are determined to march forward at a faster pace. Our anxious endeavour is to improve the health status of people in the villages and in the slums. In this effort, apart from increasing the direct inputs into the health care programmes, we are giving high priority to nutrition, maternal and child health services, mass immunization, provision of safe drinking-water, sanitation and overall, integrated rural development. The health infrastructure is being strengthened and enlarged. Skills available locally are being upgraded. Simultaneously, we are pursuing the programme of population control through education and motivation.

Health for all, an international development strategy and the establishment of a New International Economic Order are all steps in the same direction. They are, veritably, parts of the same whole and only the success of one would lead to the achievement of the other. However, it appears to me that the likely success of our future national and regional efforts will depend almost entirely on concerted action. In this connexion, I would like to lay the highest stress on helping our Organization, WHO, build and strengthen all efforts for technical and economic cooperation among developing countries. May I urge that every Member State give to others whatever help it can?

I am not unfolding a new doctrine. The eradication of smallpox from the globe is an outstanding example of the possibilities of success and achievement, if all of us, assembled here, work together as a family, with the continued help and assistance of our Organization. Speaking on behalf of my own country, let me say that we are most willing to engage ourselves in all manner of technical cooperation in the field of medical and professional education, training, planning and establishment of health infrastructure, manufacture of drugs, pharmaceuticals and hospital equipment. In the next few years, we intend to enlarge very significantly such collaborative efforts to establish and demonstrate the success of bilateral technical cooperation among developing countries.

In our country we continue to pursue, anxiously and urgently, steps to reduce and remove socioeconomic imbalances. Only the other day our Prime Minister, Mrs Indira Gandhi, observed, while addressing a public function: "The needs of the many must prevail over those of the few. Time has come when disproportionate expenditures on serving ever smaller sections of society must give way to policies which benefit the community at large. The health strategy of India must be imbued with the democratic spirit and concentrate on preventing diseases that afflict the larger numbers." In shaping our health care plans we are being guided by this philosophy. In my view such an approach would be unavoidably essential if we are successfully to deliver primary health care to the peoples of the world.

India has been able to bring under control many of the communicable diseases. We hope to step up our efforts to educate our people in the art of taking care of their health and welfare, and also to make them aware of and understand the importance of having small families for better living. We are grateful to WHO and to the Member States that have given us technical assistance and aid in our health care programmes. We, for our part, are keen to render technological assistance to other developing countries and share our experience and facilities with them to collectively achieve our cherished goals.

We look upon the world as one family - like the human body which consists of several parts, all of which have to be kept in good trim. I reiterate my appeal that in bringing together the world as a family, in giving greater strength to the human body, it is of the utmost importance that imbalances in the world as a whole, and between region and region and country and country, as well as within countries, must be removed quickly. The speedier our move in this direction, the closer we shall proceed towards the goal of health for all.

As an earnest of our commitment to the principle of collaboration and coordination in the field of health, we signed in March 1980 the Asian Charter for Health Development. We shall spare no effort to contribute our best to the fulfillment of the aims of this Charter and the Alma-Ata Declaration. We are also pledged to contribute, to the best of our ability, to make a success of the international development strategy which would lead to the establishment of a new order.

There is an Asian proverb which says: "The world is a bridge; pass over it, but do not build on it". There may be wisdom in this reminder of men's mortality. Yet we know that, while men are mortal, man is immortal; while lives are short, life is long. Hence our concern to ensure that every single life is well lived. Our journey over the bridge called
the world should be a joyful one. If we spend less on armaments and more on health and education and on mastering the art of looking upon the entire world as a family, this journey would be a worthwhile pilgrimage.

Mr SHOSTAK (Israel):

Mr President, distinguished delegates, out of deep respect for the Director-General, Dr Mahler, and out of desire to respond to his appeal to the Member States that the representative of each delegation should report on the efforts made in his country to develop their strategies for health for all by the year 2000, I shall refer mainly to the measures taken in our country to further that purpose.

It seems to me that never in the history of mankind has there been a stronger desire combined with the best possible conditions to achieve the goal of health for all than there is in our day. With the correct strategy we will indeed succeed in this most worthy humanitarian objective. Essentially, it must be a system in which, on the one hand, every one can enjoy improved health services and, on the other hand, the economic burden on the State in providing these health services should be of a weight which the State can bear.

All objective conditions necessary to provide excellent medical care are available to us today. Medicine, in its specialities, has in our time achieved marvellous developments in knowledge and in technology. It has performed wonders in the prevention of disease, in healing diseases, in rehabilitation and in the extinction of many diseases which in the past have claimed a multitude of victims. We all stand in awe in the face of this phenomenal medical advancement. Yet at the same time we are frightened by the tremendous economic implications and the high cost involved in setting forth the fruits of medical progress for the benefit of mankind.

Society today is sinking under the heavy burden of providing health needs and is simply unable to make efficient use of the latest medical advances. Many countries are increasingly disturbed by the financial load which falls on the national budget of the State - this, in addition to the budgetary planning imposed on the family itself. Developing countries cannot even possibly deal with health needs from their own resources. Great portions of the world population do not receive even the most elementary health care.

What will become of the great hopes embodied in the goal of the World Health Organization to assure health for all by the year 2000? Will WHO and its Member States be able to confront the difficult problems anticipated in the fulfilment of the vision of health for all?

The answer to these questions is to be found in the Director-General's report on the study of WHO's structures in the light of its functions, wherein he states that "no country can be entirely self-sufficient in health matters", and that only if the Member States of WHO follow truly the constitutional basis of the Organization in regard to cooperating among themselves and with others, not only within regions but also across regions and on a world-wide scale, to promote the health of all people, can their ambitious goal be achieved. This is the proper way to deal with the problems I have specified.

Permit me, therefore, to present to the Assembly the measures we have chosen in order to assure health for all in our country. First and foremost, we adopted the principle that the responsibility for the provision of health needs lies upon the society as a whole, and not on the individual. It is the State's duty, by law, to provide its citizens with all health needs, just as it is its duty, by law, to provide its citizens with their educational and personal security needs. Secondly, in the same way, we adopted the principle of absolute equality in standards of health services for every region in the country, abolishing in that way the inequality of health standards between the central regions and those far from the centre. This is a serious problem for many countries of the world. And lastly, we adopted the conception that health services are exclusively social services, and not commercial ones. In this way every person, without discrimination of sex, race, religion or class, is fully assured of comprehensive health services.

According to our system, medical services will be provided to all residents as an insurance service against monthly payments by the whole population. Thus, the society itself, through its representatives, will always be able to determine the scope and standards of health services it desires, as well as the expenditure involved in achieving them, and the public will always be able to balance the cost of the health services as against the benefits it enjoys from these services. We are convinced that this system operating in our country today, which divides the financial burden of providing medical services between the Government and the population and integrates all health services within one all-inclusive framework, is in our views the best possible method to advance the achievement of the goal of health for all, and could perhaps also serve as a subject-model for deliberations in the Assembly.
I would have preferred to conclude my statement without any polemical remarks. However, I feel compelled to say a few words about the report of the Special Committee of Experts, contained in document A33/21. Every person close to the subject of public health who carefully peruses this report will be aware of the enormous work which has been done in the health care field in the administered territories. In fact the report of the Special Committee has mentioned that the health budget for the West Bank is Israeli £ 400 million and for the Gaza Strip, £ 550 million, in addition to £ 46 million for development. This amounts to US$ 24 million, which is 12% of the annual budget of WHO. This budget is provided by my Government. Nevertheless, any conscientious director of a medical institution will never and should never declare himself satisfied; as we all know, there is no limit to the medical equipment being produced now day by day. However, this axiom should not overshadow achievements accomplished in the medical and social network and infrastructure in the territories since 1967. Moreover, one should not forget - and indeed the report stresses this once and again - that in addition to the medical services in the territories, all the medical institutions of Israel are at the disposal of patients and of doctors whenever the need arises. Distances are small enough to allow any urgent treatment or sophisticated analyses to be transferred within a very short time to the relevant hospital or laboratory.

Let there be no doubt about it that I, as the Minister of Health of Israel, shall ever be complacent about the health facilities either in Israel or in the territories. There is always space and room for improvement. But I can assure you that my colleagues in the Ministry, as well as those in the field, are constantly striving to achieve this goal.

Let me again express the hope that by the year 2000 representatives of all Member States at this Assembly may meet here and report that the goal of health for all has indeed been achieved.

Mr Kamaluddin MOHAMMED (Trinidad and Tobago):

Mr President, Director-General, ladies and gentlemen, on behalf of the Government and people of Trinidad and Tobago, allow me to record our congratulations to the newly elected President and Vice-Presidents who have to serve the Assembly for this year. As one who occupied the President's chair only two years ago, I am particularly aware and conscious of the heavy responsibilities which have now devolved on the shoulders of the President and Vice-Presidents. I am sure, however, that with the cooperation of members of this audience the conclusion of our deliberations will be successful.

Let me take this opportunity to join with previous speakers in expressing our respects to one of our late world leaders who died three days ago. On behalf of my Government and the people of Trinidad and Tobago, and on my own delegation's behalf, allow me to extend to the Yugoslav delegation and the people of Yugoslavia our deep and sincere condolences on the death of President Tito, one of the most renowned world statesmen of this era. His accomplishments as a leader and as a person will certainly be remembered and undoubtedly leave an indelible print on history.

I also take this opportunity to extend a very warm welcome to Zimbabwe and San Marino. Zimbabwe, after many years of struggle, has now attained its independence, and the Republic of San Marino has now entered the World Health Organization. We wish them well and we are sure that they will contribute to the success of this Organization.

Once again, the Director-General has presented to the Assembly a comprehensive account of the past work and future objectives of this Organization. My delegation recalls with great pleasure the visit of Dr Mahler and the Director of the Pan American Health Organization, Dr Acuña, to Trinidad and Tobago only a few weeks ago. This was the first occasion that a Director-General of WHO had visited Trinidad and Tobago, and we were most pleased to have this opportunity to show him and the Director of PAHO some aspects of the health services and other developments of our very small nation. We are indeed delighted that this visit was made.

Over the years our Assembly has been pleased to recognize many special occasions and many great men. Moreover, at this Thirty-third World Health Assembly in 1980 we recognize the great achievement of the countless men and women who contributed to the eradication of smallpox. My country, which has not suffered from this disease for over 50 years, sees in this conquest the inspiration of further advances in the fight against communicable diseases.

In reviewing the Director-General's report and commenting on activities during the past year, it is evident that, despite extensive progress in the control of communicable diseases, it is these diseases which remain the greatest single enemy of man. For this reason I congratulate the Director-General on the continued activity and priority given by WHO and PAHO to this subject. In particular, I would like to make reference to the Special Programme for Research and Training in Tropical Diseases.
Advances concerning the diseases which are more common in the developing world than in the developed world are made principally in the developed areas. Far too little first-class research is going on in the developing nations and in particular in our own Caribbean region.

Although Trinidad and Tobago may be considered to be in a more favourable economic position than some other countries, we are not able to attract back to Trinidad and Tobago in sufficient numbers many talented nationals who are scientists of repute and who are now overseas. There are obvious limitations of scope and career opportunities for these men and women in a country with a population of just over one million people. This factor can be modified considerably if our scientific centres are linked with internationally recognized organizations. We therefore continue to maintain close association with WHO and PAHO not only through the Caribbean Epidemiology Centre but also in other areas of scientific research and in the development of new and appropriate technology in the health sector. Such collaboration will afford many more training opportunities for our physicians and scientists and more opportunities for participation in major research projects relevant to our national aspirations. Obviously, we would hope to advance one of the important strategies being promoted by this Organization, and that is increasing technical cooperation among developing countries.

In Trinidad we recently had an outbreak of yellow fever. The first indication was illness occurring in monkeys in the forest areas, which was detected in November 1978 and confirmed as yellow fever in January 1979. Activity ceased in March, but we were not able to declare freedom from infection under the International Sanitary Regulations until June 1979. A second phase of viral activity caused us to declare infectivity and notify again in August 1979. I am very happy to report, however, that on 25 April, about two weeks ago, we were again free of infection according to the International Regulations, although it was over seven months from the date of onset of the last human case. Press reports in some countries have grossly exaggerated the position.

Fortunately my country is not dependent on the tourist industry as its main source of revenue, but the economic consequences of the outbreak were felt by many hundreds of small people - taxi-drivers, handicraft workers and shop-owners who earn their livelihood from the tourist industry. The yellow fever outbreak, although totally confined to the forested areas, and without any evidence of spread by Aedes aegypti, has caused a total cancellation of the planned cruise ship programme not only for 1979/80, but has also affected the 1980/81 season - all because of inaccurate press reports in the Caribbean and some United States papers. What is worse is that our beautiful island of Tobago, which our Director-General had the pleasure of visiting recently, was never at any time affected, and yet was incorrectly reported as being affected by the outbreak. The fact that at the time of the outbreak in Trinidad there was evidence of the disease in other countries in the Region without such publicity points to the need for collaboration on information and surveillance. We also require cooperation in planning and executing vector control programmes, bearing in mind the needs that extend beyond the national level.

In my address last year I referred to the Alma-Ata Conference on Primary Health Care, which I had the honour to attend during my term of office as President of the World Health Assembly. My Government continues to implement a programme of primary health care adapted to meet the needs and aspirations of our people. Over the last few years my Government has constructed 31 new health centres, bringing the total to over 100, strategically scattered throughout the length and breadth of Trinidad and Tobago. At these health centres a broad range of services, including maternal and child health services, family planning, immunization, nutrition, dental care, venereal disease treatment, care for chronic diseases and minor acute illnesses, and health education, are available. We are continuing to build these centres and provide 24-hour services in some parts of the country. Integrated with these primary health care services is a phased programme to construct new hospitals and upgrade existing ones. The considerable expansion of health services requires increased numbers of trained staff at all levels, and places great emphasis on the need for health manpower planning.

A new feature of our primary health care programme is the Child Development Centre, the first of its kind, which has been opened in the Region on a pilot basis. Some 60 pre-school children receive day care and training. The Centre is also serving as a training establishment for staff who will be responsible for other centres when they are opened. My Government continues to give particular emphasis to programmes relevant to the needs of children. These programmes are not only at the level of economic, health and social services, but legislative reform is in process to improve the legal status of the child, with particular reference to the illegitimate child.
Alcohol, tobacco and marijuana are the major drug problems of our country, with the former being by far the most serious problem and one which has the most widespread social effects, in terms not only of the size of the problem but also of the economic loss due to low productivity or absence from work, and family disruption. A study carried out in 1979 at the Port-of-Spain General Hospital, one of the major hospitals in the country, showed that 47% of all male admissions to the medical wards were alcohol-related, while for women the proportion was 6%. We believe that the most meaningful way to tackle alcohol-related problems is by prevention. The fact that rates of alcoholism and alcohol-related damage are paralleled by the overall level of consumption means that reduction in consumption would be a justifiable goal for prevention. In this respect the Ministry of Health in my country is bringing pressure to bear on the media to drastically control the advertising of alcohol. We are also taking action with respect to advertising of tobacco products. It is difficult to obtain meaningful statistics on drug use. Some figures are available for police arrests for possession of illegal drugs - which, with few exceptions, refer to marijuana - and psychiatric hospital admissions record some patients who have been admitted for induced psychotic states. Reducing use of marijuana, particularly among young people, is one of the important preventive health programmes with which my Ministry must now be concerned.

The rapid transformation of our country from a mainly agricultural economy to one which is based on planned industrial diversification with energy and energy-based industry has not been easy. In particular, the health sector has had to respond to the challenges in terms of preventive programmes. In this context, planned expansion in our programmes of community mental health, environmental health, with particular reference to pollution, and occupational health, is significant. Late last year an act to regulate the importation, storage, manufacture, sale and use and transportation of pesticides and toxic chemicals was passed by parliament. Particular attention has been given to the health of workers involved in the manufacture and use of these chemicals. In this respect we recognize the initiatives of both WHO and ILO in seeking to advise the less advanced countries and to protect them from exploitation by the "big money" of metropolitan manufacturers.

The action taken by WHO and developing countries in making reforms in policies which govern the delivery of health care is commendable in the light of the experiences of the decade of the 1970s.

Let me mention one more area before I conclude my speech, Mr President, which is closely allied to the development of a vibrant preventive medical service - the training of doctors. The construction of a medical complex in Trinidad and Tobago for the training of doctors, veterinarians (with an intake of 65), scientists (with an intake of 20), dentists (with an intake of 25), nurses at graduate level (with an intake of 12) and pharmacists - is scheduled to begin later this year. By means of a government-to-government agreement with the Government of the Republic of France, plans for the construction of this complex are now being finalized with a firm of consultants from the Government of France. Most certainly the traditional curriculum needs to be revised and so designed as to produce a type of doctor who will recognize the importance of preventive medicine and get satisfaction from its practice. I am very pleased to report that in the Caribbean the University of the West Indies has embraced this line of thought and has revised its programmes accordingly.

My delegation last year sponsored a resolution which recommended the introduction of biennial World Health Assemblies. I understand that the Executive Board has studied this matter in great depth and has presented for the consideration of this Assembly the results of its investigations. Recalling the arguments in favour of biennial sessions placed before you by my delegation last year, I reiterate the position of Government of Trinidad and Tobago on this subject and would request that this Assembly take a definitive stand on this issue. We should not allow ourselves to be distracted from the main question by considerations of constitutional and legal framework. Let us make a decision once and for all, and leave it to the lawyers to execute the necessary legal amendments. After 33 years of this Assembly the time for change has come, and the frequency of the meetings, modern technology and means of communication must be reviewed in the light of cost and the need for some of the ministers and technicians to stay home and do some work.

Once again it is my pleasure to attend this Assembly and proudly represent a small country which, when we consider advances made not only in health but in all sectors over the past decade, is well on the way to achieving one of the important goals which we have set - to attain health for all by the year 2000. Let us all work hand in hand to help in the mammoth task of breaking social, political and religious barriers and work for the improvement of the health of all mankind.
Dr BENZECRY (Venezuela) (translation from the Spanish):

Mr President of the Thirty-third World Health Assembly, ministers and other representatives of Member countries, Mr Director-General, ladies and gentlemen, it gives me pleasure, on behalf of the President of the Republic of Venezuela, Dr Luis Herrera Campins, and the Office which I represent, to greet all the participants in this august assembly and to congratulate, most especially, the Director-General on his report. The work he has accomplished, with the help of his team, deserves recognition, revealing as it does once again his habitual ability and dedication in carrying out successfully the mission entrusted to him. I also wish to congratulate the new officers and the newly admitted countries most sincerely.

The Government of Venezuela is deeply moved by the eradication of smallpox in the world, an achievement which highlights the aptness of combining technology with the firm determination of governments to improve health indicators. We express our congratulations and gratitude to those who made it possible.

Health policy: community participation is an important component in our Government's programme. Such participation means that the population's attitudes and activities must be taken into account in developing official health programmes, for it is here precisely that medical care based on active community participation is most important. Community collaboration has begun with the holding of periodic subregional and regional district health forums throughout the country. Attended by local authorities representing public and private institutions and the regional conventions of Governors, these forums are held for the purpose of drawing up joint health plans as a means of development.

Our medical care programmes attach fundamental importance to primary health care for our rural and urban fringe populations. In 1963, a programme of simplified medical care was undertaken for people living in rural areas. This is being carried out in centres staffed by duly trained and supervised health auxiliaries, which have been set up to develop an integrated health programme in communities of less than 1000 inhabitants. These services are supported by other referral services employing doctors. The Government is taking an active interest in strengthening these services.

Health programmes in the fringe areas of the large towns have also been intensified through the use of multi-service modules. These are outpatient services for delivering care to communities which have been created by rural migration in urban areas recognized as slums and which have proved a special burden on the State in providing health and other basic services.

Appreciable advances have been made in the field of mental health by the inclusion of mental health programmes in traditional medical care programmes. At the same time, work is actively under way on the project for establishing a National Mental Health Institute.

An important target of our health policy is to achieve integration of health services. For this purpose, a bill is now being drafted for an Act on appropriate procedures for defining and applying strategies in relation to the organization of the National Health Service.

Continuing scientific and technological advances entail large investment in buildings and often highly sophisticated equipment. To ensure maximum efficiency of such facilities, sound preventive and curative medicine must be practised and a multi-level distribution of services organized by health administrators. Great efforts are being made to incorporate scientific techniques and procedures into the activities involved in providing health services geared to individual needs.

In relation to environmental sanitation, the Ministry of Health and Social Welfare, in cooperation with the Ministry for the Environment and Renewable Natural Resources, the Institute of Sanitary Works and the National Housing Institute, is endeavouring to coordinate the organization and development of programmes for controlling environmental pollution and for preventing environmental degradation through the establishment of infrastructure designed to improve the quality of life.

In our approach to nutritional problems, activities are being coordinated with the Ministry of Agriculture and Animal Husbandry and other related bodies. In this way, supplementary food programmes are being developed for the benefit of vulnerable groups such as children and pregnant women.

Health education is a primary objective of the Government and a sine qua non for the nation's development. Accordingly, health programmes are being coordinated with the activities of the Ministry of Education in order to bring about the necessary changes in life styles and obviate serious health problems, such as smoking or an increase in the number of accidents, many of which are caused by excessive use of alcohol or drugs. This task should be appreciably facilitated through the use of mass media to keep the population alert and well informed.
Human resources: training is fundamental in this area and constant attention is being paid to cooperation with trade union organizations in order to maintain the stable labour relations that are essential for carrying out the programmes and achieving the targets set.

Our Government is actively supporting the research work to develop a vaccine against leprosy being carried out at our National Institute of Dermatology under the direction of Dr Jacinto Convit. We hope to have developed such a vaccine shortly and to be able to offer it to other countries. This is an offer that we sincerely hope we shall be able to fulfill.

Intersectoral coordination: in this connexion, the Ministry of Health and Social Welfare has been presiding over the sectoral cabinet for social administration in accordance with the decision of the President. In doing so, it has endeavoured to deal with the basic problems of the sector in such a way that the cabinet's conclusions and recommendations may contribute to improving the quality of the environment and the moral conditions of the people, while paying special attention to the least privileged segments of the population whose living conditions are a matter of great concern to the President of the Republic.

In these various ways, our country is collaborating in the efforts to achieve health for all by the year 2000 and to ensure that by that time there will be food and social justice for all without distinction of race, economic status or other would-be differences that make people who are alike seem dissimilar.

I should respectfully like to express a personal concern, namely the practical application of these measures to our people, whose wish is summed up in the goal of health for all by the year 2000. I would propose that these programmes should be closely followed by all countries and evaluated at the regional level so that our respected international organizations, by bringing pressure to bear on the respective governments, can induce them to strengthen their political determination to achieve that goal, in both its material and its spiritual aspects, and thus make a definite commitment to train enough health staff to bring their numbers to the desired level by the year 2000. I therefore propose that 1981-1991 be regarded as a decade of high priority for the training of all such staff by programmed stages or periods, preparing for that purpose universities, doctors and paramedical staff and paving the way for the changes in attitude which this challenge presupposes on the part of the users and suppliers of health services. Other failings could also be made good or at least minimized in this way, including dehumanized medical care, indifference, lack of faith, despair, lack of support and other failures in behaviour that obstruct the road to good health. Sound family planning, a sound immigration policy and a more equitable international economic order are also essential.

In our country we are working to achieve these goals, as well as the integration of primary health extension services and the development of outpatient facilities to relieve congestion at the major hospitals, while providing accelerated training for general practitioners and family doctors, anaesthesiologists, pathologists, nurses, health inspectors and maintenance staff, to mention those that strike me as most essential. All of this, combined with intensive preventive medicine, will make a satisfactory health system possible.

I should like to end by recalling a warning made by Sir Edwin Chadwick in his famous report on the conditions of the working classes in Great Britain in the middle of the nineteenth century, in which he pointed out the interrelation of poverty and disease. He said that men and women became ill because they were poor, became poorer because they were ill, and became iller because they were poorer.

Investment in health in the developed countries is surprisingly positive, but the Third World is struggling with the cycle of poverty and disease and the heavy burden of under-development in health and other related fields.

Mr SFAR (Tunisia) (translation from the Arabic):

Mr President, I take great pleasure at the beginning of my address in congratulating you warmly on your election as President of the Thirty-third World Health Assembly. It also gives me great pleasure to greet the Vice-Presidents and the Chairmen of the main committees, and to congratulate them on the confidence placed in them by our Assembly. It also pleases me to welcome the delegations of Zimbabwe and San Marino to our Organization as new Full Members, who will undoubtedly bring further support to the ranks of WHO. Permit me, Mr President, at a time when the people of Yugoslavia are preparing to bid farewell to the late Marshal Tito, to express our most sincere condolences on this sad occasion to the delegation of Yugoslavia on behalf of President Habib Bourguiba and the Government and people of Tunisia, and on behalf of my delegation.
Mr President, distinguished delegates, ladies and gentlemen, in his report on the work of WHO for the biennium 1978-1979, the Director-General has presented an in-depth analysis of the Organization’s activities in a frank, farsighted and comprehensive manner. I feel it incumbent on me in this context to note the firm and relevant principles contained in this most useful report, and these demonstrate yet again the Director-General’s wide experience and his outstanding grasp of the various aspects of international health problems. I should like to express to him my warmest thanks and my sincere appreciation and admiration. It is my hope that our work here at this Thirty-third Assembly will contribute to the reinforcement of those principles, and that it will assist us all in our efforts to fulfil them and to achieve our aspirations in the field of health. I recall his mention of social justice, which he truly describes as a unanimous and unprecedented international objective. The achievement of this objective calls for cooperation at international level. Countries also need to coordinate their various economic and social sectors at national level. It calls too, for cooperation between the various institutions in the health sector in order to bring an acceptable standard of health to all the peoples of the world. The report of the Director-General is a crystallization of the Declaration of Alma-Ata, affirming that that Declaration is the twentieth century Magna Carta for health. His report also gives prominence to the dazzling victory mankind has achieved in the total eradication of smallpox, while urging that this outstanding achievement be an inspiration to us in our future work in the health field. He particularly stresses the need for us all to realize that wise investment in health requires a proper assessment of the situation, and research and development to find not only appropriate technologies and delivery systems but also a range of social and economic measures to support overall health policy. It also requires determined application of the measures adopted by the Organization.

Need I say that Tunisia fully supports this farsighted approach? In Tunisia we are today in the preparatory phase of our next development plan, for 1982-1986, which follows the same lines as our previous development plans. We are now undertaking analytical and evaluation studies in the light of which we shall be able to determine our goals for the coming few years. The health sector occupies a prominent position in these studies. The reason for this is that since its independence Tunisia has been pursuing a policy of planned social and economic development. This is based on the principle of development of the people, who in our opinion represent the country’s true wealth and the major means of achieving real development and progress. In accordance with this principle, health has been, and continues to be, a human right and obligation. Tunisia has ceaselessly endeavoured to give this right to its people under the best possible conditions, and they in their turn fulfill their obligations in this respect out of an awareness of the role that health plays in the national effort for economic, social and cultural development.

Our country’s health system has been developed since independence in accordance with this principle, which is indeed derived from President Bourguiba’s vision of Tunisian society. The health sector ranks high in the progress and continued development that we have achieved since 1956. It has been considerably strengthened during the last decade and will be further strengthened in the next. This is in line with the general aim adopted by WHO, which calls for the attainment by all the citizens of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. In order to demonstrate the progress achieved in the health sector, I shall give a number of examples. Before independence, life expectancy at birth was no more than 47 years, while today it is in the region of 58 years and continues to increase. It is hoped that by the end of the century it will have reached 67 or more years. We shall be able to achieve the level of 60 years set by WHO by about 1986. Child mortality has decreased since independence from 200 per thousand to 100 per thousand and continues to fall sharply. (We should mention in this respect that Tunisian society is young, with young people making up about 44% of the total population.) This rate is expected to drop to less than 50 per thousand by the year 2000, as a result of our family health and maternal and child health programmes.

These are the fruits of a beneficial practical strategy founded on a number of approaches, foremost among which has been the provision of medical and paramedical manpower. Our particular interest in this sector arises from our continued faith in the human being and in his ability to create and to achieve. Since independence, we have set up faculties of medicine in Tunis, Sousse and Sfax. We have created a faculty of pharmacy and dentistry in Monastir, and have established throughout most of the provinces of our country no less than 14 public health schools so as to provide as large an output as possible of nurses trained in various specialities. In recent years we have established a centre that will train persons
that have graduated from the health schools. At the same time, we have paid special attention to setting up a network of higher specialized institutes. In addition to the valuable health services they render, these institutes have now embarked on advanced medical research in various fields, such as nutrition, food technology, chest diseases, cancer, eye diseases, child care, orthotics, laboratory science, vaccine preparation, neurology and surgery. We have also made efforts to reinforce our curative facilities, and to increase the number of health care establishments in various areas, taking special care to give priority to rural and remote areas. One aspect of this practical strategy is that we have taken a number of measures to improve utilization of the health manpower and health infrastructures that come under the authority of the Ministry of Health.

Our attention to family health includes an interest in family planning. This does not arise solely from a desire to stem the increase in population, but also rests on human and moral principles, as a result of which we consider family planning to be a means of family care. Birth control does not mean reduction of the number of births so much as mother and child care.

May I venture, at the conclusion of my address, to mention a matter which I consider it my duty to bring to your notice? I recall that the noble principles upon which the philosophy of our Organization is established make it imperative that we strive faithfully to provide all mankind throughout the world, without discrimination or exception, with a standard of health appropriate to human dignity. Our adherence to such principles calls for us to devote all our attention to the poor health conditions prevalent in the Arab territories occupied by Israel. I therefore consider it one of our most pressing duties that we continue our efforts to succour the people of the occupied Arab territories, and that we go beyond verbal condemnation, and seriously consider the application of appropriate measures to be directed towards a country that has ceaselessly disregarded the basic rules of our Organization.

I thank you all for your attention and offer my sincere wishes for the successful conclusion of the work of our Assembly at its present session.

Mr JAYASURIYA (Sri Lanka):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, I wish on behalf of the Sri Lanka delegation to congratulate Dr Abdul Rahaman Al-Awadi on his election to the office of President of this august assembly. I am confident that he will provide the leadership and guidance that will enable this Thirty-third Assembly to make a significant contribution to world health development.

May I also congratulate very warmly the distinguished Director-General, Dr Mahler, and his staff on the very significant achievements during the last two years as reflected in the biennial report of the Director-General. The role of WHO has undergone a commendable change. It has developed from being a purely technical and advisory body related to health development to a dynamic organization which guides our Member countries and, I might add, provides leadership in health development while retaining its role of technical support. This change I have seen visibly, and I must say that this has paved the way for many of us to reconsider our national problems of health development and to help us reorient our policies and programmes.

The goal of health for all by the year 2000 which emerged from the Thirtieth World Health Assembly has been carried further at the Alma-Ata Conference, the later sessions of this Assembly and at the regional committees. Member countries are at present engaged in working out the strategies and mechanisms required to achieve this noble goal. This is a universally important activity, and it is my firm belief that it will lead us to ensure our peoples socially and economically useful lives, and will enable them to realize their full potential as individuals and to make their maximum contribution to society as a whole. We also have at this Assembly an event of the highest significance to mankind - the declaration of the global eradication of smallpox. This illustrates clearly the vast potential of the advances of medical technology and the success of a dedicated drive against the dreaded disease. The world undoubtedly has become a better place for us to live in.

I am confident that many of you are aware of the unique and very dramatic improvements of health status that have been achieved in Sri Lanka. Even though our annual per capita gross national product is less than US$ 200, we have already achieved very commendable health statistics: an infant mortality rate of less than 43 per 1000 live births, a maternal mortality rate of less than 0.8 per 1000 births, a crude death rate of 8 per 1000, a birth rate of 26 per 1000 and an average expectancy of life at birth of 68 years. All this is reflected in our physical quality of life index, which now stands at 82. We believe that these achievements have been the result of our heavy investment in health, education and
other social welfare services. We provide a free health service embracing preventive, curative and rehabilitative sectors, free education up to secondary and tertiary levels, and an income supplement to the most depressed segments of our population. Economically this expenditure has been a burden, for it has limited the resources at our disposal for investment in the development sectors which alone could ensure self-sustaining growth.

This favourable picture of health in Sri Lanka, though impressive, does not induce complacency in us. Though we have very extensive institutional health infrastructure, some of our peripheral facilities remain under-utilized. Some isolated rural communities remain underserved. The disease pattern continues to be characterized by the predominance of preventable illness, and the leading causes of morbidity and mortality reflect, as they do in all developing countries, ineffective environmental sanitation, especially inadequate provision of safe water and safe disposal of human waste. Malnutrition and inadequate housing aggravate our problems, while malaria continues to be a serious problem in our land. The acute shortage of professional health manpower and the rapidly escalating costs of the health care delivery system pose very serious challenges for our future.

My Government has launched during the last two years several major development schemes: the Mahaweli development scheme, the Greater Colombo Economic Commission, and the Greater Colombo development scheme, along with the provision of rural electrification, water supply and rural housing. A major attempt has been made to allocate the maximum resources to development. Food subsidy programmes have been re-examined and a food supplementation scheme provided to those most in need. We are most appreciative of the international support we have received in this developmental effort, which we are confident will lead to the self-sustaining growth of our economy and will enable us as a nation to be self-reliant.

The Mahaweli development scheme deserves special mention. It is designed to provide irrigation to 600 000 acres (240 000 ha) of new land and issue irrigation to 250 000 acres (100 000 ha) of existing rain-dependent land, and generate 500 megawatts of power. The human dimension is a resettlement of approximately 600 000 persons over the next four-year period and the consequent responsibility placed on the Government to maintain and improve the health status of the new population. Health will clearly be an integral part of the development process. A water management scheme of this magnitude may produce ecological changes. Malaria is already a health problem in this area, and it could be a serious one unless intensive surveillance and control measures are undertaken. The clearance of large tracts of land, provision of improved irrigation, the influx of a non-immune population and the use of agro-chemicals could increase the incidence of malaria and other related vectorborne diseases. We believe that a comprehensive socioeconomic development effort of this magnitude will be of crucial significance, not only to us, but to all those concerned with health-related problems of social and economic development. A great deal of multidisciplinary work on a very broad epidemiological front needs to be done, and we look forward to any assistance that the newly established Special Programme for Research and Training in Tropical Diseases may be able to extend to us.

In the context of these development efforts we are glad that there is increasing world recognition that health development is an integral part of socioeconomic development. We welcome the 1979 United Nations General Assembly resolution. We are also happy that the subject of the Technical Discussions at this Assembly is "The contribution of health to the New International Economic Order". The importance of health in the new development strategy has not been adequately recognized, and I am sure that these discussions could lead the way to a greater understanding of the importance of health in development and enable new policies and programmes to be formulated. This year, we in Sri Lanka have taken several positive steps in this regard. You, Dr Mahler, and your Regional Director, Dr Herat Gunaratne, in February this year signed the Charter for Health Development with the Honourable Prime Minister and myself. The Charter embodies a declaration of principles of health development. It emphasizes the integral role of health in development and calls for the allocation of maximum resources, national, regional and international, to health development. It is indeed a charter of national importance, and it is in recognition of this that my Government decided that the Honourable Prime Minister should be the principal signatory on behalf of Sri Lanka.

All this has led to our conviction that further gains in the health field will require much wider involvement than hitherto achieved. Responsibility for health development can no longer be confined to the Ministry of Health alone. Programmes in the health sector must be supplemented with concurrent efforts of other sectors involved in health and health-related activities. Public participation and public responsibility for health must be appreciated and accepted.
Our experience in Sri Lanka suggests that country health programming has a potential to break through the conventional health sector planning policies that in the past have tended to restrict more integrative approaches. We believe that this new approach has a potential to succeed, for it is based on sound concepts and principles which are socially and economically acceptable. Recognizing the national importance of health, its multisectoral character and the need for political commitment at the highest national level, my Government, on my recommendation, approved recently the establishment of a National Health Council under the chairmanship of the Honourable Prime Minister, with the Minister of Health and ministers of health-related subjects as its members. The establishment of district health committees has also been decided upon. An official committee, the National Health Development Committee, has been set up in the Ministry of Health, and this will serve the National Health Council. The National Health Development Committee has already set up several standing committees in major areas of health development, which include primary health care, health manpower development and training, medical research, drug policies and management. It will be a major function of this interministerial committee to formulate policies and programmes for health for all by the year 2000.

The National Institute of Health Sciences is the premier training institution for paramedical and auxiliary health workers in our country. We have recently expanded and strengthened this institute very considerably, and I wish to thank Dr Mahler for the guidance and inspiration provided by him, to thank his able associate Dr Gunaratne for his help in formulating the project for the development of this Institute, and to thank WHO, UNICEF, USAID and UNDP who are the principal donors of assistance for this project.

I also wish to compliment the Director-General on the initiatives provided by WHO in the areas of drug policies and management. As many of you know, Sri Lanka has been the pioneer in the formulation and implementation of a national policy of importation, distribution, and utilization of drugs. This policy is being continued by my Government, with certain minor changes. We therefore welcome the efforts of WHO in developing an acceptable list of essential drugs.

Before I conclude I wish to pay a special tribute to Dr Herat Gunaratne, Regional Director for South-East Asia, who is to retire from service early next year. Dr Gunaratne was our Director of Health Services when he was elected in March 1968 to head the Regional Office in New Delhi. Having completed a decade of service he was re-elected to a third five-year term in 1978. Dr Gunaratne, during his twelve-year period as Regional Director, has made a very significant contribution to health development in the countries of the Region. I am sure that every one of the Member countries would acknowledge his dedication, application and accomplishments. He has maintained excellent relations with the Member countries and has given technical leadership to the programmes of WHO in the Region, with very great acceptance. I thank Dr Gunaratne most sincerely, and wish him many years of health and happiness in the years to come.

Mr HUSSAIN (Maldives):

Mr President, Vice-Presidents, Director-General, honourable delegates, and ladies and gentlemen, it is a pleasure for me to congratulate the President and Vice-Presidents, along with the Chairman of the committees, on your election to these important offices. It is also my privilege to convey to this august body the greetings of our President and our people, and to compliment the Director-General on his incisive and informative report.

Mr President, I consider it is fitting for our delegation to join with the rest of the Member countries of WHO in expressing our heartfelt sorrow at the demise of a great statesman and citizen of the world, President Tito of Yugoslavia. As one of the co-founders and a craftsman of the non-aligned movement, his contribution to world peace will always be remembered by us all. May his soul rest in peace.

At this point, may I briefly review the progress made in health in my country in the past year? We are a small nation. Our population being only 150,000, it would seem that we could be complacent as far as the magnitude of our health problems is concerned. Like all developing countries of the world Maldives, too, is faced with many health problems, especially as regards the spread of communicable diseases. Morbidity due to waterborne diseases is the problem of our gravest concern by far. Fevers, common colds, coughs, tuberculosis, nutritional problems and malaria are other problems that follow close behind. I would make special note of malaria in that, although Maldives has made considerable progress in the control of this disease in the past decade, the explosive nature of the recrudescence of malaria still hangs over us like a spectre. The difficult configuration of Maldives causes the classic problem of communication and transport experienced by all multi-island nations.
We allude to this with special reference, as it is the hub of our health care delivery mechanism.

The generation ahead of us is filled with a lot of promise as the whole world gathers itself together in working out ways and means of achieving the goal of this century; namely, health for all by the year 2000. This same fervour is experienced in the global effort to attain the other gigantic goal of the New International Economic Order. This year our Organization is focusing upon the subject with greater vigilance. However, we must bear in mind that any international objective cannot be realized without devotion and sacrifice. Valuable time and money have already been spent on this subject. But if we have taken any strides closer to the goal we cannot fail to notice that such strides have been taken with proper thought and serious perception of the objective. We in Maldives, too, believe that this being far from a modest goal, we need to work with heart and soul in making it in a reality - the reality which will enable the generations to come to think of communicable diseases as history, the reality which would ensure that every child born into the world could experience the happiness that life has to offer. To effect this reality we, too, stretch our hands to primary health care, the instrument with which we hope to achieve this "health for all" objective.

In the Maldivian context, health for all means a major reduction in the occurrence of gastroenteritis, the eradication of malaria, a marked decrease in complications of pregnancy and childbirth, a lower rate of maternal and neonatal mortality, the control of tuberculosis, and a great reduction in the incidence of severe malnutrition in children. It is hoped that primary health care geared to the Maldivian socioeconomic life-style will in the next generation help us to see the light of success.

In the area of health services development, we are emphasizing, in consonance with the policy of the present Government, the expansion of health care to the periphery, namely, the outlying atolls. In this area the assistance of WHO and the United Nations agencies has continued to be useful. Furthermore, bilateral assistance has also been received in this area to a greater extent this year than ever before. The first regional hospital, too, will hopefully be completed this year. This is the first of four such regional hospitals planned for the country in an effort to regionalize the health services administration network, thereby easing the burden of difficult communication that is experienced at the moment.

As regards health services administration, a planning effort of major importance has been completed. We have, with the assistance of WHO and an intensive local input, produced a country health programme for Maldives. It was, however, not intended to be a blueprint for a five- or ten-year plan, but was an attempt at identifying critical health tasks which are felt to be necessary for achieving the stated health improvement objectives, and at designing the important health strategies needed for carrying out these critical tasks. We have strived to make it a general guideline that could be always used for reference, and not to make it too tight by a time-bound framework. The amicability and adaptability of the consultants provided were a source of great inspiration.

Regarding the communicable diseases control programme, WHO has helped us in the control of tuberculosis and leprosy, and the survey had covered the last four atolls of the country, thus completing a round. The coverage achieved was 97%. The malaria control activities continued to progress satisfactorily. We have, however, not fully recovered from the setback experienced in 1978 coupled with the logistic problems encountered in surveillance work. We are greatly handicapped in making substantial progress.

The programme for basic sanitary measures provided added improvement in the environmental health sector. Drinking-water facilities were provided in the form of rainwater tanks and public water taps. Additional facilities to dispose of human wastes were installed by construction of public latrines in several islands. Since the water supply system in the country is not based on a controlled central supply system, chlorination or treatment depends totally on the collective support of the community. With this fact in mind, we are pleased to note that greater acceptance of the taste of chlorine is being experienced. The chlorination programme is modestly expanding in the atolls, through the function of the island-based family health workers. This is now being carried out only for drinking-water wells, thus enabling the stocking of other wells with larvivorous fish to minimize the general mosquito problems. Environmental sanitation is commanding added attention as people's awareness of the causes of disease increases.

This task of the family health worker is a step we hope we have taken in the right direction to implement the strategies of primary health care.

Manpower resources for our health needs still continue to need replenishment. As more health activities are launched, health worker training is also given congruent emphasis. We
thank WHO, UNICEF and UNDP for giving us much support in this area, both in the procurement of fellowships abroad and for the supplementation of local training requirements. The National Training Centre provides a cadre of primary health care workers, mainly for the control of communicable diseases and the advocacy of environmental sanitation. Community health workers, family health workers, indigenous midwives and hospital-based nurses are the four main categories trained here. It is hoped that by the end of 1982 we shall have one family health worker for every 500 people and enough community workers to attend adequately to the atoll population. Having taken a more comprehensive sounding of the national health requirements, the Government of Maldives is endeavouring to rejuvenate the country's heritage of traditional medicine. This effort is aimed at integration with other health facilities that are being added to the national health delivery system.

Having given you a short resume of the most important and active areas of health work, I would further like to make mention of a little step we have taken regarding the moulding of the future of health in Maldives. As mentioned earlier, we have striven this year to do something we have never done before; namely, the production of a national health programme document, based on active, on-the-spot problem identification by the community itself. Although our efforts might be dwarfed by the colossal tasks of this nature undertaken by many of the other Member countries, we feel a great sense of happiness in having been able to contribute even in a small way to the global march towards health for all by the year 2000. Our task was supported by three main activities; namely, a community survey of health and health-related problems, a seminar which brought together the heads and elders of many island communities, and an intensive planning effort based on the above findings. We have, from the very beginning, tried our utmost to keep track of the elements of primary health care so that the end product would be one which conformed to the idea of self-help and local dependency. I wish to thank WHO at this point for having provided us with much valuable assistance in realizing this task.

I would like to note here a couple of shortcomings of WHO that we feel are worth mentioning. The services of the Organization in the provision of consultants have been of great benefit to us, but we cannot help feeling a sense of deep regret at the draining of WHO's budget for short-term consultants. It would certainly be worthwhile for WHO to review its short-term consultant posting programme, especially for small countries like ours, to ensure that the benefits of their services are fully realized by the recipient countries. This is particularly critical with the recruitment of new short-term consultants, who might function with preconceived ideas and give a back seat to the investigation of the actual country situation. The assignment report thus produced could well be stored away for lack of practicality. With regard to the health services development component of the WHO programme in Maldives, small as we may be, we would like to be given an equal Member standing and be provided with the post of a WHO programme coordinator (WPC) instead of a country liaison officer (CLO), which we feel could boost the functioning of WHO-assisted projects in Maldives. I hope these demands are well taken in the usual kindly and cooperative spirit that characterizes the image of WHO.

I would, in closing, reiterate the many pressing health needs of our country that rely on the understanding and goodwill of friendly States, near and far, to assist us in our national efforts. While we are willing to share the health experience of our country, we hope that the programme of technical cooperation among developing countries will look upon the less experienced countries with more concern. The provision of opportunities for the observation of the health administration mechanisms of various countries to high-level health personnel of less experienced countries would, we feel, be a very valuable activity in sharing the knowledge of primary health care throughout the globe.

My very sincere thanks go - in addition to WHO - to UNICEF and UNDP, and to those States, developed and developing, which are assisting us in the promotion of health in our country. It is our belief and wish that we could engage in productive dialogue with those mentioned, and others as well, in order that we might actively further promote the wellbeing of our people in order to reach that acceptable level of health by the turn of the century.

Our Regional Director's decision to relinquish his directorial post was received by Maldives with deep regret. We see him as a personality who has contributed to bringing the nations of our Region much closer, both in the spheres of international politics and global health. He has been a father-figure in our Region, providing the best possible solutions to the individual needs of the countries. We have learned from the past that a man of Dr Gunaratne's calibre cannot be groomed over a short period of time. The dedication and love for improvement of mankind are qualities that characterize his noble personality. We are confident that Dr Gunaratne's retirement from his distinguished post will in no way take him away from our memories.
Finally, may I wish this Assembly every success in the deliberations, which I am sure will work towards the identification of sound methods of pursuing our common goal of better health for all the peoples of the world. May God bless us all.

Dr FREY (Switzerland) (translation from the French):

Mr President, honourable delegates, on behalf of the Swiss delegation I congratulate you most sincerely, as well as the Vice-Presidents, on your brilliant election. I also cordially greet our new colleagues from San Marino and Zimbabwe.

I wish to thank the Director-General for his excellent and interesting biennial report and should like to comment on several matters discussed in the report that seem to me of particular importance. The eradication of smallpox is an unprecedented success both in the history of our Organization and in the history of mankind. May I join in the praise that has already been expressed and will continue to be expressed during this Assembly. It may be asked however whether, after so many years of efforts and success, it is truly necessary to keep - if only in four laboratories and solely for scientific purposes - a highly pathogenic virus which could do incalculable damage to future generations who will not be vaccinated against smallpox. It is in this context that the programme on safety measures in microbiology - which I greatly appreciate - should be seen, since it responds to a need for protection not only against known or as yet unknown existing germs but also against those that may be created as a result of genetic experiments. The success of the Expanded Programme on Immunization, which the Declaration of Alma-Ata places among the factors that will enable the goal of health for all by the year 2000 to be achieved, needs to be stressed. My country will continue to support that programme. The same holds true for the Special Programme for Research and Training in Tropical Diseases, in which Switzerland is actively participating. Noteworthy results have already been achieved and significant prospects opened up, especially considering the spectacular growth of mass tourism and the ever increasing exchanges of all kinds between our countries.

This brings me to my main subject: nutrition. Nutrition is an essential factor for ensuring health, promoting sound physical and mental development, preventing diseases and attenuating their effects. In striving to ensure health for all by the year 2000, I believe it is important for WHO to put nutrition at the forefront of its concerns in order to supplement the efforts being made by other United Nations agencies, such as FAO, to develop food crops and the family production of plants rich in proteins and vitamins for child nutrition. WHO could pay special attention to research programmes on food habits and the nutritional value of foodstuffs produced in the various regions. It would thus help the countries to integrate nutrition more effectively into their training programmes. It is clear that our Organization, like the other specialized agencies, must also bear in mind the economic aspects - for the countries as well as for the family - of encouraging certain diets. With the same goal in view, WHO, lastly, should explore ways and means of helping the countries to establish and implement an adequate food policy. I am fully aware of the importance which WHO has long attached to problems of nutrition. This it has forcibly brought home once again by holding a joint meeting with UNICEF on infant and child feeding. The needs of the infant and the mother are of concern to all of us, not only in our own or other industrialized countries, but especially in the countries of the Third World where child health and development are seriously endangered by malnutrition and the decrease in breastfeeding.

These two elements - breastfeeding and malnutrition - are so closely linked that they must be considered together. Malnutrition of the child after weaning, malnutrition of the mother as well - which may weaken her breastfeeding capacity. The international community accordingly has, in our view, two basic obligations: on the one hand, to support the efforts of the developing countries to practise an adequate food and nutritional policy, including support to enable mothers to give their children adequate weaning foods prepared with local products and, on the other hand, to consider implementing the necessary measures for promoting breastfeeding. To bring about a return to breastfeeding requires many efforts. Switzerland, after having experienced, like all the industrialized countries, a sharp drop in breastfeeding, is now, thanks to a large-scale information campaign, one of the countries with the highest rates of breastfeeding mothers.

The preparation of an international code of ethics for the marketing of breastmilk substitutes is an important step. There can be no question of doing away with breastmilk substitutes, which are necessary, for example, for children whose mothers lack sufficient milk. The aims of such a code should be, on the one hand, to ensure that mothers or anyone using breastmilk substitutes are fully informed of the benefits of breastfeeding and the dangers of improper bottle-feeding and know how to prepare the child’s food correctly and, on the other
hand, to ensure that the marketing of such products is not designed to encourage a preference for bottle-feeding on the part of mothers able to breastfeed. These are two aspects of information to which countries should pay due attention. We believe that, while avoiding precipitation, efforts towards the implementation of such a code should go ahead without delay. We endorse in principle the Director-General's proposal that this Thirty-third World Health Assembly should define the principles forming the substance of the code and that the formulation of details and different modes of implementation should be discussed by the Executive Board at its January 1981 session and at the next Health Assembly. We also propose that the work should be coordinated with the international Codex Alimentarius. As long as there are no national regulations, such principles should serve to guide the interested parties, both importing and producing countries. They should also serve as a frame of reference for the establishment of national regulations, making allowance for local and regional conditions. They will thus contribute to the achievement of our main goals of improving infant feeding and contributing to the child's subsequent mental and physical development and thus to the health and wellbeing of our nations.

It might seem that the impressive range of tasks under way for the improvement of health could be taken for granted, but I fully realize that we owe their understanding and the achievement already of so many positive results to the ability and persuasive energy of our Director-General, to whom I pay tribute here, as well as to the competence of his staff. We fully approve the report of the Director-General and thank him for his work and untiring enthusiasm for the cause which all of us defend within our Organization.

Professor POPIVANOV (Bulgaria) (translation from the Russian):

Mr President, Dr Mahler, honourable delegates, the Bulgarian delegation cordially congratulates our colleagues on their election to high office as President, Vice-Presidents and Chairmen of the main committees of this world health forum and wishes everyone most fruitful work.

Allow me at the same time to express our sincere condolences to the peoples of our neighbour the Socialist Federal Republic of Yugoslavia over the great loss they have suffered by the death of that famous fighter against Hitlerism and fascism, Josip Broz Tito, President of the Republic and Secretary-General of the Communist League of Yugoslavia. We have the honour heartily to congratulate the delegations of the Republic of San Marino and of Zimbabwe on the admission of those countries to membership of the World Health Organization.

Ladies and gentlemen, the Thirty-third World Health Assembly is taking place just 35 years after the end of the Second World War. During those years labouring mankind has done much to secure the peaceful settlement of a number of vitally important problems of the present-day world. Unfortunately enemies of peaceful coexistence between nations have recently been doing their best to worsen the international situation. Yet we believe, nevertheless, in the aspiration of all peoples to independence, peace, international détente and disarmament.

This aspiration is in our view an undeniable prerequisite for realizing the objectives and hopes of the Alma-Ata Declaration, which our highly respected Director-General, Dr Halfdan Mahler, has so aptly named the Magna Carta of health.

The immense scientific and technical potential of mankind and the thousands of millions spent upon armaments must be used for the attainment of goals of a different kind. A stable peace, optimum satisfaction of man's needs, and socially useful labour and health for all are objectives in whose attainment redistribution of WHO's resources has an important part to play. The changes in the Organization's structure must accordingly be judiciously conceived and wholly subordinated to their main aim. At the same time the changed structure ought also to facilitate the setting-up of better machinery for organizing, coordinating and maintaining multilateral and bilateral cooperation in the field of public health and medical science. A splendid example of such cooperation is the successful programme for global smallpox eradication. That victory was gained by the use of high-efficiency techniques and by the active participation of all the nations of the world. The valuable experience gained in this field should be used as a firm basis for the successful implementation of other of WHO's programmes as well, such as the Expanded Programme on Immunization, which we consider particularly important. Our Government has decided to make a gift to the Organization of three million doses of sera and vaccines against tuberculosis, diphtheria, tetanus and pertussis.

"Smoking or health: the choice is yours" is the text for World Health Day this year. In response to this call our Ministry of Health, jointly with 20 of the country's other ministries, central agencies and social organizations, has drawn up a national integrated nicotine abuse control programme. That document represents the first step in a new social and medical educational campaign to protect the health of the Bulgarian people.
The working out of the strategy for attainment of health for all by the year 2000 is an exceedingly serious matter. The problems which have to be solved to reach that great objective are numerous and very varied, and of particular importance are those occurring at national level. In our country a long-term unified programme for socioeconomic development up to the year 2000 has already been largely drawn up and approved; it includes programmes and concepts for raising the standard of the population's culture in health matters, for improving mental health, for further developing, improving and strengthening the preventive and primary health care services, and for strengthening the national maternal and child welfare system.

A few years ago we signed a memorandum of cooperation with WHO. Under this agreement we are arranging and holding a number of courses every year, in which 189 specialists from 77 different countries have by now taken part. A model of regional services for primary health care has been created and is being developed at Gabrovo, and WHO and a number of specialists have shown interest. An important event in our cooperation with WHO during the past year has been a visit to Bulgaria by a group of the heads of the public health services of some African countries, with Dr Lambo, the Deputy Director-General. We had very useful talks with our esteemed colleagues. We should like to mention with gratitude the positive attitude displayed by Dr Mahler and Dr Kaprio toward the development of our joint programme.

Ladies and gentlemen, allow me to say once again that we are convinced that the great objective before us is attainable, and we are sure that WHO will ultimately attain it, for the welfare of our peoples.

Mrs Thomas (Seychelles):¹

Mr President, Director-General, distinguished delegates, ladies and gentlemen, the delegation of the Republic of Seychelles joins other delegations in congratulating the President and office-bearers of the Assembly on their election.

The Republic of Seychelles became a Member of the World Health Organization in September 1979 and this is the first time we have participated in the World Health Assembly as a full Member. We have, however, enjoyed fruitful cooperation with WHO for many years.

I would like to take this opportunity to inform the Health Assembly of some aspects of the health conditions and services of the Seychelles. The Republic of Seychelles consists of over 100 islands scattered over the Indian Ocean. The territorial waters of Seychelles cover 1 million km² of the western Indian Ocean. The majority of our 62 000 people live on the main granitic islands, all of which are fairly near the main island of Mahé. The rest of the population is spread in groups varying from 5 to 100 people, living on the remote coral islands, some of which are over 1000 km from the main island. The population is also a young one, with 40% of the population under 15 years of age and only 6% above 65.

Although the Republic of Seychelles lies in the tropics, we are fortunate to be free of the typical tropical diseases such as malaria, yellow fever, and bilharzia. Furthermore, we have made considerable progress in the control of leprosy and tuberculosis. Our record of immunization so far has also been satisfactory. For the past three years we have had no cases of measles, diphtheria or polio. No cases of tetanus or tuberculosis have been reported in the below-15 age-group. The three leading causes of death in 1978 were cardiovascular diseases, heart diseases and malignant neoplasms. In 1978 the crude death rate was 7.4, infant mortality was 26 per 1000, the birth rate was 28 per 1000 and the toddler mortality 1.9.

These figures would suggest a fairly high health status for a developing country; however, we still have far to go. Infant and toddler mortality rates can and must be lowered. We have an unusually high incidence and prevalence of bronchial asthma, hypertension and diabetes. We are embarking on studies to better define the actual prevalence and to seek the causal factors of these diseases. Another of our serious problems is that of the sexually transmitted diseases. The incidence of gonorrhoea is 16 per 1000 and of syphilis 1.5 per 1000.

In the days before liberation the social services in Seychelles were organized in such a manner as to perpetuate the stratification of the society. Good schools and health services were enjoyed by those with money; the poor and the inhabitants of the remote islands were neglected, the latter particularly so. Health, this right of all citizens as enshrined in the Universal Declaration of Human Rights, was a commodity with a commercial

¹ The text that follows was submitted by the delegate of Seychelles for inclusion in the verbatim record in accordance with resolution WHA20.2.
The hospital services were also stratified in "classes". Better facilities were provided for those who could pay. The rural population was disadvantaged as the services were centred around the hospital in the urban area.

Since Liberation Day, on 5 June 1977, our Government has taken steps to alter this unsatisfactory situation. A new national health plan has recently been introduced. This plan outlines the measures to be taken over the next five years in order to bring health to the people and to allow the people to participate in their health. Our Government clearly recognizes that good health is not an end in itself but is also a means to enlarging the production of the economy on which other development goals depend.

The main feature of the plan is the rapid development of community health services, a synonym for primary health care. Our community health services have 15 doctors and over 60 nurses (these figures do not include the hospital-based doctors and nurses). This means that we have one community doctor per 4000 people and one community nurse per 1000 people. On average, people visit their doctor three or four times per year and the nurse even more often.

We are also in the process of decentralizing the health care delivery system. Fully equipped health centres are being set up in various districts. This means that on the main islands no person is further than half an hour from the nurse or doctor by the available means of transport. The exceptions, of course, are the people on the outlying islands. Whilst the services to those islands are not of the same standard or frequency as on the main islands, there exist radio communications with them. Island managers also keep a small supply of essential drugs and first-aid materials. In addition, transport by boat and small plane is available for evacuation.

The dual system of private and public medical services is being abolished. In the hospital the "class" system has been abolished and the level of specialized services is constantly being improved. Health care is now provided at the point of use to all individuals regardless of economic affluence.

Whilst it is clear that we have made considerable progress since our liberation, we cannot afford to be complacent as we still have a very long way to go. We realize that health for all is not merely the provision of health services to all the people but, besides the health coverage, health for all must also mean good education, adequate nutrition, good housing, good water supply, good general sanitation, full employment, a good working environment and productive social life for everybody.

We welcome the WHO engagement in the implementation of the United Nations General Assembly resolution on health as an integral part of development. For our part we have taken steps to provide full employment. Over 50% of our population have treated water in their homes and new housing schemes are in progress. In agriculture, we are engaged in making fuller use of the rich seas that surround our islands.

We welcome the call for health for all by the year 2000, and we pledge to continue our struggle towards this ambitious goal. Whilst we must depend on our own resources to a large extent, we recognize the importance of the cooperation of the international communities, especially in areas of finance and technology.

The delegation of the Republic of Seychelles takes this opportunity to thank WHO and all those Member States and organizations which have provided vital assistance for the development of our country. We look forward to continuing cooperation with WHO, the Member States and other organizations.

The ACTING PRESIDENT:

The next plenary meeting will be held this afternoon at 14h30. The meeting is adjourned.

The meeting rose at 12h30.
FIFTH PLENARY MEETING

Wednesday, 7 May 1980, at 14h40

President: Dr A. R. AL-AWADI (Kuwait)

1. FIRST REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the Arabic):

The Assembly is called to order. I should like to begin by thanking the Vice-President, Dr Acosta, of the Philippine delegation, who this morning performed his duties and shouldered his responsibilities in a most excellent manner.

We shall now turn to the consideration of the first report of the Committee on Credentials, which met yesterday under the chairmanship of Dr Tapa. I invite Dr Sigurdsson, Rapporteur of the Committee, to come to the rostrum and read out the report. Dr Sigurdsson, please.

Dr Sigurdsson (Iceland), Rapporteur of the Committee on Credentials, read out the first report of that Committee (see page 339).

The PRESIDENT (translation from the Arabic):

Thank you, Dr Sigurdsson. As you see, we have a slight problem, which we hope we shall be able to solve. The report is divided into two sections. On the one hand the Committee has recommended to the Health Assembly that it recognize the validity of the credentials presented by the delegations listed in paragraphs 2, 4 and 5 of the report. On the other hand, in paragraph 3, which concerns the credentials of Democratic Kampuchea, the Committee has referred this specific question to the plenary. These two points have to be considered separately. With regard to the credentials of the delegations listed in paragraphs 2, 4 and 5 of the report, I assume that the Assembly is prepared to recognize the validity of these credentials. I see no objection. It is so decided.

Regarding the credentials of Democratic Kampuchea, mentioned in paragraph 3, it is now up to the Assembly to deal with this question and the floor is open for discussion. I see that the delegate of Viet Nam is asking for the floor, but I should first like to remind delegates that they should speak from their seats. All statements, objections and remarks should be made from the floor; there is no need to come to the rostrum. Having made this comment, I now give the floor to the delegate of Viet Nam.

Mr VO ANH TUAN (Viet Nam) (translation from the French):

Mr President, my delegation would like to comment on item 3 of the report of the Committee on Credentials, and state the position of the Government of the Socialist Republic of Viet Nam regarding Kampuchea's right to representation in the World Health Organization.

The aim of our Organization, as clearly stated in Article 1 of the WHO Constitution, is the attainment by all peoples of the highest possible level of health. What did the regime of so-called Democratic Kampuchea actually do during almost four years in power towards achieving this noble aim of WHO? The letter of 5 May 1980 addressed to you, Mr President, from Mr Hun Sen, Minister for Foreign Affairs of the People's Republic of Kampuchea and published by the SPK Agency of Phnom Penh, gives a horrifying reply: "This regime massacred almost 90% of the medical personnel and destroyed all the health, economic, social and other structures of Kampuchea; the extremely severe aftermath of this has consequences that are still unforeseeable. Three million Kampucheans were massacred, and the four million survivors were maltreated in concentration camps, subjected to forced labour, fed on a starvation diet, and deprived of health care and drugs even though exposed to a variety of diseases. Eighty to ninety-five per cent. of the children are suffering from malnutrition,"
despite the tremendous efforts of the Revolutionary Peoples' Council. The health of the entire Kampuchean people leaves much to be desired". That is how the Pol Pot/Ieng Sary regime attended to the health of the Kampuchean people. This regime categorically refused all aid - medical, economic or otherwise - offered by friendly countries (save one, of course) or by international organizations. WHO itself offered Kampuchea annual medical assistance equivalent to one million dollars, but this offer also was refused. The strange attitude adopted by this clique can only be explained in terms of a deliberate policy to deprive the population of any means of subsistence from abroad, so that within the country they could conduct their policy of genocide more easily.

The distinguished delegates here today will remember that throughout its years of power, the Pol Pot regime never once took part in the work of our Organization's annual assemblies. Only now, more than a year after its overthrow and expulsion from the country by the Kampuchean people, have some of them turned up here in these august surroundings, claiming to represent the defunct regime of so-called Democratic Kampuchea. What perverse logic, what absurdity! Naturally, these people have legitimate credentials as their friends and masters claim, but where were these credentials drawn up, in which capital? Certainly not Phnom Penh. Everybody knows where they were drawn up. And who signed them? Perhaps Pol Pot or Ieng Sary, on whom the Revolutionary People's Tribunal of Kampuchea pronounced a verdict of capital punishment for the genocide of three million Kampucheans, massaged during their years in power. If these people are allowed to take part in the work of our Assembly, where will they implement the resolutions and recommendations of this Assembly? In the luxury hotels of Peking and New York? Perhaps, but it certainly will not be in Kampuchea, for there is no longer any room in that country for the perpetrators of genocide.

Since 7 January 1979, the Kampuchean people have become masters of their destiny. A veritable resurrection of the Kampuchean nation is at present taking place. Immediately after the overthrow of the old regime, the People's Republic of Kampuchea set about the task of reviving Kampuchean society and stabilizing the everyday life of the population. Hospitals, dispensaries, infirmaries and health posts were set up or reopened, from the main centres right down to the villages. The People's Republic of Kampuchea is recognized by a large number of countries and has official relations with several international organizations. During visits to Kampuchea, many foreign delegations have seen for themselves that life is becoming normal again and improving daily. A joint mission from UNICEF, the World Food Programme, FAO and the International Committee of the Red Cross is in Phnom Penh at present, where, in collaboration with the Phnom Penh authorities, it is carrying out the international, humanitarian work of distributing milk to the Kampuchean people. All this demonstrates that the Revolutionary People's Council of Kampuchea is now actively managing all the internal and external affairs of the country and doing its utmost to improve the health and life of the people. To allow the representatives of so-called Democratic Kampuchea to attend any meeting of the international organizations therefore constitutes gross interference in the internal affairs of Kampuchea and an attempt to revive the regime of the criminals Pol Pot and Ieng Sary, overthrown and condemned by the Kampuchean people themselves.

There are those who argue that WHO is bound to respect the resolution of the thirty-fourth session of the United Nations General Assembly on the question of the representation of Kampuchea. Anyone with integrity should be able to see that this United Nations resolution, adopted under pressure from international imperialists and reactionaries, preventing the Revolutionary People's Council of Kampuchea from occupying its rightful seat at the United Nations, is yet another black mark in the history of that world organization, just like the successive United Nations resolutions which for more than 10 years allowed the Taiwan regime an illegal seat at the United Nations. Furthermore, although WHO is a specialized agency of the United Nations, it is none the less a sovereign organization with its own regulations and rules of procedure. In the opinion of my delegation, it is not at all honourable for the World Health Organization to conform to this wrongful United Nations resolution, which goes against the legitimate interests of the Kampuchean people and against fundamental human principles.

In conclusion, my delegation declares its full support for the position of the Revolutionary People's Council of Kampuchea as set forth in the letter of 5 May addressed to you, Mr President, to which I referred earlier, concerning Kampuchea's right to representation in all the international bodies, including WHO. This message states, and I quote once again: "We request you, Mr President, and the entire Assembly to take into account the realities of Kampuchea and the aspirations of our entire people for constantly increasing welfare; to cease to recognize what is no more than a gang of criminals unanimously despised by international public opinion, so that the noble objectives of WHO can be properly achieved;
and to take all necessary measures to prevent the usurpation of Kampuchea's seat in WHO by the Pol Pot/Ieng Sary clique and to ensure the legitimate representation of the People's Republic of Kampuchea". For this reason my delegation is resolutely opposed to any attempt to recognize the credentials of the Pol Pot/Ieng Sary clique. If the report of the Committee on Credentials is put to the vote, my delegation will vote against the part of the report recognizing the validity of the credentials of this clique.

Lastly, may I ask you, Mr President, to kindly read out the letter which Mr Hun Sen, Minister for Foreign Affairs of the People's Republic of Kampuchea, sent to you in your capacity as President of the Thirty-third World Health Assembly. In doing this, you will, I am sure, provide the distinguished chief delegates with valuable food for thought as they prepare to take a political decision calling for an attitude of exceptional responsibility towards the Kampuchean people and the World Health Organization itself.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Viet Nam. I have in fact received a message from Mr Hun Sen, Minister for Foreign Affairs of the People's Republic of Kampuchea, and as requested by the delegate of Viet Nam I shall ask the Deputy Director-General to read the text of the telegram for all to hear. Dr Lambo, please.

The DEPUTY DIRECTOR-GENERAL:

The letter reads as follows:

To His Excellency the President of the Thirty-third World Health Assembly, Geneva.

May I first of all express to you my sincere congratulations on your election as President of the Thirty-third World Health Assembly. I also congratulate His Excellency the Director-General of WHO, and the representatives of Member States who, as every year, are meeting to gather information on progress in health throughout the world during the past year and to define future activities in order to improve public health and alleviate human suffering.

May I also take this opportunity, Mr President, to specify once again the position of the Revolutionary People's Council of the People's Republic of Kampuchea concerning Kampuchea's right to representation in all the international agencies:

(1) The so-called "Democratic Kampuchea" is none other than the genocidal regime of the Pol Pot/Ieng Sary clique. During almost four years in power this regime massacred almost 90% of the medical personnel and destroyed all the health, economic, social and other structures of Kampuchea; the extremely severe aftermath of this has consequences that are still unforeseeable. Three million Kampuchaeans were massacred, and the four million survivors were maltreated in concentration camps, subjected to forced labour and fed on a starvation diet, and deprived of health care and drugs even though exposed to a variety of diseases. Eighty to ninety-five % of the children are suffering from malnutrition, despite the tremendous efforts of the Revolutionary People's Council. The health of the entire Kampuchean people leaves much to be desired.

(2) This inhuman and barbaric regime, unprecedented in world history, collapsed completely on 7 January 1979. The Revolutionary People's Tribunal in Phnom-Penh in August 1979 condemned Pol Pot and Ieng Sary to death for crimes of genocide. Since the overthrow of the old regime the People's Republic of Kampuchea has set itself the task of reviving Kampuchean society and stabilizing the everyday life of the population. Hospitals, dispensaries, infirmaries and health posts have been set up or reopened in the centres and right down to the villages. In short, it may be stated at present that life is becoming normal again and improving daily in Kampuchea.

(3) The Revolutionary People's Council, which effectively manages all the internal and external affairs of Kampuchea, is the only body legally entitled to represent Kampuchea in all international agencies. To allow the representatives of the so-called "Democratic Kampuchea" to attend any meeting of the international organizations therefore constitutes gross interference in the internal affairs of Kampuchea and an attempt to revive the criminal Pol Pot and Ieng Sary regime, which has been overthrown and condemned by the Kampuchean people.

In conclusion, while we wish the Thirty-third World Health Assembly every success, we request you, Mr President, and the entire Assembly to take into account the realities of Kampuchea and the aspirations of our entire people for constantly increasing welfare; to

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1 Translation from the original French.
cease to recognize what is no more than a gang of criminals unanimously despised by international public opinion, so that the noble objectives of WHO can be properly achieved; and to take all necessary measures to prevent the usurpation of Kampuchea's seat in WHO by the Pol Pot/Ieng Sary clique and to ensure the legitimate representation of the People's Republic of Kampuchea.

Highest esteem,

Hun Sen, Minister for Foreign Affairs of the People's Republic of Kampuchea.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Lambo. I should like to remind my colleagues at the Assembly that it was my duty as chairman of this meeting, and as President of the Assembly, to have this telegram read to you. However, the telegram is not to be considered an official Assembly document, as accredited documents can only be those approved by the Assembly. It is simply that duty dictates that I should inform you of the contents of a telegram that has been sent to the President and addressed to you through me. I wish to make this clear to all, so that there may be no misunderstanding whatsoever.

I now give the floor to the delegate of Democratic Kampuchea.

Mr THIOU NN THOEUN (Democratic Kampuchea) (translation from the French):

Mr President, distinguished delegates, like many of the delegations here today, I regret having to bring up a problem which is not on the agenda. What is the real root of this problem? At the present time in Kampuchea a 250 000-strong Vietnamese army of aggression is getting bogged down in a great quagmire as a result of the valiant war of resistance being waged by the Kampuchean people. Isolated on the international scene and condemned throughout the world, the Vietnamese expansionists are floundering in a last desperate attempt to secure the international community's approval of this aggression. But today, their masters and financial backers are running out of steam themselves. This is the real root of the problem.

The presence of 250 000 foreign soldiers in my country cannot legalize their invasion, especially now, when the dry season is drawing to a close and, after more than 16 months of victorious national resistance led by the Government of Democratic Kampuchea, the aggressors have suffered a shameful defeat. As well as incurring heavy losses, they have been weakened by an ever-increasing number of desertions and a steady decline in their soldiers' morale. Besieged by innumerable difficulties and crises, not least by economic crises, the Vietnamese aggressors can no longer escape inevitable defeat, even by using inhuman methods such as chemical weapons (poisonous gases and powders), large-scale famine, and diverting international humanitarian aid meant for the Kampuchean people. The Vietnamese expansionists cannot on any account legalize their aggression by manoeuvres, subterfuge or charm tactics, for the invasion of Afghanistan, one year to the day after the invasion of Democratic Kampuchea, has shown the international community that the aggression against Democratic Kampuchea is not merely an isolated case, but is part of a general plan which threatens not only the peace, security and stability of South-East Asia, a region of great strategic importance, but also the peace and security of all peoples of the world.

Once again I regret having to bring up a problem which was not on the agenda for this meeting, but I feel it my duty to enlighten our Assembly as to the true nature of Vietnamese regional expansionism and the real motives behind today's manoeuvre.

The PRESIDENT (translated from the Arabic):

I thank the delegate of Democratic Kampuchea, and now give the floor to the delegate of the German Democratic Republic.

Dr LEBENTRAU (German Democratic Republic) (translation from the Russian):

Thank you, Mr President, for giving me the floor. Distinguished delegates, allow me to state briefly the standpoint of the German Democratic Republic on this question. The delegation of the German Democratic Republic categorically protests against the presence at the Thirty-third World Health Assembly of the delegation of so-called Democratic Kampuchea, which claims to represent the people of Kampuchea. Everyone knows that when it was in power this regime killed millions of Kampuchean, including many doctors and nurses, thus violating the most fundamental, humanitarian principles of our Organization. We should like to remind the Thirty-third World Health Assembly that those responsible for their murder, Pol Pot for instance, have been condemned to death by the people of Kampuchea. The delegation of the
German Democratic Republic at the Thirty-third World Health Assembly is therefore making a categorical protest against recognition of the credentials of the representatives of so-called Democratic Kampuchea. We share the opinion that the only body legally entitled to represent the people of Kampuchea is the Revolutionary People's Council of the People's Republic of Kampuchea, and that only its representatives can represent the interests of the people of Kampuchea at the World Health Assembly. I should like to conclude by stating that the delegation of the German Democratic Republic fully supports the opinion voiced by the delegation of the Socialist Republic of Viet Nam.

The PRESIDENT (translation from the Arabic):

I thank the delegate of the German Democratic Republic, and now give the floor to the delegate of China.

Dr Xu Shouren (China) (translation from the Chinese):

Mr President, the Vietnamese delegation has raised the question of the representation of Kampuchea in an attempt to disturb the normal proceedings of the Assembly. This is not to be tolerated. The Chinese delegation fully supports the just stand of the delegate of Democratic Kampuchea.

As everybody knows, Democratic Kampuchea is an independent and sovereign State. It is also a Member State of the United Nations and the World Health Organization. The Democratic Kampuchean Government is the sole legitimate government of Kampuchea. It enjoys wide recognition internationally and has also been recognized by successive United Nations General Assemblies and the World Health Organization. The legitimacy of Democratic Kampuchea cannot therefore be called into question. As for the puppet regime propped up by Viet Nam with bayonets and guns in Phnom Penh, it is only a tool of the Vietnamese aggressor and it cannot represent the Kampuchean people. Vietnamese delegations resort to all means to get it into international organizations. In so doing, they attempt to cover up the reality of the Vietnamese aggression against Kampuchea, and to throw a legal cloak over Viet Nam's invasion and expansion. This will all come to nought. The Chinese delegation resolutely supports the lawful rights of Democratic Kampuchea in the World Health Organization.

The Chinese delegation holds that for the sake of the smooth proceeding of the Assembly, we should put an immediate end to the unreasonable wrangling over the question of the representation of Democratic Kampuchea by the Vietnamese delegate, and close the debate.

The Democratic Kampuchean Government is the sole legitimate government of Kampuchea. Its representation has been recognized by successive United Nations General Assemblies as well as the World Health Organization. Last year, the thirty-fourth session of the United Nations General Assembly again confirmed the representation of Democratic Kampuchea. By raising this issue in this Assembly, the Vietnamese delegation only proves that it harbours ulterior motives.

The PRESIDENT (translation from the Arabic):

I thank the delegate of China, and now give the floor to the delegate of Poland.

Dr Orzeszyna (Poland):

On the matter of the credentials of Kampuchea, I would like to state that Poland, as a victim of genocide in the Second World War, is bound to take a very pronounced negative stand on the prospect of sitting at this Assembly with a group of people associated with Pol Pot, who is responsible for crimes against humanity in their own country. We would like to sit here and debate with the representatives of the Revolutionary People's Council of Kampuchea, which is acting now with the aim of restoring life to the towns and villages - that life which our Organization seeks to protect by all available means.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Poland, and now give the floor to the delegate of the Union of Soviet Socialist Republics.

Professor Liscin (Union of Soviet Socialist Republics) (translation from the Russian):

Mr President, ladies and gentlemen, the Committee on Credentials of the Thirty-third World Health Assembly discussed the credentials of so-called Democratic Kampuchea, i.e., the representatives of Pol Pot's regime, but did not reach a consensus. Consequently, the Soviet delegation feels obliged to state its position with regard to this question...
The PRESIDENT (translation from the Arabic):

I thank the delegate of the Union of Soviet Socialist Republics.

Dr XU Shouren (China) (translation from the Chinese):

Mr President, I would like to raise a question of procedure. The Chinese delegation has already stated that, for the sake of the smooth proceedings of the Assembly, we should close the debate on the question of Democratic Kampuchea's representation raised by the Vietnamese delegate. Thank you, Mr President.

The PRESIDENT (translation from the Arabic):

There has now been an official request from China for closure of the debate on this matter. We must refer to the Rules of Procedure, and I therefore ask the Legal Adviser to explain what we should do, as we cannot proceed with the debate until we have settled this point of order.

Mr VIGNES (Legal Adviser) (translation from the French):

Mr President, a few moments ago, during his speech, the delegate of China appears to have made a formal request for the closure of the debate. I think he intended to invoke Rule 63 of the Rules of Procedure, under which, when the closure of the debate is requested, no more than two speakers are authorized to speak against the closure motion formally proposed; when these two speakers have finished speaking, the closure motion is immediately put to the vote. I think that this is the situation we have now.

The PRESIDENT (translation from the Arabic):

I thank the Legal Adviser. The matter is now clear. The debate is closed. The proposal will be put to the vote, and two persons only are permitted to speak against closure. I hope that this is clear. Does the delegate of the Union of Soviet Socialist Republics wish to speak against closure of the debate?

Professor LISICYN (Union of Soviet Socialist Republics) (translation from the Russian):

Thank you, Mr President. I would like first of all to say a word on the rules of procedure in this meeting. I began speaking on behalf of my delegation and was interrupted. It strikes me that one should let the speaker finish his speech, and then reach a decision on the official motion to close the debate. I would be grateful if the President of our Assembly could give some clarification on this matter.

The PRESIDENT (translation from the Arabic):

I thank the delegate of the Union of Soviet Socialist Republics. When a point of order is raised, the President may stop the speaker and give the floor to the delegate raising the point of order. However, as this is a matter that is left to my judgement, I give the floor to the delegate of the Union of Soviet Socialist Republics to continue his statement. After that, I will not permit anybody else to speak on this question. I give the floor to the Union of Soviet Socialist Republics, to complete its statement, and after that I will not permit any speech, except on a point of order. Thank you. The Union of Soviet Socialist Republics, please.

Professor LISICYN (Union of Soviet Socialist Republics) (translation from the Russian):

Thank you, Mr President. Allow me first of all to express complete agreement with the viewpoint of the representative of the Socialist Republic of Viet Nam on this question, with the letter of the Minister for Foreign Affairs of Viet Nam to the President of the Thirty-third World Health Assembly and with the speeches of the representatives of the German Democratic Republic and the Polish People's Republic.

We realize that discussion of this question will not further the aims of the World Health Assembly and will undoubtedly detract from the examination of the health questions on the agenda, which are of vital interest for all people. The responsibility for drawing the Assembly into this discussion lies with the forces which inspired the presence at the Assembly of the representatives of Pol Pot's regime, which, even when it was in power, did not always take part in the work of the World Health Assembly. We are in no doubt whatsoever that the
representatives of so-called Democratic Kampuchea have been dragged into the Assembly as a premeditated move by reactionary elements and as part of their campaign to aggravate the international situation, complicate the work of our Assembly and obstruct the course of objective processes in the world. As we are all aware, Kampuchea, whose representatives we are discussing, has seen radical changes in recent years. The Kampucheans people, imbued with profound patriotic feeling and led by the united front for the national salvation of Kampuchea, rose up and overthrew the reactionary puppet regime of Pol Pot/Ieng Sary, which had conducted a policy of unbridled genocide, wiping out more than a third of the country's population.

As a result of the victory of progressive political forces, a new page has been opened in the history of Kampuchea. The People's Republic of Kampuchea has been proclaimed, and, under the guidance of the Revolutionary People's Council has made great progress in building a new life and in gaining wide international recognition. The People's Republic of Kampuchea has declared its aim, which it is already putting into effect, of developing friendly relations with all countries, especially its neighbours, and is energetically tackling the country's health care problems. This has been the course of historical events, this is the real situation in Kampuchea, and we must all take it into account in our work at the World Health Assembly, in particular, when deciding who should represent Kampuchea in the World Health Organization. It is our firm conviction, and one which is shared, we are sure, by many of the delegates here today, that the only body legally entitled to represent the people of Kampuchea is the Revolutionary People's Council of the People's Republic of Kampuchea, and that only its representatives can represent the interest of Kampuchea in the World Health Organization and other international organizations. Any other decision would be illegal and would amount to an infringement of the country's sovereignty and the principle of non-interference in the internal affairs of an independent State. It is difficult to imagine how the representatives of Pol Pot's regime could possibly manage the country's public health services and establish working relations with the World Health Organization from outside Kampucheans territory. The Soviet delegation therefore protests categorically against recognition of the credentials of Pol Pot's representatives. If the report of the Committee on Credentials is put to the vote, we shall vote against approving the part recognizing the credentials of the representatives of so-called Democratic Kampuchea.

The PRESIDENT (translation from the Arabic):

I thank the delegate of the Union of Soviet Socialist Republics. As I mentioned before giving him the floor, we shall move directly to two persons wishing to speak against closure of the debate as proposed by China. I recognize the delegate of Paraguay. Does the delegate of Paraguay wish to speak against closure of the debate? Is this the request of the delegate of Paraguay?

Dr GODOY JIMÉNEZ (Paraguay) (translation from the Spanish):

Mr President, distinguished delegates, speaking on behalf of my country, I consider that we are wandering completely from our objective.

The PRESIDENT (translation from the Arabic):

Please, please, the delegate of Paraguay. You have not answered my question. Do you wish to speak against closure of the debate? If this is your wish, I shall give you the floor, otherwise I shall not give it to you. Is this clear to the delegate of Paraguay? Do you wish to speak against closure of the debate and against adjournment of the meeting? I give the floor to the delegate of Paraguay on this understanding.

Dr GODOY JIMÉNEZ (Paraguay) (translation from the Spanish):

Mr President, I am wholly in favour of closing the debate. Thank you.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Paraguay. I now give the floor to any delegate who wishes to speak against closure of the debate. Does the delegate of Viet Nam wish to speak against closure of the debate? I give him the floor.
Mr VO ANH TUAN (Viet Nam) (translation from the French):

Mr President, my delegation is against the motion to close the debate. However, I am asking you to give me the floor so that I may exercise my right of reply, this being the practice of the United Nations and its specialized agencies when one country makes slanderous remarks about another. Although I never once mentioned China by name in my statement, the Chinese delegate expressly mentioned Viet Nam. I would therefore ask you to be kind enough to give me the floor, so that I may exercise my right of reply. I await your judgement, Mr President.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Viet Nam. You certainly have the right to explain your views and to reply, but after the vote, not before. When voting has been completed I shall accord you the right of reply but not before. Does anybody else wish to speak against closure of the debate? If nobody wishes to speak against closure of the debate, the motion shall immediately be put to the vote. I hope that this is clear to all. I therefore request all delegates who are in favour of closure of the debate to raise their cards. Please hold your cards up long enough to be counted. Thank you. Now those against, please raise your cards. Thank you. Those abstaining. Thank you.

I shall now read the results of the voting. The number of Members present and voting is 90. A simple majority of 46 is required. The number of those in favour of the proposal is 74, with 16 against and 16 abstentions. The debate is therefore closed. We shall now proceed to a vote on the subject of our discussion. We have two proposals before us, and I should like to clarify the position for you. Firstly, there is a proposal by Viet Nam and the German Democratic Republic against recognition of the validity of the credentials presented by Democratic Kampuchea. Next, there is a proposal by China for recognition of the validity of the credentials presented by Democratic Kampuchea. We shall vote on the second proposal first, in accordance with Rule 68, that is on the proposal by China in favour of recognition of the validity of the credentials presented by Democratic Kampuchea. Those in favour of recognizing the validity of the credentials presented by Democratic Kampuchea please raise your cards. Thank you. Now will those against acceptance of the credentials presented by Democratic Kampuchea please raise their cards. Thank you. Now those abstaining.

The result of the voting is as follows: the number of Members present and voting is 66; there are 44 in favour, 22 against and 48 abstentions. The validity of the credentials presented by Democratic Kampuchea is therefore recognized.

I now, as promised earlier, give the floor to the delegate of Viet Nam to explain his vote.

Mr VO ANH TUAN (Viet Nam) (translation from the French):

Mr President, I would like to point out that my purpose in asking for the floor was not to explain my vote, but to exercise my right of reply, and you promised to give me the floor.

My delegation apologizes to you and the distinguished delegates attending this meeting for asking for the floor a second time. However, it is obliged to do so in order to reject categorically all the false allegations and slanderous remarks made by the Chinese delegation against my country, and to establish the true facts of the situation. The Chinese leaders are in the habit of ascribing their own intentions to other people. They project responsibility for their own actions onto other people; they change black into white and mix up truth and falsehood.

May I be so bold as to put the following questions? Who used the Pol Pot/Ieng Sary clique, its own agents, to usurp the leadership of Kampuchea's Communist Party, to establish an autogenocidal fascist regime of a kind unprecedented in the history of mankind? Second question: who poured enormous amounts of money, arms and military equipment into Kampuchea, and sent tens of thousands of advisers there to train and equip 23 divisions and then use them to exterminate the Kampuchean people and start a bloody war against the south-western part of Viet Nam? Third question: who sent 600,000 troops, 800 tanks, and hundreds of aircraft to launch on 17 February 1979 a barbaric war of aggression against Viet Nam along its entire 1000-kilometre-long northern frontier? There is but one answer to these three questions: it was the reactionary group among the leaders of Peking. Fourth question: who helped the Kampuchean patriots to break free from the colonialist yoke in the first Indochinese war? Fifth question: who spilt the blood of its finest sons to help the Kampuchean patriots fight and defeat the American imperialists? Sixth question: who helped the Kampuchean people to get rid of the autogenocidal fascist regime of Pol Pot and Ieng Sary and rebuild Kampuchea from
scratch? There is only one answer to these three questions as well: the Vietnamese people. All this is sufficiently clear, I think, to repudiate the Chinese delegation's slanderous remarks once and for all.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Viet Nam. I now give the floor to the delegate of Czechoslovakia, and hope that it is only to explain her vote.

Dr KLIVAROVÁ (Czechoslovakia) (translation from the Russian):

Mr President, ladies and gentlemen, I would like to explain why the Czechoslovak delegation voted against China's proposal: we are unable to recognize the validity of the credentials of the representatives of so-called Democratic Kampuchea. More than a year has now passed since the people of Kampuchea broke free from the genocidal regime of Pol Pot and his punitive troops. While Pol Pot's regime was in power we did not see its representatives at the World Health Organization, and we think that their presence here is even less called for now. Pol Pot's regime left a severe aftermath of health problems in Kampuchea; this cannot possibly entitle it to participate in the work of the World Health Assembly, whose purpose is to protect the health of peoples, not to murder them. We believe that it is most probably a scheme by reactionary circles to use the participation of the Pol Pot clique to disturb the calm, business-like atmosphere of the Thirty-third World Health Assembly. Our delegation considers the sole legal representative of the people of Kampuchea to be the Revolutionary People's Council of the People's Republic of Kampuchea, and that only its representatives are entitled to membership of the World Health Organization.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Czechoslovakia and now give the floor to the delegate of Belgium to explain his vote.

Professor HALTER (Belgium) (translation from the French):

Thank you, Mr President. The Belgian delegation voted for the closure of the debate and for the maintenance of Kampuchea in our Assembly. I should like to state formally that the reason for this attitude is that it has been the constant desire of my delegation that political discussions should not take place in this Assembly. We are an Assembly discussing the health problems of peoples, and it is for the specialized bodies of the United Nations to adopt political attitudes towards States. I would like to say, therefore, that the Belgian delegation's vote does not imply that it has taken a position regarding any of the parties who have taken part in the discussion this afternoon. Our sole wish was that the legal affairs of our Organization should be decided without political discussion.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Belgium and now give the floor to the delegate of China to explain his vote.

Dr XU Shouren (China) (translation from the Chinese):

Mr President, as already indicated in my last statement, the Chinese delegation wholeheartedly wishes the Assembly to proceed smoothly. It is in the same spirit that we despise the Vietnamese attacks and vicious calumnies against China, and deem them not worth refuting.

The PRESIDENT (translation from the Arabic):

I thank the delegate of China and give the floor to the delegate of the Federal Republic of Germany to explain his vote.

Professor VON MANGER-KOENIG (Federal Republic of Germany):

Mr President, on behalf of the delegation of the Federal Republic of Germany, I would like to explain our vote. In our vote we followed the decision of the thirty-fourth session of the United Nations General Assembly, on 21 September 1979. We have voted on the purely procedural question of the recognition of credentials. The political position of the Government of the Federal Republic of Germany remains unchanged.
The PRESIDENT (translation from the Arabic):

I thank the delegate of the Federal Republic of Germany, and now give the floor to the delegate of Hungary to explain her vote.

Mrs OLA SZ (Hungary) (translation from the French):

Mr President, my delegation voted against recognizing the credentials of Democratic Kampuchea and I am now going to explain our vote.

The Hungarian delegation would like to affirm that it considers the credentials of so-called Democratic Kampuchea null and void. As you know, the Pol Pot/Teng Sary clique was overthrown by the Kampuchean people. Consequently, only the Revolutionary People's Council of the People's Republic of Kampuchea is entitled to nominate the representatives of the Kampuchean people to participate in the work of any international organization, including that of the World Health Assembly. The Revolutionary People’s Council has effective power and control in Kampuchea. The Revolutionary Council satisfies the conditions and criteria for a sovereign State as defined by international law. For this reason, my delegation believes that the only legitimate representative of Kampuchea in WHO is the People's Republic of Kampuchea.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Hungary. I now recognize two further delegates and hope they will find it possible to be brief. This is merely a request on my part to enable us to conclude discussion of this subject. I give the floor to the delegate of the United Kingdom.

Sir Henry YELLOWLEES (United Kingdom of Great Britain and Northern Ireland):

My delegation has voted in favour of this proposal because what we were voting on was the validity of a document, namely, the credentials document. But this should not be taken as implying recognition or approval of the authorities issuing the document. My Government's attitude to the situation in the area remains unchanged.

The PRESIDENT (translation from the Arabic):

I thank the delegate of the United Kingdom. I now give the floor to the last speaker on my list, the delegate of Italy.

Professor VANNUGLI (Italy) (translation from the French):

Thank you, Mr President, for giving me the floor. I would like to explain my delegation's vote as follows: my delegation voted in favour of recognizing the validity of the credentials of Democratic Kampuchea because it considers them to be in accordance with the Rules of Procedure of this Assembly. Nonetheless I would like to stress that my Government's evaluation of the events which have taken place in this region, an evaluation which it has put forward on several occasions and notably during the last United Nations General Assembly, has not changed, particularly with respect to its outright condemnation of the crimes committed by the Pol Pot regime against the people of Kampuchea.

The PRESIDENT (translation from the Arabic):

Thank you. I hope that we have now concluded our discussion on this subject, and that we may continue with the agenda.


The PRESIDENT (translation from the Arabic):

We shall now resume the general discussion of items 9 and 10. The first two speakers are the delegates of Colombia and Finland. I invite them to the rostrum, and give the floor to the delegate of Colombia.
Mr President, Mr Director-General of WHO, ministers, delegates, I should like first of all to congratulate the President on his election to the presidency of this Thirty-third World Health Assembly. I should also like to congratulate the Director-General on his report and, in particular, on the organizational work he has been carrying out with a view to drawing up new strategies and securing programmes for improving the community's health.

Allow me to begin with a few facts to give you a general picture of my country. Colombia has an area of 1 417 748 km² and is situated in the northwest corner of South America. Its estimated population for 1980 is 25 930 000 inhabitants, 67.64% of whom live in towns and 40% are under 15 years of age.

As regards health care, we have realized the importance of improving the health status of the least protected segments of the population through the provision of primary health care by health promoters. A review of the programmes in August 1979 showed that the targets set had been attained to a satisfactory extent. Of the 645 primary health units planned for the three-year period 1976-1978, 629, or 97.5% were set up. Another 221 units were planned for 1979, and all established. As a result, it was possible to deliver health care to 3 047 823 inhabitants for whom no services were available previously. This means that, through such measures, it has been possible to extend coverage to 1 015 941 persons annually on an average.

Extension of coverage has been concentrated primarily in rural areas hitherto suffering from the least health protection. This does not mean that increased protection for the peri-urban population has been neglected. In the large towns, besides primary health care provided by health promoters, intermediate units have been set up to cope with minor emergencies that can be handled at once or by hospital stays of less than 24 hours. They are also equipped to provide general medical services. These intermediate units serve as a link between the urban health centres and hospitals using highly sophisticated technology in order to treat simple diseases and relieve specialists at the tertiary level of the specific work of general practitioners. The intermediate units are thus designed to provide obstetric care for low- and medium-risk cases, child rehydration, short stay surgery and programmed outpatient services.

With the health infrastructure established in the country, priority attention is being given to health care for mothers and children at the primary level in which functions have been reassigned to health promoters and nursing auxiliaries; for example, surveillance of normal pregnancy, low risk deliveries, promotion of family planning programmes, distribution of oral contraceptives and application of intrauterine devices are tasks performed by nursing auxiliaries. The intermediate units also represent a major advance in controlling child growth and development, providing antidiarrhoeal drugs and oral solutions for the initial treatment of diarrhoea and sequential dehydration.

With a view to improving child feeding, appropriate standards have been issued for encouraging breastfeeding and preparing programmes on nutritional education and supplementary feeding. Primary health activities are also being developed in relation to tuberculosis, leprosy, chronic diseases like arterial hypertension, cancer, mental diseases - with the emphasis on community mental health - and, lastly, in relation to physical rehabilitation programmes.

Health coverage in the forests where the indigenous population lives is being extended through the use of health promoters and with the participation of the natives themselves, some of whom are selected and trained in technology adapted to the region so that they may become health promoters in turn. The policy for extending coverage based on primary health care is being carried out with the active participation of organized communities. For that purpose we have established a Directorate for Community Participation at the ministerial level which is responsible for the programming, execution and evaluation of such activities. The importance of organizing communities to take an active part in the decision-making process in the health field has to be stressed. Such measures, which we believe contribute to the development of the health status, have also been taken in conjunction with other countries of the Andean subregion, and to that end seminars, workshops and meetings have been held, under the Hipólito Unanue Convention of the Andean Pact, for exchanging experience and establishing uniform criteria for the solution of common problems.

In connexion with environmental protection, the present Government has been giving priority to the following subprogrammes: drinking-water supply, quality control of water for public consumption, urban and rural excreta disposal facilities, urban sanitation, control of atmospheric pollution, port sanitation, food protection and zoonosis control. A plan of national integration of drinking-water supply, excreta disposal and urban sanitation has been established for increasing the coverage and improving the quality of the services in these...
three sectors, especially in small and medium-sized towns. The plan is intended to ensure better sanitary conditions with a view to improving the population's health status and as a means of stimulating administrative decentralization and economic development.

The target with respect to urban water supply is to increase coverage from 74% to 78% during the period from 1978 to 1982. The target in respect of excreta disposal is to increase coverage from 66% to 72% during the same period. In rural areas, water-supply facilities will be built in 1360 localities, thus increasing coverage from 38% to 79.2% by 1982. As regards urban sanitation, suitable refuse collection and disposal facilities will be provided for 65% of the population. The Government has earmarked a sum of 32 048 million pesos for these programmes, with 16 715 million coming from the ordinary budget and 15 333 million from outside financing sources.

In connexion with environmental pollution, we are paying special attention to air and water protection and have begun to investigate and analyse prevailing conditions by setting up and putting into operation 32 monitoring stations in the main industrialized towns. As regards water pollution, a three-year programme of research on the pollution of Cartagena Bay has been undertaken at an approximate cost of 30 million pesos.

Another matter of great concern has been the physicochemical and microbiological quality of food for public consumption, especially that intended for mother and child feeding. For this purpose, a network of 11 laboratories has been set up in the country at an approximate cost of 100 million pesos during the initial stage. The network will be expanded subsequently in order to provide everyone with food health services.

In connexion with zoonoses, Venezuelan equine encephalitis has been brought under control through vaccination and no cases in either humans or animals have been recorded since 1974. In respect of rabies, the coverage of canine vaccination is of the order of 80%. Though the country was free of bovine tuberculosis, in 1978 a few foci were produced, which are now being eliminated by slaughtering animals showing a positive reaction to tuberculin. The Ministry of Health has been concerned with controlling and eradicating the types of zoonoses most harmful not only to health but to the country's economy and consequently has lent full support and collaboration to the agricultural sector in combating diseases whose economic implications are greatest.

Another programme to which the present Government has given considerable priority is the programme to control malaria. In this connexion it has formulated the following strategies: (a) review and evaluation of the programme carried out with the participation of WHO and PAHO in 1979, whose recommendations are being implemented; (b) updating of this programme with the help of new operational, technical and scientific staff; and (c) allocation of the necessary funds for the above-mentioned measures. The budgetary increase was 420% over the 1978 appropriation.

A programme for the control of yellow fever is also being carried out by vaccinating all of the susceptible population at risk. This programme is backed up by activities for eradicating Aedes aegypti in the country.

With these measures we hope to have controlled malaria mortality in the next three years and to have reduced the prevalence rate by 50%. We hope also to ensure continuance of the 50-year tradition of towns free of yellow fever and to protect 100% of the rural population susceptible to this disease. Special attention has been paid to health legislation in the country and, as a result, last year Congress approved Act No. 9 establishing the new National Health Code covering environmental protection, water supply, industrial health, building sanitation, food, drugs, pharmaceuticals and related products; epidemiological surveillance and control, natural disasters, deaths and disposal of corpses; specimen transplant and control; surveillance and control of health institutions and health rights and obligations.

In concluding, I wish to state that Colombia at present is making enormous efforts to train health staff in modern administrative systems. It is also endeavouring to find new strategies for developing its health programmes more efficiently, especially through the national programme for health development. This programme provides for the establishment of a series of nuclei to form a national network coordinated centrally and designed, through fresh and innovating strategies, to improve the efficiency and effectiveness of the resources set aside for health services. All of these ideas, we are sure, deserve the support of WHO and PAHO so that they can be carried to a successful conclusion.

Mr President, I sincerely hope that the deliberations of this important Assembly will be a success.
Ms LUJA-PENTTILA (Finland):

Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of the Government of Finland I wish to express deep appreciation of the work done in WHO during the past biennium. This period was highlighted by three major events: first, the Declaration of Alma-Ata; secondly, the adoption by the United Nations General Assembly of resolution 34/58 recognizing health as an integral part of development; and, thirdly, the fact that this Assembly will soon pronounce the declaration of the global eradication of smallpox.

The Director-General of the World Health Organization has during the past decade courageously guided the international health community into reassessing health policy. This has found universal acceptance and recognition in the form of international and national efforts for the attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life.

This ambitious policy plan now calls for effective implementation. The Organization's possibilities for reaching the goal are totally dependent on what the individual Member States decide to do. Turning the slogan "Health for all by the year 2000" into reality is a tremendous task, so tremendous that some have questioned the feasibility and justifiability of launching such a goal. No doubt there are many difficulties to be overcome, of which the finding of necessary funds certainly is not the least. For instance, reaching the goal that has been set implies a different time-perspective from the one we are used to in planning for health in most of our national administrations. Thus it is not realistic to expect that ready-to-implement plans can be produced all at once. It is possible, however, to draw up general guidelines that can be gradually completed by more detailed plans and can be modified according to the experience gained through the implementation process. Nevertheless I believe that the World Health Organization will succeed in its worldwide efforts, and I wish to express once again the total support of my country for the new health strategy.

Since 1972 we in Finland have had experience of the functioning of a primary health care system which is based on the same principles that are advocated in WHO's policy for attaining health for all by the year 2000. On the whole, we can say that our experience has been very encouraging. Obviously there are still many problems to be solved. For instance, one such major problem is how to meet the increasing needs of the chronically ill, of physically or mentally handicapped persons, and of the elderly. The solving of these problems depends essentially on better coordination and integration of social and health services, which are considered increasingly necessary in the development of primary health care in general.

One virtually universal trend in today's health situation is the marked increase in psychosocial and mental health problems, especially among children and young people. This calls for more emphasis on mental health aspects in health and community support services and also in training. I therefore note with satisfaction the work initiated in WHO on the public health and social aspects of mental health. This includes new areas of work such as the application of mental health knowledge to general health care and to the programmes concerned with alcohol and drug dependence. Finland supports the strengthening of the WHO programme on alcohol-related problems and welcomes the opportunity to expand its collaboration both with WHO and with other nations in an effort to prevent increased alcohol consumption and the related health hazards. We hope that this strengthened programme will meet with broad interest on the part of Member States and that it will receive the necessary support as regards both financial and other contributions. We also consider it essential that enough resources from WHO's regular funds should be allotted to the programme so as to ensure adequate secretariat and other central functions.

Another area which my delegation considers as meriting special mention is the contribution of the Expanded Programme on Immunization to the development of world health. The target of immunization of all children by 1990 is very clear and entirely feasible. WHO estimates that three United States dollars per child would be sufficient to immunize every newborn child in the developing world against the six most common childhood diseases. The overcoming of identified restraints - such as the lack of planning and management skills and the absence of data on which to base strategies and the evaluation of progress - deserves sustained priority attention.

In Finland we are especially concerned about the number of occupational diseases and the high incidence of occupational cancers that accompany the presence of chemical substances in the working environment. We greet with satisfaction the establishment of the new WHO programme of environmental health and intend to collaborate with the Organization in implementing it. The major aims of the programme - technical cooperation in planning and programming for basic sanitary measures, and worldwide assessment and prevention of new environmental hazards - deserve to be singled out for receiving important priority attention in Member States and in international cooperation, both bilaterally and multilaterally.
Dr MORAN (Malta):

Mr President, Excellencies, fellow delegates, may I take this opportunity to congratulate you, Mr President, on your election to this high office?

I am sure that in congratulating the Director-General on the excellent biennial report on the work of WHO during 1978 and 1979 I am echoing the words of previous speakers during these last days. It is appropriate that the report commences with what is indeed correctly termed a momentous Declaration - that of Alma-Ata, which we endorsed last year. Moreover we shall tomorrow be witnessing an equally momentous occasion in the history of human health: the formal declaration of the eradication of smallpox. On such an occasion we should feel proud of these two achievements. The first has set the pattern for our future work in pursuit of our aim of attaining health for all by the year 2000. The second is an example of a concrete, specific achievement. In both cases the World Health Organization has played an essential leading and catalytic role.

In this context, taking also into account the clarity and comprehensiveness of WHO's programme as evidenced by the Director-General's report, I would once again take the opportunity of formally affirming my Government's continued support and cooperation in the fulfilment of the Organization's programme. My Government's policy in the field of health is practically identical with that of the World Health Organization in that our aim is to emphasize health care as distinct from medical care, and to give priority to preventive over curative measures. Our projection at the present time in fact emphasizes the predominant role of the primary health services within the comprehensive health care of the family and the community.

The process of economic growth through which Malta is currently passing has created new problems in the field of preventive health work. Increased industrialization has resulted in the need for new measures in pollution control and resource management as well as in all possible aspects of occupational and environmental health. Agricultural expansion has necessitated more stringent measures, not only in the control of the pesticides used but also in that of their manufacture and formulation. The continued growth in the tourist industry has not only accentuated the need for improved methods of marine pollution control, but has also brought to light new responsibilities in the control of the importation and spread of infectious diseases and in the control of food-processing, distribution, and catering. In several instances the demands created by national economic growth have been met by the updating and expansion of already existing public health and environmental protection measures. In certain areas however - as would be expected in a developing country - we have been faced with new problems for the solution of which our existing legal, technical and administrative infrastructure did not provide adequate coverage. In this respect we depend very much on data, information, and assistance from developed countries which already have experience in these subjects. We therefore welcome WHO's initiative in this field in establishing collaboration projects such as the international programme on chemical safety.

We are of course doing our best to improve all aspects of health care within the limits imposed by our small size and comparative lack of resources. Our national health scheme was introduced last year on 1 April, the first stage being free hospitalization for all, irrespective of means, on both an inpatient and an outpatient basis. The second stage, introduced on 1 January of this year, has been the extension of community nursing and domiciliary care services to the whole population - also free. We have now taken the initial steps leading to the introduction of a comprehensive general practitioners' service that will be free for all.

Malta's seven-year development plan for the period 1973-1980 has just been completed. During this period our strategy in the health sector was aimed at the raising of standards generally, with special reference to further modernization and rationalization of the quality and capacity of our hospital services. In this sphere we launched and realized a comprehensive programme which involved not only the provision of new medical services in our hospitals but also the upgrading of basic services and amenities to meet modern requirements. Among other things, in November 1979 (appropriately enough in the International Year of the Child) we formally inaugurated our first children's hospital, the Karen Grech Memorial Hospital, in Malta. Several other projects, including the establishment of an intensive therapy unit, were completed during the period. Still others, including the completion of an up-to-date maternity and gynaecology unit, with a capacity of over 160 beds and its own operating theatre complex, will reach fruition this year.

The objectives of our next development plan, for the period 1980-1985, are generally designed to consolidate past progress and to introduce other aspects which, while already
earmarked for detailed preparation and implementation in past years, depended on the establishment of the necessary infrastructure for their implementation. During the next five years, special attention and consideration will be devoted to the further development of community care, hospital facilities, and geriatric services.

Community care services include all community-based health services providing for the control of the physical environment and the enforcement of public health legislation as well as primary health care services. We are interpreting "primary health care" as meaning the advice and care given to all members of the public on all the preventive and curative aspects of health by multidisciplinary professional teams responsible for providing a service at the first point of contact and continuing throughout the treatment, rehabilitation, or terminal phases of illness when these take place in the community. To attain our objectives in developing our primary health care services to the point where they will be in a position to offer comprehensive and continuing care at consumer level, thus reducing demands on the hospital services, we plan to set up a free, universal general practitioners' service, thus extending the range and quality of our primary care services, and to integrate preventive and curative services in the community by developing primary health care teams, working from health centres so sited as to be readily accessible to their respective communities.

The further development of our hospital care services will essentially be a continuation of the modernization process. New investment programmes planned, including the establishment of blood banks, the setting up of a high isolation unit on modern lines, and the comprehensive upgrading of our X-ray facilities, will be taken in hand very soon and finalized.

The growing numbers of the population aged 65 and over will place an increasing strain on most of the health and health-allied services. Our main objectives in the field of geriatric services are to help the elderly to remain in the community for as long as possible by providing them with all possible aspects of domiciliary care; to provide hospital and residential care for old people unable to live independently within the community; and to improve hospital facilities for early diagnosis, intensive treatment and rehabilitation. The paramount objective in the care of the elderly is to enable them to maintain independent lives in the community for the longest possible period. Our interest in this particular aspect is also illustrated by the fact that Malta will be hosting the Working Group on Ageing in the Middle East, between 3 and 6 June of this year, as part of the preparatory work for the World Assembly on the Elderly, scheduled for 1982.

During the last few years we have increased the range and scope of our international contacts by entering into reciprocal health agreements with various countries. We have a long-standing agreement with the United Kingdom in this field and I would like once again to acknowledge the valuable assistance that the United Kingdom is affording us. We have signed similar agreements with Belgium, Czechoslovakia, Poland, and Yugoslavia, and I would also like to thank these countries for their goodwill and assistance. I trust that the agreements are proving equally beneficial and useful to the countries in question, who need no further assurance of our firm desire and intention to collaborate to the fullest extent possible.

I must add that these agreements are valuable to us not only in filling the gaps created by our natural lack of resources but also in widening our contacts with different schools and systems. They also provide a useful input into our medical training programme, which - in common with other tertiary education courses in Malta - has been comprehensively restructured. Under the new worker students' scheme, courses are based on alternating periods of academic study and related practical work, each containing a requisite amount of flexibility. The new scheme has passed its preliminary experimental phase and is now being established. It was in fact extremely encouraging to note that the reports received from the external examiners, drawn from leading universities in Europe and elsewhere, in connexion with the first final examination under the new scheme (held in 1979), were among the best ever received by the medical school in Malta, so that the academic standards of the course can be said to have been enhanced rather than merely maintained.

Mr President, after thanking this Assembly for allowing me to take up so much of its valuable time, it only remains for me to reiterate my Government's pledge of cooperation with the World Health Organization and to renew the formal offer I made last year for the convening in Malta of the first available regional conference for which no venue has yet been fixed. Apart from the modern facilities afforded by our new conference centre, you can rest assured of our traditional Maltese hospitality.

Dr AMADOR-KÜHL (Nicaragua) (translation from the Spanish):

Mr President, Mr Director-General, honourable delegates, it is a matter of great significance to the Government Junta for National Reconstruction, the Nicaraguan people under
the leadership of the Sandinist National Liberation Front, and the Ministry of Health, to be represented here at the Thirty-third World Health Assembly as a new and free Nicaragua strengthened by unity and determined to defend the revolution which our heroic people has achieved through the sacrifice of its most cherished sons. Just as we are determined to safeguard the integrity of our country and respect for nations' self-determination, we are firmly convinced that we shall achieve health for all Nicaraguans by the year 2000.

The health sector alone cannot attain the goal of health for all. Such an achievement requires as well the political determination of the State, the organized force of the masses and the necessary changes in the social and economic structure, as proposed by the Sandinist people's revolution. The Government for National Reconstruction reaffirms the right and duty of every Nicaraguan to take part in the challenging task of ensuring health for all the people. The Ministry of Health is orienting its technical, administrative and programme activities according to the 1980 programme of economic revival for the people. This programme of economic revival is designed, in the context of liberation and independence, to ensure a better distribution of the country's wealth for the benefit of the majorities. Consequently, the Sandinist revolution has established in the health field the unified national health system, which in turn is an integral part of Nicaragua's economic and social system. The unified national health system means (1) that the Ministry of Health alone is responsible for the health problems of the Nicaraguan people; (2) that its operation is based on standard-setting centralization and executive decentralization, with the active participation of the masses; (3) that health is a right of the people and, consequently, priority is to be given to health care for mothers, children, the rural population and production workers.

Some health indicators available show that average life expectancy in Nicaragua is 52.9 years; the estimated rate of general mortality is 16.4 per 1000; the rate of infant mortality is 121 for every 1000 live births in urban areas and between 180 and 200 for every 1000 live births in rural areas; the rate of maternal mortality is 11 per 1000; the rate of mortality in children under school age is 12 per 1000 inhabitants and malnutrition in some rural areas affects 80% of the population.

The Government Junta for National Reconstruction and the Directorate of the Sandinist National Liberation Front have set bringing health to the countryside as a priority target. This does not mean that the situation in towns, which also suffer from poor health conditions, is to be neglected. The goal of bringing health to the countryside is not only a watchword of the avant-garde Sandinist National Liberation Front but fully expresses the Sandinist ideology, which considers that health is not merely the absence of disease but involves raising living standards, promoting individual dignity and sustaining the revolutionary process, and aims fundamentally at the full satisfaction of the physical, mental and moral needs of the citizens. It has been necessary to exchange the traditional forms of health care for forms making use of available resources and creatively integrating the masses into the process of improving the health status. We are training 600 health brigade workers, selected according to the same criteria applied for the recruitment of combatants: revolutionary attitude, ideological clear-mindedness, combative ness and ability to withstand living conditions in rural and mountain areas. The brigade workers will undertake training of the mass organization members responsible for health under the same conditions in which they will have to work. It is regarded as a privilege to belong to a health brigade since, after two years of service, members will be admitted to the 19th of July Sandinist Youth Organization and will serve as the first link in a primary health care network and as the cornerstone for the training of future health workers.

In a country like ours where the population is undernourished, our major achievement has been the immunization programme. With the active participation of the people, days were organized for large-scale vaccinations against poliomyelitis, measles, diphtheria, tetanus and tuberculosis, despite the destruction of the infrastructure by the war and the lack of an efficient system of refrigeration for the conservation of biological products. The Ministry of Health immunized 100 000 literacy-teaching brigade workers throughout the country with tetanus toxoid. The health code was drawn up and is now being revised. A death certificate and a birth certificate were prepared, Nicaragua being the only country in Latin America where these essential documents did not exist. Priority was given to the control and eradication of malaria, one of the chief diseases in Nicaragua and the one that has done most to check its development. Taking advantage of the fact that the brigade workers participating in the national literacy campaign travel throughout the country, these workers were trained to detect and give preventive and curative health care to anyone suffering from malaria. These brigade workers are actively combating malaria and ignorance.
As a shock strategy, oral rehydration services have been set up throughout the country as part of the programme to prevent and treat dehydration caused by diarrhoeal diseases, the primary cause of infant morbidity and mortality in Nicaragua. Highly satisfactory results have been obtained, with a significant drop in the number of hospital cases and intravenous rehydration.

In the six months since the victorious outcome of the revolution, 10 new hospitals have been put into operation and 53 health centres established, that is 3.4 daily, using existing buildings adapted to the purpose. In six months the Revolutionary Government has built 6000 privies. During the same period 521 middle-level health technicians have graduated and it is expected that an additional 968 will graduate during the second semester of 1980. Opportunities for admission to the medical profession have been broadened, which will lead to an increase of 160% in the number of graduates without affecting the professional standards of future practitioners in the country.

In concluding this statement, I wish to express our deep gratitude to the Member governments of the World Health Assembly, to friendly nations and such international organizations as WHO, PAHO, UNICEF, UNFPA, WFP, FAO, UNHCR, UNDP and others which have lent us their fraternal support in pursuing our nation's reconstruction and laying the groundwork for a new Nicaraguan State and society in which justice, brotherly love, responsibility and solidarity with all the peoples of the world struggling for freedom and for an end to man's exploitation of man will prevail.

Mr MULLINGS (Jamaica):

Mr President, the delegation of Jamaica is happy to join in congratulating you and the Vice-Presidents on your elections to the high offices you now hold. We would also like to welcome the two new Members which have joined the Organization, namely, Zimbabwe and the Republic of San Marino. Jamaica takes great pride in extending a special welcome to the delegation of Zimbabwe. We congratulate that country on its victory after a long, bitter struggle for freedom and political independence. It must surely be the hope of all people of goodwill that Zimbabwe will swiftly be able to concentrate its energies and its efforts on the social and economic development of a people who have suffered greatly but have struggled nobly for their liberation.

We take this opportunity to pay tribute to our distinguished Director-General, Dr Mahler, for his continued and inspiring leadership, and especially at this time following a visit by Dr Mahler to Jamaica in March of this year. We wish publicly to thank him for the visit and to share with you that his presence gave a tremendous boost to our national efforts in mobilizing public opinion towards implementing our goal of providing health for all by the year 2000. Dr Mahler, by his dynamic personality, inspired both health and other sectors to an increased acknowledgement of the role of health in national development and of the need for all sectors and the community to be actively involved in the development of health.

We are painfully aware that the year 2000 is less than 20 years away. We cannot afford to spend five of those years merely developing and refining strategies. Nor, we dare say, can the World Health Organization. There is more than a 15-year time-span on the critical path which sets out the steps between the present status and our objective. So we in Jamaica have commenced implementation, even while continuing to refine the details of planning and strategy. We hope that this route will allow for dynamic interaction, and for quick responsiveness to rapidly changing situations. Thanks largely to WHO, the destination is set, the direction is clear and we have started the journey, with an excellent new compass on which is marked "made in Alma-Ata - 1978".

As regards training, we have held a dialogue with the University of the West Indies concerning the training of medical students. The University has accepted the importance of primary health care and community medicine and has adopted a revised curriculum which takes students into community health centres from their first year. We are also running refresher courses in primary health care for doctors already in practice in health centres. The tuition on these courses is at the postgraduate level. This innovation was enthusiastically received. We are also continuing to cooperate with other developing countries, especially in the field of training. At present there are a number of students from Namibia who are receiving training in Jamaica.

In the field of health management we are revising our health information system and developing accounting statistics and health data which will be integral to our primary health care programme and which will be meaningful to the managers of our health services and facilitate the planning and evaluation process.
In the area of pharmaceuticals, we have completed the preparation of a national formulary, and have started to overhaul our drug purchase and distribution system, having recognized it as the expensive hub of our health services.

As you can see, in Jamaica we are involved in redefining our structures in the light of our changing functions. We have received, and are continuing to receive, a great deal of stimulation and cooperative help from WHO, mainly through the Pan American Health Organization. We are therefore very interested in the present review of the structures of WHO in the light of its functions. Some questions which ought to be answered in the present review are: (1) What were the global health needs when WHO was formed? (2) How many of these are still global needs? (3) What are the new global needs? (4) Is the holding of conferences, workshops, seminars and meetings a high priority need? (5) If we were setting up WHO today, what structure would we adopt? (6) Will the new structure have a built-in mechanism to respond quickly to changes still unforeseen? These are some of the questions that must be answered.

My delegation believes that, as in other spheres of development, the matter of achieving health for all is intricately bound up with the question of readdressing the present inequitable international economic system and the creation of a just world order. We note with satisfaction that the United Nations General Assembly, at its last session, acknowledged health as an integral part of development, and that the new international development strategy for the next decade will include a health component. This is vital if the new strategy is to assist meaningfully in implementing a new world order.

We feel that in Jamaica we have made some progress in implementing primary health care, which must be the basis of the programme for health for all by the year 2000. I have attempted to state very briefly what I consider to be some of the more important advances that we have made in Jamaica during the last 12 months, and posed some questions which should be considered when reviewing WHO's structure in the light of its functions, because they have a vital and direct bearing on the health services of all developing countries, including my own.

In closing, may I record our thanks for the continued support and stimulus received from WHO and say that this has given us added impetus in working towards our objectives.

Mr Wang Wei (China) (translation from the Chinese):

Mr President, first of all please permit me, in the name of the delegation of the People's Republic of China, to extend to you my sincere congratulations on your election as President of the Assembly.

On the eve of the convening of this Assembly we heard the sad news of the passing away of President Josip Broz Tito of Yugoslavia. The passing away of President Tito is a loss not only to the Yugoslav people but to all peace-loving people in the world. He will live on in the hearts of the people.

It is the sincere wish of the delegation of the People's Republic of China here to exchange views with delegates from the Member States on the work of WHO, on the formulation of strategies for health for all by the year 2000, and all other issues of common concern. We have noted with satisfaction that much has been done by WHO to attain the strategic goal of health for all by the end of the century, to the benefit of peoples of all countries, and particularly the developing countries.

People of all nationalities in China are at present exerting all their efforts to realize socialist modernization by the end of the century. China is known as a developing socialist country belonging to the Third World. Her rural people constitute more than 80% of the population. The emphasis in the building-up of medical and health services in China must be firmly laid on the rural areas.

During the past 30 years since liberation, a tremendous change has been brought about in rural health through the strenuous efforts of the vast numbers of health workers under the leadership of the Chinese Government. Primary health care units have been established on a planned basis. At country level there are now more than 2300 hospitals, over 2000 epidemic prevention stations, over 1800 maternal and child health centres, and a number of hospitals of traditional Chinese medicine, health schools and specialized institutions for both prevention and treatment of diseases. Health centres have been set up in all the communes. At the production brigade level, the cooperative medical service system has been put into effect with the setting-up of cooperative medical services stations, each staffed by two or three "barefoot doctors". There are part-time health aides and midwives in each production team. A three-level health network has taken shape, comprising county, commune and brigade. The shortage of medical care and drugs, which was the case before liberation, has thus been changed.
However, the development of health services is not balanced. In order to meet the needs of the socialist modernization of the country we are planning further to improve the rural health services of the 2100-odd counties throughout the country in a phased manner in the next 20 years. The focus is on the strengthening of primary health care units and on the raising of their professional level. As the first phase, county medical and health institutions in one-third of the counties — about 700 — are expected to become by 1985 centres of treatment, prevention, maternal and child health and training for the whole county. This is being done with the aim of giving more effective help to the training and upgrading of health personnel at commune level and "barefoot doctors" at the brigade level, and of developing the role of the health network to the full. Experiments are being conducted in selected areas throughout the country, and will gradually be expanded as experience is gained. By uniting and relying on the three forces of traditional Chinese medicine, western medicine and integrated medicine, we are confident and determined to construct health institutions in all counties as well as primary health care units within the counties for the betterment of our rural health service. Our aim is in conformity with WHO's target of health for all by the year 2000. It is our wish to join efforts with the world's people for the attainment of this goal.

In recent years, we have had fairly frequent and productive contacts and cooperation with the World Health Organization, the governments concerned, and medical professionals. With the collaboration of WHO or UNDP, or on a bilateral basis, 17 international training courses on acupuncture and moxibustion and one on the treatment of joint injuries by integrating the treatment methods of traditional Chinese medicine and western medicine were held in Beijing, Shanghai and Nanjing, mainly for the Third World countries.

Since 1979, 13 study tours from Third World countries have visited our country to study primary health care and traditional Chinese medicine. Over one thousand Chinese medical workers are in 30 developing countries, working shoulder to shoulder with the local health workers at the forefront of prevention and treatment of diseases.

Medical and health collaboration and exchanges of various forms with other countries are being developed; for example we send our graduates abroad, exchange scientists and carry out cooperative activities in certain professional areas, either through the World Health Organization or by agreement with the governments concerned.

All these activities are conducive to exchanges in the domain of medical sciences with other countries, to mutual understanding and learning for common progress, and to the strengthening of friendship and collaboration among peoples of all countries.

With a view to sharing experience in primary health care with developing countries, workshops will be arranged in Conghua County of Guangdong Province, Jiading County of Shanghai Municipality and Yaxian County of Shandong Province in the second half of 1980, in collaboration with WHO headquarters and the Regional Office for the Western Pacific; these three countries are to become WHO collaborating centres on primary health care. Under the collaboration programme agreed upon, workshops of this kind, which serve to strengthen further the exchanges and collaboration among all countries in the health field and to promote the development of China's rural health services, will be continuously organized on a planned basis. I therefore wish to take this opportunity to express my sincere thanks to Dr Mahler, the Director-General, Dr Lambo, the Deputy Director-General, Dr Dy, the former Regional Director and Dr Hiroshi Nakajima, the present Regional Director for the Western Pacific, and all friends working in WHO, who have contributed to the promotion of friendly exchanges and collaboration between China and other countries.

Last but not least I take the opportunity, in the name of the delegation of the People's Republic of China, to extend my warmest welcome to Zimbabwe, San Marino and Equatorial Guinea as they join this Organization as Member States.

Sir Henry YELLOWLEES (United Kingdom of Great Britain and Northern Ireland):  

Mr President, I should like to congratulate you and your Vice-Presidents most warmly on your election to these high offices. But before I go further, may I first say that we from the United Kingdom wish to extend to the delegation and people of Yugoslavia our deepest sympathy in the grievous loss of their great leader. We mourn his passing with them.

Following the usual custom in the United Kingdom, I will be brief. First, we welcome the admission of San Marino and Zimbabwe during the present Assembly. On this occasion I want to refer specially to the emergence of Zimbabwe. The aim of the British Government throughout the settlement process has been that an independent Zimbabwe should occupy its rightful place in the international community. It is therefore with great pleasure that we give our wholehearted support to the resumption by our colleagues from Zimbabwe of participation in the work of this Organization. I would like, also, to welcome the admission of the
Seychelles as a Member of WHO; this took place on 11 September 1979, and the Seychelles is now attending this Assembly as a full Member for the first time. We have worked with our colleagues from the Seychelles in a number of other fields and look forward to cooperating with them here also.

I share the view of the Director-General that the two most important discussions before us this year are those on the formulation of strategies for attaining health for all for the year 2000, and on WHO's structures in the light of its functions. If we are to achieve our goal for health we must be prepared collectively to ensure that the structures of our Organization are adjusted where necessary to meet this primary objective. In his stirring address, Dr Mahler has challenged us to ensure that the words "Health for all by the year 2000" do not become an empty slogan but are the title of a living, practical strategy, supported by the wholehearted individual and collective cooperation of us all. His four questions are not rhetorical questions: they require an answer. We shall not achieve our goal if we simply nod our heads and sit back in our seats.

I will not attempt a detailed answer from the United Kingdom on this occasion, but I can comment on his first question as to whether we are ready to introduce, in our country, health policies in the spirit of those adopted in WHO. A large proportion of our health resources are taken up with the care of the elderly, and my Government has issued a paper which sets out policy proposals for the future in this field of work, and has invited public discussion of these proposals. This will provide an opportunity for the views of the public, and of the consumers as well as the providers of the services, to be made evident and to react each on the other. It will also enable services to be developed on the basis of primary health care in a way that will be understood by all concerned. In a similar way, we have stimulated public discussion on changes proposed in the administrative structure of our health services which are designed to make them more responsive to local needs. On technical cooperation, I can assure the Director-General that our policies are entirely in line with the policies that have been adopted collectively in WHO.

I would like to comment on just three specific programmes. We commend the Special Programme of Research, Development and Research Training in Human Reproduction. We note that the strengthening of research institutions and of training in research was a major feature of this programme last year, and we welcome the involvement of an increasing number of developing countries. We shall continue to support this programme and to make a financial contribution to it, and we hope other countries who are in a position to do so will do the same.

We have emphasized the importance of the diarrhoeal diseases and of malaria at previous Assemblies, and I am encouraged to note that some seventy countries have begun to develop programmes for the control of diarrhoeal diseases - but we must intensify our efforts to curb one of the world's major killing diseases. It is a matter of regret that it has not yet been possible seriously to improve the global epidemiological picture on malaria, but the reduction in the number of cases occurring in some areas is a matter for congratulation to the countries concerned.

Finally, I would like to convey to Dr Mahler our very sincere congratulations on the outstanding achievement of the Organization in eliminating smallpox. I appreciate, of course, that we will have the opportunity of celebrating this tomorrow, but in a special way my fellow countrymen and I feel we were in at the beginning of this through Jenner's contribution and pioneering work on vaccination, and that we have played a major part ever since. Spurred on by this success, we hope that our Organization will go from strength to strength, and we look forward to playing our full part in it in the future.

Mr CHONG Hon Nyan (Malaysia):

The Malaysian delegation joins other distinguished delegates in congratulating you, Mr President, and the Vice-Presidents on your election to such high office. We are assured of the highest efforts of your guidance in this Assembly.

The numerous constructive reports before us by the Director-General reflect his continued dynamism and concern that there should be global achievement of our agreed objective of health for all by the year 2000. He has once again expressed his thoughts and aspirations in this direction with admirable clarity and conviction. The Malaysian delegation thanks him, and his staff, for the excellence of the reports before us. In the time allotted, however, it is not possible for me to comment on them as widely as I would wish.

As part of the Third World, where tropical diseases are a threat to our economic and social viability, we join in a collective sigh of relief that smallpox has now been eradicated and
eliminated from this dreaded list. This has only been possible because all nations, developing and developed, have concentrated to eradicate it. We have long talked about such interdependence amongst nations, but in economic and trade terms more than in health. We ask for trade and tariff barriers to be lowered, for protectionism to be discarded, for the free flow of commerce to be allowed. While these negotiations are long and hard enough, we must not be even slower to recognize that diseases must be scoured and that they are not confined within protected economic zones, territorial boundaries or geographical regions. Even as we barter for economic development, our own experience shows that a better quality of life does not just happen as a happy fall-out from such development. This quality must be planned for and worked at and seen as the ultimate objective. It has to be integrated into our whole political, economic and social system if development is to mean anything to the mass of the population for whom it is ostensibly designed.

Our empirical experience in Malaysia shows that merely wishing for health for all will remain a pious aspiration and comforting slogan if this objective is absent from the minds of our political, economic and social planners. Health personnel need to understand what economists mean by growth, just as economic planners must understand health personnel who talk about a total health care delivery system. In simplistic terms, too often such an understanding can be facile if limited to negotiations as to how many hospitals are to be built within a certain plan period and what personnel is required to man them. We all recognize that a health system does not just fall into place; it has to be integrated into the whole structure of the country through a political commitment. I would urge that such a political commitment to combat disease be present as well in our regional and international affairs.

The Director-General has urged that health is indivisible. If developing countries are to achieve the global aim of health for all, with primary health care as a prime strategy, then it must not be argued from this that the effort should rest solely upon us. Indeed, pressures on the Third World are such that health systems in these countries are beginning to develop as mirror images of those in the industrialized ones. We have the limited resources of a developing country but have inculcated in our minds the health expectations of the most advanced of countries.

There seems to operate a degree of protectionism in health matters in reverse. Even as we try to contain such limited health personnel for our expanding services, the attraction of better-paid jobs in a more sophisticated system proves sometimes irresistible to our professionals. The developed countries protect their own manufactures from competition; they sometimes actively encourage the inflow, however, of the most valuable of commodities of a developing country - its trained and professional personnel.

We fully realize that in free and democratic systems there can be no artificial barrier to intellectual and professional movement. At the same time, however, we see no compensatory reverse flow to developing countries of assistance to produce such personnel. Indeed, many developed countries have instead been protective in their educational policies to restrict the number of places available to the Third World for professional training. We are regarded as prime markets for the sale of equipment and pharmaceutical products, but are left to our own devices to cope as best we can with the high expectations that these pressures arouse.

I suggest, therefore, that as we frame our policies in the context of a New International Economic Order we enlarge our horizons as to the realities that we face, for instance, typically in Malaysia. We ourselves are confident that health for all by the year 2000 is an attainable goal in our own country. We have already identified our underserved areas to determine where permanent health facilities should be established within a three-mile radius. Our population coverage already exceeds 80% in Peninsular Malaysia. In 12% of the underserved areas there are interim essential primary health care facilities provided through integrated mobile teams, together with preventive, promotive, curative and rehabilitative health programmes.

We are continuously upgrading these services and broadening the base of our permanent health facilities. Physical development, however, must be matched by the training of our professional and paramedical staff and by the changing of public attitudes of mind. I thank WHO and in particular the Regional Director for the Western Pacific and his staff for helping us in this educational effort. While we recognize that prevention is still better than cure, there is an inexorable drift towards the expensive curative systems so fashionable in developed countries. I hope that it is not too late for all of us to view this problem in a global perspective.

We do not believe in the dictum that the poor will always remain with us, just as we do not believe in the fatalistic assumption that disease and ill-health will always be part of the burden that developing countries, especially in tropical areas, must bear. Our requirements for pharmaceutical products and technology will continue; all we ask is that we are not
unduly further burdened by high cost coupled with doubtful safety and efficacy of products through the high-pressure techniques of international salesmen representing faceless and impersonal multinationals with expanding markets as their prime and only motive.

We are proud to have been the first in our region to initiate a code of ethics, in consultation with the infant food industry in Malaysia, in the conduct of its trade, with the interests of mother and child foremost in mind. We expect to achieve similar results with the pharmaceutical trade and the tobacco industry in the context of the World Health Day theme of "Smoking or health: the choice is yours".

We also have a choice in other directions whether we are to perpetuate unhealthy but socially acceptable habits or otherwise. We shall have achieved much in this Assembly, however, if countries more fortunate and better endowed than so many in the Third World can recognize that for us there is often no choice but to suffer in distress and poverty, unless it is globally acknowledged that good health is a necessary precondition for sustained development. Health is not a means to an end; it is an end in itself.

Dr DEL VALLE (Cuba) (translation from the Spanish):

Mr President, distinguished delegates, I bring friendly greetings to all the participants in this Thirty-third World Health Assembly. I should also like to congratulate the Director-General of WHO on his report to the Assembly and the President elect, Dr Al-Awadi, to whom we offer our dedicated collaboration in his difficult task of conducting the proceedings. It is a great honour for me to convey to the distinguished participants in this Thirty-third World Health Assembly the message of Dr Fidel Castro, President of the Council of State of Cuba, as current President of the Movement of Non-aligned Countries. Allow me, then to read to you this important statement.

Dr Mahler, Director-General of the World Health Organization, Ministers, at their sixth summit meeting at Havana the heads of state or government of the non-aligned countries, deeply concerned about the situation of health care in the world, decided that special attention and priority should be given to the programme of action for cooperation among their countries in the health field. The heads of state or government of the non-aligned countries endorsed WHO's pressing goal of health for all by the year 2000 in the belief that its achievement is one of the loftiest tasks that the States Members of the Organization, in their determination to cooperate, can have before them. While more and better health care is necessary for all, including the underprivileged classes in some developed countries, it is particularly essential for the developing countries where the number of people suffering from malnutrition and those dying from incurable diseases, because qualified staff and adequate facilities and resources are lacking, is highest. Let us face the fact, besides, that there can be no real economic development without health for all. Economic development and health are inseparable. Ailing and underfed men cannot build a new, happy society. There are nearly 1000 million persons in the world who suffer from a combination of prolonged malnutrition and parasitic diseases. Half a million women die each year from causes related to childbirth in the most densely populated areas of Africa and Asia. Over half of the persons who die in the developing countries are under five years of age. Of the 122 million children who were born between 1 January and 31 December 1979, 10% did not live a year. A large part of this tragic total of more than 12 million deaths was the result of protein-calorie malnutrition.

How can a world which squanders countless millions of dollars on armaments each year allow such remediable ills to persist? How many wasted lives, how many futureless children must we lose before we all decide to join our forces in putting an end to this alarming situation? How can those who daily clamour for human rights ignore the right of millions of human beings to health, proper health care and adequate nutrition? Nowhere are health problems so acute as in the countries which have become independent in the last two decades. One of the sequels of colonialism is the lack of doctors, nurses, hospitals and pharmaceutical industries. It is to these countries that our attention must first be directed.

Mr Director-General, delegates to the World Health Assembly, on behalf of the non-aligned countries, I appeal to you resolutely to support the urgent task of ensuring adequate health care for all men, women and children by the year 2000. We are endeavouring to secure support at the highest levels of international cooperation for achieving this objective. The necessary financial and material means should be forthcoming from all States. The management and technical staff of WHO, in close consultation with governments, should draw up regional, interregional and global plans and
projects to guide our work. Cuba will continue to make its modest contribution. In 1979 we lent aid to 24 countries in Asia, Africa and Latin America. As part of that aid, 2626 health workers, including 1316 doctors, 50 stomatologists, 706 nurses and 554 technicians, performed jobs in other countries. In addition, there are 684 fellowship-holders from developing countries studying at advanced institutes of medical science and health polytechnical schools in Cuba. In August of this year, the eleventh extraordinary session of the United Nations General Assembly will approve the new International Development Strategy for the Third United Nations Development Decade. One of its fundamental goals will be to bring about a New International Economic Order. Let us all strive to make the final decade of this century the decade of world health and, accordingly, let us promote and convene high-level policy-making and technical conferences to make international cooperation viable. Let us all strive to see that part of the vast sums spent by mankind on war is spent to health. Let us all remember that without development, without health, without education, without work for all, there can be no peace.

Signed: Fidel Castro Ruz
President of the Council of State and Government of the Republic of Cuba and President of the Movement of Non-aligned Countries.

Dr CAMPO (Argentina) (translation from the Spanish):

Mr President, ministers and representatives of Member countries, Mr Director-General, I wish to congratulate the officers of this Assembly on their election and express my country's best wishes to the nations of Zimbabwe and San Marino on their accession to the Organization. We also wish to express our deep sorrow at the loss of the outstanding leader of Yugoslavia, Marshal Tito.

Allow me to reiterate my congratulations to the officers of this Assembly and to congratulate the Director-General on his lucid report concerning the problems facing WHO and the solutions it proposes.

From the beginning of its administration, the basic guidelines for the activities of the present Government of Argentina in the health field, especially regarding its macrosectoral or global aspects, have been to define the State's subsidiary role, to reorganize the health sector on a federal basis, and to identify and ensure the effective operation of a coordinated system of health services. In mid-1976 the Secretariat of State for Public Health staked out policy guidelines for a comprehensive reorganization of the sector, defining its own role as essentially a planning, standard-setting, overseeing and evaluating role and establishing decentralization of health activities of provincial authorities and private bodies. This policy has resulted in the gradual transfer of the management of national establishments to the provincial authorities, while maintaining national support to avoid disruption in their operation.

The organization of the sector on a federal basis has been an essential factor for ensuring consistent health activities throughout the country. Argentina's history has been characterized by a pendular movement between centralization and decentralization, depriving sectoral operation of efficiency and effectiveness. In our view, the solution lies in working out appropriate ways and means of establishing a national policy that respects local characteristics while integrating them into the framework of the specific values of Argentine society and culture and of orienting the necessary activities for achieving the objective targets we have set for the health sector.

In the last four years national meetings of public health authorities have emerged as a highly effective means of introducing rational factors, at both the technical and policy-making level, for orienting and consolidating the sector's operation. The significant advances which have resulted from this approach are clear from some indicators which I shall mention later. These meetings, which bring together in a strong sense of unity those responsible for conducting the health sector, respond to another notion we consider to be especially relevant. Each is attended as well by representatives of other sectors, including planning, economic affairs, education and social security, whose importance to health is self-evident. In this way, gradual intersectoral and interdisciplinary integration has been achieved. The population's health, a complex phenomenon, is being analyzed not only from the standpoint of health professionals but also in the light of other social factors which have a basic impact on health. This experience has been enriching for all of us who have taken part in it, resulting in better integration of the two sectors concerned, health and social security.
Instead of the usual confrontations that occur when economists and doctors sit down to
discuss matters of common interest, we have succeeded in understanding better the position of
each other's sector and are making genuine efforts to arrive at an intersectoral approach to
health, which is our goal. Similarly, the work of standing intersectoral committees on
health and economy, health and social security and health and education has substantially
helped to smooth the difficult path we must pursue together. Human resources in the health
sector are no longer planned in watertight compartments, with health and education separately
looking after their problems and points of view - which do not always coincide - but now
through work coordinated from the same starting-point. These national meetings of public
health authorities have proved to be so clearly relevant that it was decided at the last one,
held in March, to initiate the necessary legal procedure for making them constitutional, and
at all events to ensure the intersectoral and interdisciplinary representation I mentioned
earlier.

The present stage, tending to guarantee federal conduct of the sector, aims at ensuring
effective operation of a coordinated federal system of health services, pluralist in nature
and free of any form of government or other monopoly. This goal is being pursued, in
conditions we regard as suitable, feasible and viable, in order to ensure a coherent mode of
operation of the public, social security and private sectors as a way of bringing about
equitable access to health services for the entire population, without obstacles of any kind.
The system is being broken down into regions and areas according to the institutional,
cultural, economic and geographical features of the country, where the primary health care
level is the point of entry into the health system and the point of contact with the
community. Active participation of the community will be promoted in order that it may
exercise its right to health while assuming all of its obligations in this field.

As a result of the consensus reached at the recent national meeting, the country today
has a formal health policy consolidated by sectoral planning based on a system of up-to-date
functional information. Such planning is intended to orient the effective implementation of
regionalization, area-delimitation and primary health care activities now being carried out,
and at the same time to define hospital programme areas, extension of coverage to all the
population through joint national and provincial health programmes and joint evaluation
processes whereby the necessary corrections may be introduced in due course.

The innovations which I have described are genuine structural changes in the health
sector in Argentina. For some time, we had to pay urgent attention to problems relating
primarily to the economic situation. Now, however, we are directing our efforts at seeking
basic solutions in order to orient the organization and structure of the sector along lines
enabling us to meet the increasingly complex problems characteristic of our times. As for
the specific measures taken recently, I should like to mention the establishment by law of
the national system of health residentships to round out the training of members of the
profession. This makes provision for resident students to spend extended periods in
establishments removed from the major centres, thus facilitating the process of change and
the voluntary establishment of such medical staff in areas in need of professionals. Another
significant step is the introduction of the unified health programme for each of the various
political divisions of the country, providing a new procedure for programming, evaluation
and technical and financial assistance and confirming the trend to give these areas a new and
more significant direction at local decision-making levels.

With the implementation of programmes for extending coverage, carried out on the whole
with pre-existing bodies and health teams, significant advances have been made, especially as
regards mother and child health care: indicators of infant mortality dropped by about 30%
between 1970 and 1978. The development of intensive immunization programmes along the lines
of the WHO Expanded Programme on Immunization, with appreciable assistance from the revolving
fund of the Pan American Health Organization, has contributed considerably to this success.
We are happy to say that in a period of three years we have, in the case of measles, been
able to reduce the prevalence rate by 76% and mortality by 67%. Nevertheless, because of the
growing complexity and development of Argentine society, it is not only communicable
diseases that are of concern to the health authorities; they must also resolutely tackle the
problems raised by cardiovascular diseases, cancer, diabetes, accidents and rheumatism. It
will give you an idea of the situation if I point out that cardiovascular diseases are the
primary cause of death in our country. This problem has been tackled through active collabo-
ration with the medical profession, scientific societies and private foundations working with
the support, standard-setting orientation and coordination of the public sector, and by
signing agreements with public welfare organizations, preparing standards for the diagnosis
and treatment of arterial hypertension and carrying out epidemiological surveys in national
and provincial hospitals under a collaborative programme with PAHO.
In the highly important field of drugs, harmonious collaboration has been established between the State and the pharmaceutical industry by setting common targets concerning the quality and variety of drugs, since drug prescription becomes increasingly complex with the growing variety of pharmaceutical products and of their chemical names, pharmacological properties, adverse effects and contraindications, monitoring mechanisms have been improved and a National Pharmacopoeia published with a view to facilitating the work of medical practitioners, each of whom must however make his selection of the drugs on the market according to his own judgement and experience.

Health control mechanisms in relation to food have also been improved through a genuine federal policy for their development throughout the country. Argentina, as a major food producer, is fully aware of the importance of this matter, and it has been a source of great satisfaction to us to see that FAO has included food health control as a subject for technical discussion. We hope that this concern will be taken up by WHO, so that the field of action can be broadened and the possibilities of technical cooperation enhanced. Technical cooperation among developing countries has been a constant concern in the policy of my country. The development of the health sector has been intensified through agreements signed with neighbouring countries, concrete measures for combating Chagas' disease and controlling leprosy, and coordination of the national programmes in full cooperation with other countries.

We hope that these activities may be extended to the programme for controlling malaria through concrete collaboration with neighbouring countries to ensure greater success. A technical cooperation agreement has also been concluded with Spain for the purpose of exchanging experience and strengthening the links existing between the two countries.

As regards the study on the structures and functions of WHO, Argentina endorses the report of the Region of the Americas included in the Executive Board's document. Argentina, realizing that attainment of the goal of health for all by the year 2000 involves a political commitment, expresses its satisfaction at the broad consensus reached between the countries of the Region, and in this connexion believes that WHO should concentrate on the technical aspects. We are fully aware that a country's health policy and its technical aspects are closely related to the social policy and this in turn to the overall policy, but we believe that the consensus reached in the Region of the Americas is a clear indication of the prevailing desire to prevent the Organization from becoming politicized and sterile as a result, bearing in mind that there are specific forums in the United Nations system for dealing with political questions. Performance of the specific functions of each agency is essential for the correct operation of the system. This has been clearly illustrated by the asylum which our country has been giving to refugees from South-East Asia, an undertaking in which, with the efficient collaboration of the United Nations High Commissioner for Refugees, the difficult health, cultural and labour problems which the incorporation of these people involve for our country are being overcome day by day.

Mr President, the Argentine Republic, along with the other nations of the world, has accepted the challenge of these changing times. The persevering, energetic and silent efforts of groups of men devoted to the struggle for health have made it possible to achieve targets like the eradication of smallpox, which we are proclaiming this year, targets which seemed utopian not long ago. We should therefore boldly face new and ambitious objectives. Provided we do not go astray in our course, we shall also achieve those goals for the welfare of the nations and the honour of our Organization.

Mr UGWU (Nigeria): 1

Mr President, honourable delegates to the Thirty-third World Health Assembly, it gives me great pleasure to address this august assembly on behalf of the Government and people of the Federal Republic of Nigeria. I congratulate you, Mr President, on your election to this high office, and I assure you of my delegation's full cooperation to make your onerous task somewhat lighter. I congratulate also the Vice-Presidents and the Chairmen of committees, and wish all of them a successful tenure of office.

Mr President, may I request you to convey to the people and Government of Yugoslavia the heartfelt condolences of the Government and people of Nigeria on the death of their great leader, President Tito, who was one of the great architects of, and the moving spirit behind, the non-aligned group of nations.

1 The following is the full text of the speech delivered by Mr Ugwu in shortened form.
I am particularly delighted to welcome the delegation of the People's Republic of Zimbabwe, which is attending the Assembly for the first time as a Member State. We congratulate them on their hard-won independence and look forward to welcoming other national liberation movements as full Members in the near future.

The Director-General hit the nail on the head when he pointed out in his biennial report on the work of WHO in 1978-1979 that these two years would go down in history as the years dominated by two momentous declarations - the one embodying an aspiration, the other heralding the triumph of an aspiration. The first, of course, is the Declaration of Alma-Ata, and the second is the declaration of the global eradication of smallpox. We also agree with the Director-General that we cannot take the same measures for the eradication of other communicable diseases individually as has been done in the case of smallpox. However, we are all aware that when the smallpox eradication and measles control programme was launched, all hands were on deck. There was massive and unprecedented international and national cooperation. Many international and national agencies worked together as health teams in the field, with WHO as the main directing agency. We are all indeed very proud to have been associated in our lifetime with the global eradication of smallpox, a disease which had plagued mankind for centuries. Our next aspiration - health for all by the year 2000 - will without doubt be achieved if we can whip up such intensity of cooperative activities in the field of primary health care. The Director-General himself pointed out in his biennial report that the New International Economic Order is not attended by the same spirit of cooperation as was the case during the global eradication of smallpox.

I am sure we are all fully aware that our world is one and that there is simply no alternative to interdependence between all sections of the international community to ensure peace for all humanity. A more equitable distribution of the resources of our world would enhance the capacity of the developing nations to contribute more to the welfare of all peoples. The greater the disparity between the standard of living of the developed countries on the one hand, and of the developing countries on the other, the more likely that the search for world-wide peace and harmony will evade us. Let us all now rise to the new challenge of seeing that by the turn of this century every individual, wherever he or she is, has access to essential health care which is acceptable and affordable. However, the leadership for a collective effort to extend health to all the peoples of the world rests equally on the shoulders of our Director-General and his staff, who, I am sure, are capable of facing the task.

Talking of a New International Economic Order and more equitable distribution of resources, I ought to mention here, though rather briefly, the importance we attach to technical cooperation among developing countries (TCDC). Over the last 100 years or so vertical cooperation between North and South has developed in the process of colonization of the former by the latter. For obvious reasons it would certainly not be advisable to sever these links in spite of the attainment of political independence by former colonies. These, however, need to be evaluated and modified to reflect cooperation between sovereign but interdependent nations.

What needs to be developed and strengthened is horizontal cooperation. In this regard, the Organization of African Unity (OAU) has reached a unanimity of mind that a lot can be done by the peoples of the South themselves to bring about the New Economic Order. The first step was taken a week ago when the first OAU Economic Summit met in Lagos to lay down the strategies for a continental economic community based on the realities of the present-day African situation. My country has for a long time pursued a deliberate policy of making available some of its resources to our brothers and sisters in other African countries. Some institutions in my country reserve a percentage of places for students from other countries. We have shared our electric power with our neighbours, and we have cooperated in forming and sustaining economic groupings like the Chad Basin Commission and the Economic Community of West African States. More still needs to be done in further enhancing TCDC. One way in which our Organization can facilitate TCDC is in making reliable information available. Thus the importance of improving on the information system is obvious.

1979 has been a momentous year for Nigeria, where, after 13 years of military rule, an elected civilian Government was sworn in under a new presidential system. The new Government is very much committed to ensuring that our activities in the health field are geared towards achieving health for all by the year 2000. Our stated objective of extending primary health care to every nook and corner of Nigeria is being pursued vigorously. Two hundred and fifty-six of our newly completed health centres and clinics have now been equipped and will soon be in operation, while 1365 primary health care workers have been trained in our schools of health technology, and 1200 are being trained now. The plan is to train about 2000 of these workers every year. The community health officers who will be the chief coordinators of primary health care activities are now being trained in our medical schools; 84 of them are in
training at present and 100 of them will be trained annually. These officers will undertake treatment of minor ailments, essential sanitation duties and general management of the health centres and clinics within the basic health units.

Primary health care, as we have all agreed, cannot be pursued as the entire responsibility of the health ministry. Provision of good food, adequate and safe water supply and sanitary disposal of waste are all essential elements in the attainment of good health. One of the priority programmes of the Nigerian Government is the great revolution to emphasize that our agricultural activities must not be neglected because of our financial gains from oil. We are constantly aware that there can be no good health without good food. Just as we in the health field are training primary health care workers, the ministries of agriculture are training agricultural extension workers, who work closely with the farmers to improve their agricultural yields and thus encourage them to continue tilling the land. Easy credit facilities are also available to farmers to assist them in their expansion programmes.

The Environmental and Occupational Health Unit of my Ministry, in cooperation with the Federal Ministry of Water Resources, in 1979 carried out a rapid assessment of the water supply and sanitation requirements for Nigeria to meet the objectives of the International Drinking-Water Supply and Sanitation Decade. WHO and the World Bank gave us the necessary technical guidance. So far, the assessment has been completed in 15 out of the 19 states and the rest will be completed this year. Based on this assessment, our strategies will be determined as to how to ensure wholesome water supply to both urban and rural populations. Feasibility studies for central sewage and integrated drainage systems for all state capitals will be commissioned.

I would now like to touch on a topic which also rates highly on our priority list. We are watching with keen interest the progress made so far in the Onchocerciasis Control Programme in the Volta River Basin Area. I am happy to inform you that onchocerciasis control remains one of the top priorities of my Government and we have now embarked on the collection of baseline data which will give an accurate picture of the public health importance of onchocerciasis and provide a sufficient epidemiological baseline against which the effect of subsequent widespread simulium control operations can be assessed. We have involved universities and other governmental agents in this programme. My delegation wishes to express appreciation to WHO for its cooperation and would welcome further and sustained cooperation from WHO and all well-meaning members of the international community.

With the federal structure of our Government, the Federal Ministry of Health is not the only authority, even in the health field. We have the states' ministries of health as well as the local government authorities which play crucial roles in the planning and implementation of most of our health programmes. However, we all have a common objective, which is to provide comprehensive health care to all the people of Nigeria, irrespective of any political differences. All health ministries cooperate through the National Council on Health to formulate our national health policies and objectives and to decide on the strategies for action. Thus the expanded programme on immunization, the malaria control programme, the onchocerciasis control programme and basic health services are all being implemented as national programmes. As the basic health services become more established, all these programmes will be merged in the peripheral units to ensure community participation, avoid unnecessary duplication of efforts, and improve efficiency.

Finally, Mr President, I would like to express the appreciation of the Government and people of Nigeria to our Director-General and his staff for their dedication, support and encouragement. I am also speaking the minds of all Nigerians in expressing our profound gratitude to the Regional Director for Africa, and all members of his staff both in Brazzaville and at the country level, who, in spite of all odds in a Region where most Member States are just starting to develop, continue to work relentlessly to ensure that the Alma-Ata Declaration is achieved. No doubt his recent reappointment for a further term of office is an eloquent testimony of the high regard the people of the Region have for him.

The President (translation from the Arabic):

I thank the delegate of Nigeria, the last speaker. We now come to the conclusion of our work for today and shall resume tomorrow morning at 9h00. The chair will be taken by Professor Vannugli, who I am sure will give us all the benefit of his wisdom and experience. The first speaker tomorrow will be the delegate of Poland. The meeting is now adjourned.
SIXTH PLENARY MEETING

Thursday, 8 May 1980, at 9h10

Acting President: Professor R. VANNUGLI (Italy)

later

Acting President: Dr S. SURJANINGRAT (Indonesia)

1. ANNOUNCEMENT

The ACTING PRESIDENT (translation from the French):

Delegates, Mr Deputy Director-General, ladies and gentlemen, the President of the Assembly, Dr Al-Awadi, has asked me to take the chair this morning. I will do my best.

First I should like to make an important announcement concerning the annual election of Members entitled to designate a person to serve on the Executive Board. Rule 101 of the Rules of Procedure provides as follows:

At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General Committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

I therefore invite any delegates wishing to make suggestions concerning those elections to do so between now and Monday 12 May at 10h00, so that the Assembly secretariat which is due to meet at noon on the same day can draw up a list of recommendations to be submitted to the Assembly. Any suggestions should be handed to the assistant to the Secretary of the Assembly.


The ACTING PRESIDENT (translation from the French):

I now invite the first two speakers on my list, the delegates of Poland and Romania, to come up to the rostrum. The Deputy Director-General will give a brief explanation concerning the speech of the delegate of Poland.

The DEPUTY DIRECTOR-GENERAL:

Mr President, the delegate of Poland has asked to take the floor and speak in his national language. In accordance with Rule 89 of the Rules of Procedure of the Health Assembly, an interpreter provided by the delegation of Poland will simultaneously read the text of his speech in English.

Professor SLIWINSKI (Poland) (interpretation from the Polish): ¹

Mr President, ladies and gentlemen, may I, on behalf of the Polish delegation, present our deepest condolences to the Yugoslav delegation on the death of President Josip Broz Tito, the leader of the communists and the peoples of Yugoslavia, whose name will always be associated with action towards peace, coexistence and cooperation among nations.

¹ In accordance with Rule 89 of the Rules of Procedure.
On behalf of the Polish delegation I wish to congratulate the President and Vice-Presidents on having been elected to take up such honourable offices at the Assembly. I would like to wish them every success in fulfilling their difficult and important tasks.

The wide-ranging activities of the World Health Organization in the years 1978 and 1979 have been presented in a comprehensive way by the Director-General in his report. We appreciate very much the activities undertaken and promoted by the Organization. I wish to congratulate the Executive Board and the Secretariat on their excellent work, and express our gratitude for their efforts. The years 1978 and 1979 have been in the Organization's history a period of active and fruitful international cooperation, crowned with the success of the Alma-Ata Conference and reaffirmation of the "Health for all by the year 2000" resolution.

The broad cooperation in the field of health initiated by WHO can become a significant factor in world development, contribute to the promotion of peaceful coexistence, and serve as an example of friendly collaboration between countries having different political systems. One of the guidelines of WHO is the initiation and broadening of cooperation with developing countries on a basis of partnership. The Polish delegation approves that approach because it is the only way to enable each Member country of the Organization to set up its own priorities and decide which direction to take in the development of health services. In this way Member countries can take full responsibility for the state of health of their citizens. Secondly, such cooperation can promote dialogue between Member countries and WHO and among individual countries themselves. It is only through united efforts that we can solve problems that are common or similar to every one of us. Thirdly, the development of primary health care services in various Member countries will be, through their cooperation with one another, more suited not only to their specific health situation, but also to their different social and economic conditions and their possibilities of implementing medical technology.

Poland, which I have the honour to represent, is one of the few countries where the right of the citizen to use health services and the duties of the State towards the individual are clearly defined in the Constitution. This has enabled our health care system to develop primary health care activities and to adapt them to the changing requirements of our times. From our many years' experience we have drawn the conclusion that for primary health care to function properly a country has to have an adequate number of properly trained and highly motivated health personnel, appropriate diagnostic facilities, and an effective referral system to specialist and inpatient services. The model of primary health care we have developed in our country corresponds to our basic principles of health care organization in which the elements of prevention, early detection, therapy and rehabilitation are properly balanced. To implement that model in practice we have to subject it to periodical analysis and assessment and modify it according to changes in social, economic and environmental conditions. The process is a complex and difficult one; it requires a system of organization that is constantly evaluated as to its proper functioning and effectiveness. This is for certain one of the reasons why no one has managed so far to work out an ideal primary health care system. In the course of our research on primary health care we have gathered some experience and we are willing to share it with any Member country that is interested in it.

In the introduction to his report for the years 1978 and 1979 the Director-General expressed the belief that the Alma-Ata Declaration can be called the Magna Carta for health of the twentieth century. We fully agree with that opinion. It is still necessary, however, for both WHO and Member countries to undertake many activities and efforts to implement the Declaration and to make it the real Magna Carta for health of the world population. It is difficult to reach this goal. We can achieve it with governments' goodwill, the reduction of armaments costs and a larger allocation of means to health care in a climate of peaceful cooperation.

The human tragedy which war represents comes to mind in Poland on the eve of the thirty-fifth anniversary of victory over fascism; peace is a condition for the fulfilment of the goals of our Organization.

Our objective is the welfare and health of the individual human being and of society. To reach this goal, health care workers are making an important contribution. It depends on them to what extent our aims will be achieved. For that reason, and because we appreciate the role of the manpower factor in health care, we introduced 20 years ago - and have been developing ever since - a system of continuing education. From our experience we can judge that postgraduate education is an important factor in development and progress in health care. Poland has worked out an effective system of constantly raising and adjusting the qualifications of medical staff. The system has contributed greatly to our achievement of the present results in the field of health care.
I wish to stress once more that we are willing to assist the developing countries in the training of medical manpower. We are ready to share our experience with those Member countries that are interested in our methods. I am convinced that in this field the contribution of WHO could be most significant.

The World Health Assembly has to solve many significant health problems this year. I would like to wish, ladies and gentlemen, that your decisions during the Assembly, taken in a spirit of friendly, peaceful cooperation and mutual respect, will be of benefit to the whole of mankind, to the future of all of us.

Dr ORADEAN (Romania) (translation from the French):

Mr President, distinguished delegates and colleagues, ladies and gentlemen, may I first express on behalf of the delegation of the Socialist Republic of Romania our warmest congratulations to the President and Vice-Presidents on being elected to direct the proceedings of the Thirty-third World Health Assembly.

The Romanian delegation presents its most sincere condolences to the Yugoslav delegation for the great loss suffered by the Socialist Federal Republic of Yugoslavia on the death of President Josip Broz Tito, founder of modern Yugoslavia, eminent statesman and a great and close friend of Romania.

The Romanian delegation feels that this World Health Assembly, meeting as it is in a difficult period of instability, is an encouraging sign of international solidarity and evidence of our intense desire to guarantee for the peoples of the world the basic right to health. As a developing socialist country, Romania considers that only strict observance of the principles of perfect equality as to rights, of independence and national sovereignty, of non-interference in the internal affairs of others, of mutual advantage and of the renunciation of force and of threatening its use can provide the conditions necessary for the social and economic development of all nations and, by the same token, for providing health for all.

The excellent report of the Director-General, Dr Mahler, to whom we offer our congratulations, amply reflects the discussions and endeavours which have been a feature of the last two years, aimed at defining major guidelines for the Organization's activities and determining the direction they should take. Of course the work of WHO is not and cannot be isolated from the great problems of our time. The health conditions of the world's population are closely linked, in a dialectic cause-and-effect relationship, to the conditions of social and economic development and to the nature and the state of international relations. It is therefore incumbent on us to think and assert that WHO activities must be incorporated into the whole spectrum of activities directed towards solving the major problems of the contemporary world; they must be both a part of and a corollary to the establishment of the New International Economic Order.

To translate potential into reality, as the President of the Socialist Republic of Romania, Nicolae Ceaucescu, has stressed; "adequate steps must be taken to ensure that developing countries have unlimited access to modern science and technology and to the great achievements of contemporary civilization, to speed up social and economic progress in all countries left behind and to narrow as quickly as possible the gap that exists between levels of development in different States". In our view, technical cooperation with developing countries has not merely a charitable and humanitarian aspect; it is a responsible social and political action which contributes to the solution of the problems facing humanity today. Romania acts with all its conviction to strengthen solidarity and cooperation with other developing countries. In spite of the special efforts needed to promote its own development, as its experience and economic potential grows Romania offers help and cooperation to other developing countries all over the world. Considerable aid is given to a number of developing countries, particularly in the field of health personnel training.

The Romanian delegation takes this opportunity to affirm once again our country's strong conviction that the supreme interests of the peoples of the world demand a stop to the arms race, active disarmament and the channelling of funds and technical expertise into peaceful enterprises. I think I am right in saying that the principal objectives and strategy established for the Organization's activities over the remaining two decades of this century have revealed a consensus between all Member States and are winning growing support from both governmental and nongovernmental bodies. Examples of this are the Alma-Ata Declaration, the resolutions of the last two World Health Assemblies and resolution 34/58 recently adopted by the United Nations General Assembly, recognizing that health is an integral part of development. We express the hope that the work of this year's World Health Assembly will succeed in focusing on the search for practical ways of ensuring the viability of those resolutions, so that significant progress can be made in their application as part of the health policy of each State.
In this context I should like to stress the need for medium-term programmes designed to facilitate the execution of the Organization's Sixth General Programme of Work and the development of the Seventh General Programme. We are convinced, however, that to produce the benefits anticipated they must fulfil two conditions: first, they must reflect those features which national health plans have in common on a regional and global scale; and, secondly, they must guarantee that the Organization's structures are adapted as organically and as quickly as possible to its new functions. We feel that the latter point is of major importance and, moreover, it must be brought about simultaneously. Furthermore, we believe that the process of adaptation of existing structures to the Organization's new functions calls for a more thorough study than is possible using the questionnaire method, since the sum of the replies received cannot produce the required solutions. It is also essential that the process include, as an integral part, new regulations for the recruitment of international staff based on the principles of democracy and fair geographical representation. The Romanian delegation wishes to express its satisfaction with the prominence given to objectives concerning the promotion of scientific research in general and the development of research on the efficiency and optimum effectiveness of health services in particular. For this, some means of rapid propagation of a unitary methodology for the organization of health services research must be found. Cooperation is essential in view of the relative newness of the criteria of international comparability designed to guarantee progress in research. May we take this opportunity to mention the valuable contribution of the Regional Office for Europe and of its Director, Dr Leo Kaprio, to the development of the Organization's activities in WHO's European Region.

Our delegation has particular pleasure in adding its congratulations to those of other delegations on the admission of the Republic of San Marino and of Zimbabwe to WHO. I should like to close with an assurance to the Thirty-third World Health Assembly of my country's constant awareness of its obligation to contribute to the progress of health in the world, in accordance with the principle of a new order based on equity and justice, so that the possibility of independent and free socioeconomic development is open to all nations in the interests of peace and for the benefit of mankind.

Mr RIVAS PLATA (Peru) (translation from the Spanish):

Mr President, officers of the Assembly, Right Honourable Ministers, ladies and gentlemen, it is a great pleasure to be attending this meeting and, at the request of my country's President, to convey to the participants his greetings and best wishes for the success of this Thirty-third World Health Assembly.

I also wish, on behalf of the Government and people of Peru, to offer my heartfelt condolences to the people of Yugoslavia for the irreparable loss they have sustained in the death of their President Josip Broz Tito.

Allow me to give you a short synopsis of the main results achieved in Peru in the health care field during the most recent period, together with some brief comments on the Director-General's report.

The population of Peru, scattered as it is over geographically very difficult terrain, and especially in view of the country's underdeveloped state, has very limited access to the health care services. My Government has therefore set itself the priority objective of extending comprehensive care service coverage so as to give due emphasis to health protection and promotion mechanisms while resolutely and energetically supporting primary care through the implementation of multisectoral plans geared to active community participation. Thus we already have under way specific plans and programmes, all directed to this end, among which the following may be mentioned: (1) The primary care support plan, the main goal of which for the year 1990 is to provide coverage with permanent health services for all the nation's population residing in localities with over 100 inhabitants. For the present year very substantial increases in the budget have been provided for, which will make it possible to put into commission over 400 health centres and 1100 health posts. This will enable us next year to benefit two million people who at present have no access to permanent health services. (2) The mother and child nutrition and school feeding programmes, which aim this year at providing a glass of milk or its equivalent for every schoolchild attending a state educational establishment. (3) The rural basic sanitation programme for the construction of drinking-water supply and sewerage systems in localities with less than 2000 inhabitants, implemented jointly by the Ministry of Health and each of the communities benefiting. (4) The basic drugs programme, which is making available to the population a number of essential drugs at moderate prices, their exclusive use being mandatory in all establishments that come under the Ministry
of Health, Social Security or the Armed Forces health services. Latterly the Government has abolished the import duties on raw materials for the manufacture of drugs in general and on specific drugs that are not produced within the country. (5) The programme for application of the system of levels of care and the enlistment into the health team of a new category of manpower, the secondary-school graduate professional, with the aim of ensuring maximum support for primary care by strengthening the basic echelons of the system. (6) The civilian service programme for graduates, in which those with university degrees in scientific subjects and health are required to serve for periods of six months to one year in rural and urban-fringe areas that have no professional care services. (7) The physical infrastructure plan, in which the construction of large regional hospitals is proceeding in parallel with that of a score of rural hospitals. In addition, 100 health centres are soon to start going up in rural and urban-fringe communities. Meanwhile, under what are called local-interest projects, work is proceeding on a large number of construction programmes of various kinds, many of them in the health field, which are chosen and implemented by the community itself with State assistance.

One thing the Peruvian Government has done that is of great importance for health care is the creation of the national health services system, with responsibility for coordinating the plans and programmes to be implemented by the Ministry of Health, Social Security, the Armed Forces health services, the Ministry of the Interior, and the non-public sector. Despite the short time that has elapsed since its creation, it already has very considerable achievements to its credit, due not only to better utilization of the available resources, but also to the harmonious implementation of the sector's priority plans and programmes, which is making possible a real extension of coverage, including the population that comes under the social security scheme.

I must tell you something about what the Government of Peru is doing to tackle the serious problem of drugs. In the legislative sphere the General Law on Drugs has been enacted, and adhesion to the South American Agreement on Narcotic and Psychotoxic Substances has been approved. Latterly one radical measure has been adopted: elimination and replacement of coca-leaf growing in an extensive forest border zone. The lands that were devoted to this crop are being allotted to landless peasants for growing produce needed by the country. With regard to treatment and rehabilitation of drug addicts, plans have been made to establish and operate specialized centres for the purpose. A rehabilitation centre attached to the care services of the Ministry of Health is in operation near Lima, and there are others run by private enterprise. In addition, hospital facilities for treatment of acute drug intoxication are being organized.

In pursuance of a policy of administrative deconcentration and decentralization designed to rectify undue centralism, a major undertaking is being carried out by gradual stages with the creation of national bodies whose field of responsibility embraces the activities of all the sectors. These bodies, under the authority of an official of ministerial rank, have the necessary autonomy and resources for planning and directing activities to cope with the most pressing needs and set in motion the social and economic development of the region.

The report submitted by the Director-General is considered by the Peruvian Government as a comprehensive document which describes with mastery and skill and in meticulous detail the various activities that he is implementing or proposing to implement for the benefit of the Organization's Member countries. While it would be time-consuming to list them all, I should like to highlight the aspects we consider most important. These are: the establishment of basic principles for the formulation of strategies for the attainment of health for all by the year 2000; the resolution on health as an integral part of development, in which the United Nations General Assembly endorses the Declaration of Alma-Ata; the efforts for countries to provide themselves with drinking-water supplies and sanitation facilities as spelled out in WHO's technical cooperation programme; the preparations for the International Drinking-Water Supply and Sanitation Decade; the new orientation given in WHO's programme to workers' health; the family health programme, which advocates special attention to the needs of women and children and the adoption of a clear position by proclaiming that breastfeeding is the natural and ideal way of feeding the suckling infant and constitutes the sole ideological and psychological basis for the development of the child; the evaluation of woman's situation in relation to health and socioeconomic development in general and in particular of the compatibility of woman's functions in human reproduction with economic production and socioeconomic development; studies on malnutrition; the promotion of health education; the study on present and future strategies for the training of research workers and on the ethical aspects of research; the drive for strengthening of the health services and the exploration of appropriate technology for its attainment; the prevention of invalidity, rehabilitation,
and health care of the elderly; and study of the economics of the health services. Noteworthy for their importance are the 16 relevant recommendations of the Thirty-first World Health Assembly, including the introduction of continuous evaluation in WHO’s programme; technical cooperation among developing countries, because of its importance for technological liberation; relief operations to cope with emergency situations due to catastrophes; and the promotion and development of research, which were formerly the exclusive prerogative of headquarters but have now been reoriented to provide for massive participation by countries and regions.

Before closing, I must mention the importance of international technical cooperation to the development of the various health programmes. In this connexion we have pleasure in making special mention of the cooperation that Peru has received from the Pan American Health Organization, the World Health Organization, the United Nations Children’s Fund, the Inter-American Development Bank, the World Bank, the United Nations Development Programme, the United Nations Fund for Population Activities, and the World Food Programme.

Allow me to reiterate the salutations of the Government of Peru to the representatives of the Member countries of WHO at its great and important Thirty-third World Health Assembly.

Mr CHAZIYA (Malawi):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, may I congratulate the President and his team of office-bearers on their election to preside over the proceedings of the Thirty-third World Health Assembly. I offer them my delegation’s most sincere felicitations.

In the report of the Director-General we perceive the direction which WHO is taking in pursuit of the struggle for health for all. Having perceived the direction, it is the task of each Member State to make haste and proceed in that direction without deviating or faltering. The disaster of heading for the wrong direction is well known to all of us. No matter how fast one may be, if the direction is wrong the destination will not be reached. We are therefore fortunate in this particular struggle for health for all, as we do not have to worry about the direction to take. The Director-General and his staff are to be congratulated for the bold leadership they are providing to this Organization.

The struggle for health for all is going to be difficult and hard for many Member States represented in this Assembly. I refer particularly to those from the developing world. As the Director-General emphasized to this very Assembly a year or so ago, many aspects of the health systems are so interlinked and interwoven with those of the social and economic systems that it is impossible to separate one from the other. For a successful outcome, the struggle must therefore be fought as fiercely in the field of social and economic development as in health development. The task of surmounting the current economic and social obstacles is going to be formidable. More support will be needed from our Organization and from those Member States that are capable of lending such support to foster the social conviction and commitment, the technical wisdom and managerial competence, the economic imagination and political determination most essential in a struggle of this nature.

In Malawi, my Life President, His Excellency Ngwazi Dr H. Kamuzu Banda, has time and again said that the interests and welfare of his people, the people in rural areas, are paramount. It is the policy of my Life President that, whatever else his people may not have, they, the people, must have at least enough food, good clothing, a decent roof and good shelter over their heads. The struggle for health for all is therefore the struggle for food, safe water and shelter. Enormous effort has already been focused, as a matter of priority, to promote the development of these basic needs. The primary health care concept is being developed as a lever for spreading to the remote areas such basics as maternal and child health delivery, including the use of traditional birth attendants, the Expanded Programme on Immunization, rural sanitation and environmental health activities, and psychiatric, ophthalmic and dental health programmes. Ongoing programmes already exist on leprosy control, tuberculosis control, cholera control, and a modest start has been made on bilharzia control. More support is needed not only to develop and expand these activities, but also to maintain the momentum of their effectiveness.

The question has been asked: what kind of WHO do we want? From its Constitution, WHO is indeed the directing and coordinating authority on international health work. However, as the Director-General stated in his address to regional committees, WHO can be used, for example, to define health policies; to devise ways of ensuring that all resources are channelled into priority programmes; to serve as an international platform to publicize and gain worldwide acceptance of adopted policies; to serve as a symbol and source of reference.
and moral support to bring about reforms; to ensure availability of essential drugs and vaccines at reasonable prices; to mobilize and establish industry and quality control laboratories required in countries; to ensure the availability of valid information for rational decision-making on health technology and health systems. With all these facilities, who would want another WHO, and for what? If things do not work out, the fault must rest with the Member States.

Finally, may I take this opportunity to express my deepest appreciation to WHO for the support enjoyed by my country in various health development programmes. In Malawi we deeply value the demonstration of such technical cooperation.

Lastly, I wish the President every success in his task of guiding the deliberations of the Thirty-third World Health Assembly.

Dr SCHULTHEISZ (Hungary):

Mr President, distinguished delegates, first of all may I express my deep-felt condolences to the Yugoslav delegation on the death of President Tito. His contribution to international cooperation is well known and will never be forgotten.

Ladies and gentlemen, if we succeed in establishing the strategies for health for all by the year 2000, and agree upon the most suitable WHO structure to implement them, the Thirty-third World Health Assembly will be yet another milestone in the life of the Organization. The better health and improved social situation of future generations will prove it. In this connexion I should refer to the International Conference on Primary Health Care hosted by the Soviet Government in Alma-Ata, which has assumed the utmost importance for world health because the principles formulated and enunciated there set WHO’s main objective and determine the direction of its activities for two decades to come. It is with such thoughts that I extend my good wishes to you, Mr President, and to the other office-holders of the Assembly. I congratulate you on having been elected to your high posts, and may you conduct the work here with success.

It was hardly a month ago that my country - the Hungarian People’s Republic - celebrated the thirty-fifth anniversary of its liberation and national revival. Those 35 years have brought the Hungarian people peaceful development, though not unbroken. Our society has witnessed an era of enormous social change and considerable progress has been achieved in all domains of life. For that very reason the entire nation is filled with anxiety at the setback these days of the process of détente, and at the temporary upsaying of the forces combating continued détente. It is our conviction that such attempts will fail sooner or later. The socialist countries, among them Hungary, are continuing the fight for disarmament and are doing everything in their power so that complicated international problems can be settled as soon as possible by political solutions. Although international conditions are more complex and harder today than before, we believe that the international relations of power are such that détente is not only logical but is the feasible alternative, and that the prevention of a new world war is an attainable objective.

This objective, however, will not come about by itself: it calls for the close cooperation of progressive and peace-loving forces. Obviously we are all aware that WHO’s comprehensive programmes can materialize only if peace and an atmosphere of international understanding prevail. We have therefore to work collectively so that governments take responsible political decisions that contribute to the reduction of tension, to the peaceful coexistence of countries with different social systems, to consolidation of security, and to maintenance of peace.

At all international forums the Hungarian Government supports and promotes the just demand of the developing countries for their political, economic and social elevation, and at the seventh special session of the United Nations General Assembly voted in favour of resolution 3362(S-VII), calling on WHO to improve world health. Consequently my Government welcomes the ambitious initiative of the Director-General, Dr Mahler, and the Executive Board in which they associate this Organization, in an innovative manner, with the wider objective of establishing the New International Economic Order and with the efforts aimed at achieving it.

In this context, ladies and gentlemen, the document of this Assembly discussing the structure and the operational mechanisms of the Organization in the light of its functions has received our fullest attention. I am convinced that the present structure, as determined in the Constitution, is suitable to ensure for the Organization the performance of its directing and coordinating functions - as long as the World Health Assembly, the Executive Board, and the regional committees exercise their constitutional mission, the Secretariat under the supervision of the Director-General fully executes the policy decisions taken by those governing bodies, and an optimal balance exists between centralized and decentralized programmes. In
fact we are in favour of reinforcing the constitutional functions of the Assembly, the Executive Board, and the regional committees. It is for this reason that my Government thinks that the maintenance of the system of annual World Health Assemblies is indispensable, so that we can review the work performed and the action to be taken in order to ensure successful programme implementation. With its present structure, the Organization has produced a number of results, among them the successful completion of the smallpox eradication programme. For this achievement I wish to express our thanks to the Director-General, Dr Mahler, and to his colleagues for the pooling of international efforts and for the implementation of the programme.

In September last year the Hungarian Parliament had on its agenda the Government's report on the development, status and direction of further development and plans for health care delivery, with special reference to the implementation of the Health Act of 1972. Parliament analysed and discussed the results achieved - and the shortcomings - and approved the direction of development and the strategy. We had come a long way to reach this point. In 1945, when Hungary was in ruins, the first long-term developmental objective of the health sector was to make health care accessible to the entire population. Health for all! We did not use that phrase at the time, but that actually was the content of our decision and action. Starting out in the realization that the health sector by itself would not be capable of maintaining, let alone improving, the health of the population, planned collaboration with other relevant sectors was initiated and, in the wake of providing the population with safe drinking-water and with conditions of adequate nutrition, it increased at an ever faster pace. In harmony with the programme, health manpower, doctors and other health professionals were trained and made available in very rapidly rising numbers, and education was greatly expanded.

The development I have described was determined by the knowledge and the economic possibilities existing at the time. In possession of today's knowledge, we now intend to place even more emphasis than before on the further development of primary health care, on collaboration with other sectors, and on even greater harmony between health development and other national economic plans. As a result of planned activities in the early 1960s, around 90% of the population gained access to health care free of charge, and since 1975 every kind of health service is free of charge to every citizen of Hungary as a citizen's right. In the light of the plans elaborated before, and relying upon the debate and approval of the Hungarian Parliament, overwhelming priority is given in our medium- and long-term plans, starting in 1981, to the development of primary health care and to the realization of the same standards of health care for all the citizens of the country.

Both in our national development activities and in our international relations we are adopting fully the objectives of health for all by the year 2000, and we are deeply convinced that the key to this lies in a steadfast implementation, adapted to local conditions, of the Declaration and recommendations of the Alma-Ata Conference in every country of the world. It is in the spirit of these ideas that I wish the Thirty-third World Health Assembly all success in its deliberations.

Mr ABBAS (Sudan) (translation from the Arabic):

Mr President, on behalf of the delegation of the Democratic Republic of the Sudan, I should like to congratulate you warmly on your election to the presidency of this Assembly. We regard it as a great honour, in view of the close brotherly relations and fruitful cooperation existing in various fields between our two countries and peoples, that you are presiding over the Assembly. The active role your country has undertaken in cooperation among developing countries well qualifies you for this position. We are confident that your experience and wise direction will guide the Assembly to the positive results expected of it. I am also pleased to congratulate your Vice-Presidents and the members of the General Committee on their election and on the confidence shown in them by the Assembly. I should like to thank the Chairman of the Executive Board for his useful speech reviewing the reports of the Executive Board on its sixty-fourth and sixty-fifth sessions. We congratulate San Marino and Zimbabwe on their accession to Membership of the World Health Organization.

I am happy to express, with gratitude and appreciation, Sudan's thanks to the Director-General of WHO, Dr Mahler, for his valuable, comprehensive, explicit and straightforward speech reviewing the Organization's achievements and activities during the past year, as well as the challenges facing the Organization and the human community. I should like to express our agreement with his view that the stagnation threatening the North-South dialogue, as reflected in various forums, has a negative effect on the efforts of the international community to provide health services for all by the year 2000. We would emphasize that this negative effect will bear most heavily on the efforts of less developed countries to provide
health services for their peoples. We therefore believe that the international community should increase its aid and assistance to these countries, in particular to enable them to reach the goal of health for all by the end of the century. This, in our opinion, cannot be achieved unless the proper political will prevails among the governments of developed countries. There is an awareness that one of the major factors that could contribute to the development of health services in developing countries would be limitation of the arms race and reallocation of its continually mounting costs to increasing and expanding health services and economic development in such countries. This could be done as part of the efforts of the international community to establish the concept of a new International Economic Order.

Sudan, though one of the less developed countries, with limited resources, is endeavouring to provide health services for its people by implementing pilot projects that are based not only on government efforts, but also on self-support generously offered by the people themselves. It gives us pleasure, in this context, to record our thanks and appreciation for the sincere efforts the Organization has made to assist Sudan in solving its health problems and carrying out its various projects in this field. We should also like to state that the projects being carried out jointly with WHO and other international organizations are making successful and satisfactory progress. Of these projects I would mention, for example, the following: (1) the primary health care programme; (2) the expanded programme on immunization; (3) the nutrition project; (4) health statistics and research; (5) the integrated health project for the control of water-associated diseases, malaria, schistosomiasis and diarrhoeal diseases, known as the Blue Nile health project. This last is worth some consideration. First, it is the most recent joint health project to be implemented by Sudan. Secondly, it is an example of modern health planning, in which WHO has taken an active part. Thirdly, it is one of the largest health projects in terms of cost and duration, since it will take 10 years to implement. Fourthly, it provides a wide field for the application of WHO objectives and ideals in bilateral and multilateral cooperation on health among sister and friendly countries. This large project has received due attention from the Director-General and the Regional Director, Dr Taba, who both attended the donors' meeting held in Khartoum from 24 to 26 February this year. Their attendance at the meeting was an important factor in its success and had a significant effect on the tendency of sister and friendly countries to contribute to financing the project. In expressing our thanks and our gratitude to the Director-General and the Regional Director, we should also like to thank the countries and organizations which participated in the conference and pledged a financial contribution to the project.

The May Revolution under the leadership of President Jaafar El Numeiry is paying considerable attention to socioeconomic development and has as a result launched a number of programmes with ambitious plans for development. The Revolution is at the same time aware of the adverse implications associated with agricultural development and other projects and is therefore anxious that social and health aspects should keep pace with economic development projects. This is because the May Revolution is concerned with the human being as the target and means of development. Sudan has no development project whose plans do not make provision from the outset for the health component in both its preventive and curative aspects. The Rahad agricultural project established by the Revolution has been in operation for four years without being infiltrated with the snail vectors of schistosomiasis. We are seeking to perpetuate this scientific achievement as a demonstration of man's ability to triumph in a field where success has so far been unattainable. Sudan has high hopes for the integrated health project for the control of water-associated diseases in Gazira Province (the Blue Nile health project) and for the extension of this pioneering experiment to other agricultural development projects. The Government has allocated US$ 90 million to finance the project. Apart from the considerable economic return, we believe that from the human point of view the benefits of the project will be unlimited. At the very least, the economic loss in the project area due to malaria, estimated at US$ 63 million a year, will be reduced, as will the economic loss due to schistosomiasis and diarrhoeal diseases. Another benefit will be the saving in treatment and medicament costs. It would be a pleasure for Sudan to make this pilot experience and the scientific knowledge acquired available to all other countries embarking on development under conditions similar to its own.

While adopting the principle of self-help and self-reliance, Sudan places a high value on economic and technical cooperation among developing countries. Despite its limited resources, it is providing assistance to brother countries of the area and receiving, in its institutes, large numbers of students and technicians from these countries. We appreciate, in our turn, the great assistance we are receiving in the field of health services from sister and friendly countries. We believe that such cooperation will help to lay the foundations of the New International Economic Order that we hope will be established.
Sudan, lying in the centre of Africa with eight other countries on its borders, has for the last two decades been host to about half a million refugees compelled for various reasons to leave their countries. Sudan is willingly sharing its health and social services with them and will remain faithful to its international obligations and good-neighborly policy by continuing to give hospitality to the increasing numbers of refugees. The country's limited resources, however, may not allow this assistance and these essential services to be continued indefinitely. We therefore turn to the international community for help in shouldering this burden. The Sudan Government has for this purpose adopted 1980 as Refugee Year in the Sudan. A supreme national committee has been formed to prepare for a World Conference on Refugees to be held in Khartoum on 20 June. We hope that WHO, Member States, and voluntary and philanthropic organizations, etc., will attend this conference and help in the achievement of its objectives. I should like, in this connexion, to recall that the Economic and Social Council, in its decision 1980/80 of 28 April 1980, urged States and organizations to send high-level delegations to attend the conference and make it a success.

We are proud that at the time of our meeting here the people of Zimbabwe are celebrating their victory in eliminating colonialism and racial segregation. As we congratulate the people of Zimbabwe on their great victory, we are sure that the winds of liberty will continue to blow on the south of the continent until Namibia and South Africa are liberated. We are confident as well that the Palestinian people, now embarking on a courageous struggle against Zionism and the racist regime in occupied Palestine, will emerge victorious under the leadership of the Palestine Liberation Organization and establish itself as a free and independent State. In view of increasing aggression against the Palestinian people and the expulsion of Palestinians from their homes, the international community and the World Health Organization should multiply their aid to these people so as to enable them to continue and intensify their courageous struggle against the Israeli occupation troops. Lastly, we should like forcefully to express our appreciation of WHO's humane activities and the services it renders to developing countries in their constructive struggle against underdevelopment. We therefore hope that all States will support the Organization by meeting its needs for financial resources to enable it to carry out its task with the effectiveness we all expect of it.

Dr FOUDAYL (Nepal):

Mr President, your excellencies, distinguished delegates, Mr Director-General, on behalf of His Majesty's Government of Nepal, may I first of all congratulate the President, Vice-Presidents, and all officers of the Assembly on their election to such high offices. I would wish also to felicitate the Director-General on his comprehensive report and the Executive Board on the impressive work that has been carried out.

The Alma-Ata Declaration has produced an unprecedented international drive in respect of the development of policies, strategies and plans of action designed to meet the social goal of health for all. The concerted efforts of the Member States and WHO have placed health in a position to obtain recognition by the United Nations General Assembly. There is now a place for health as an integral part of development within the New International Economic Order and the New International Development Strategy.

What does this mean at country level? Permit me to review briefly the example of Nepal. It appeared that the "health for all" objectives and primary health care concepts were fully in line with the major policy of our sixth national development plan, aiming at meeting the basic minimum needs of the people. As a result the Planning Commission, with WHO support, organized a joint planning effort in five sectors - namely, food and agriculture, education (primary and non-formal), water and sanitation, rural communications, and health. A steering committee under the National Planning Commission is now organizing a series of feasibility and constraints analyses. This will be followed next year by forecasting work based on major socioeconomic parameters including population, income generation, and employment. The first revised and improved version of our "health for all" document should be available in September 1980. Our intersectoral planning effort means that in Nepal we strongly believe that there will not be any significant health development unless our poor populations have reached a minimum social and economic threshold in terms of appropriate food availability, minimum income, acceptable water supply, and appropriate educational level. In turn we firmly believe that health can strongly contribute to these developmental efforts.

Although we have successfully promoted this 20-year planning effort with the support of Dr Gunaratne and the WHO office in Nepal, we can see that our involvement will have to increase significantly at the stage of formulation of operational programmes and projects, some of which are of an intersectoral nature. Most important, we must also prepare ourselves
for the implementation of these programmes and projects. We all know that the actual
difficulty is indeed implementation and absorption of internal and external resources. There
is a well known vicious circle, which is that the health sector is allocated limited resources
because its absorption capacity is insufficient, but at the same time the absorption capacity
of the health sector cannot increase because of limited resources.

While increased recognition is given to the social sector, including health, by His
Majesty's Government of Nepal, we expect that our resources, particularly our managerial
resources, will only increase very slowly. However, we need to strengthen our position very
quickly in order to respond to our commitments, especially when we reach the implementation
stage. The Ministry of Health can then expect huge managerial difficulties in its association
with other development sectors. If our strength can only increase slowly through national
inputs, we have to rely fully on WHO and other United Nations and bilateral agencies to
provide the required complementary support as quickly as possible.

As far as WHO is concerned, I fully support the conclusion made by the Director-General
that the main goal for WHO, as defined by the World Health Assembly, is the attainment by all
the people of the world by the year 2000 of a level of health that will permit them to lead
a socially and economically productive life. This expression of the WHO goal in relation to
the study on the structure of the Organization means that the entire structure of WHO at all
levels must be designed in support of the national efforts.

In Nepal we are in a position to carry out nearly all the functions determined by the
study on WHO's role at the country level. But neither the WHO office nor the national
administration has the means to discharge all the vital functions indicated by the Board with
the required speed, intensity and depth. To succeed in the attainment of our social goal by the
year 2000, a WHO office with maximum freedom and adequate resources, as proposed in
document EB65/18 by the Director-General, would be of immense value.

We fully agree that there is an extensive need to prepare in depth the World Health
Assembly and regional country committee meetings and to send appropriate delegations, and there is
a need to organize better many more activities related to health development. For this we also
need manpower and financial resources.

Referring to the study of the Executive Board on the structures of WHO, and specifically
to the conclusions of the Director-General, I would wish to mention briefly some points of
particular interest. The Director-General, in his conclusions, states that no two regional
offices can be identical in their internal organizational structure. This important conclusion
corresponds to another essential conclusion of the Director-General that various mechanisms
may be established at country level as regards the system of collaboration in order to
maintain the dialogue between governments and the Secretariat. There is in this conclusion
an indication that WHO will not become a rigid and monolithic administration. While it is
proposed to allocate the required authority and resources to the country level - and this is very
important indeed - it can be understood that WHO will also, within its own structures and
management, apply the fundamental principles of primary health care. The country level of
WHO - that is, the Government and the WHO office, equivalent to the peripheral communities
in a country - must be recognized in its own identity, with the right and duty to show
initiative and creativity. This means that in the same region the WHO country level may
differ from country to country as regards structure and management. Equally, the WHO
programmes may be organized in different manners in various countries. This kind of
flexibility is necessary. The regional offices and headquarters must be able to respond to
this diversity of country-level organizations along the lines proposed by the Director-General.
We are all aware that perhaps nice organizational charts, showing the same patterns in the
various regions of the Organization, are aesthetically satisfactory, conceptually comfortable,
and spiritually reassuring. But if we support the very principles of primary health care we
must agree that stereotyped structures do not really work. I am quite certain that this
represents the thinking of the Board and that of the Director-General. I would urge the
distinguished delegates to consider seriously the conclusions of the Director-General in
document EB65/18. It is important to initiate action at the country level, bearing in mind
that the action taken will result in a strengthening of the national health and other sectors
associated with the WHO country office. Thus the health sector would truly become the directing
and coordinating authority on national health work within our country, on a par with other
developmental sectors. We must remember that the entire efforts of the Organization must
be directed towards support to planning and implementation of regional country programmes
and projects that actually have an impact on the population. It may be difficult to bring
about the required flexibility and diversity immediately, but WHO should be prepared to
consider this issue seriously as soon as feasible.
We have enjoyed the innovative approaches promoted by Dr Mahler and Dr Gunaratne. We express our grateful thanks for their help and support. We do not doubt that they will not hesitate to support other more daring innovations for the benefit of our Organization, which means actually the peoples and their governments in their fight against poverty.

May I briefly mention some problems that are associated with the success of health for all? WHO would become much more effective through a drastic reduction of the volume of papers produced. Another problem relates to the major component of any programme - that is, the government servants. So far, regrettably, the public health officers are still the poor relatives compared with the clinicians and practitioners. Another problem is that of staffing of health posts. We would request WHO to collaborate with us in our efforts to identify the right types of health post personnel.

Finally, I have said that implementation management will be the major bottleneck to health for all. While the planning process is in active development, I would invite WHO to expand its efforts in preparing to support the countries which, like Nepal, foresee major managerial problems in the implementation of their primary health care projects.

We in Nepal have always been immensely proud of our Organization; we are convinced that if our Organization can quickly adapt to the present situation it can further contribute to bring some wisdom and peaceful creativity into a chaotic and dangerous world.

Mr KPOFFON (Benin) (translation from the French):

Mr President, Vice-Presidents, Mr Director-General, Mr Deputy Director-General, Regional Directors, Ministers and dear friends, Excellencies, ladies and gentlemen, before entering into the substance of my speech I should like to congratulate the President and other officers of the Thirty-third World Health Assembly on being chosen to direct our proceedings. The People's Republic of Benin is particularly gratified by their election, which is in itself a guarantee of the success of this Assembly.

It is also my pleasant duty to bid a warm welcome to the Republic of San Marino and to Zimbabwe on their admission into the WHO family.

To conclude these introductory remarks, may I address to the Thirty-third World Health Assembly, the officers of the Organization, the delegates of the Member States and the honourable and distinguished representatives of other international agencies, whether governmental or nongovernmental, the militant and revolutionary greetings of the People's Republic of Benin, its National Executive Council and its President, our great comrade in arms, President Mathieu Kerekou. Allow me to say once again that the authorities of my country look to the Organization with confidence and hope for increasingly dynamic, efficient and productive leadership in the health field for the benefit of mankind, so that the objective of health for all by the year 2000 can become reality.

Mr President, with your permission I should like to start by giving a brief account of the health situation in my country, with emphasis on progress made; then I shall outline to the Assembly the health strategy of the People's Republic of Benin and, finally, inform the Assembly of our approach to the examination of the Organization's structures in the light of its functions.

Only following the revolutionary movement for national liberation, which took place in Benin on 26 October 1972, was a coherent and sustained health policy laid down. The major features of that policy were defined as follows: "Government policy in the field of health must relate essentially to the popular masses. Our country needs urgently to develop an adequate infrastructure, give priority to preventive over curative medicine and combine modern and traditional methods for the benefit of the masses and the progress of medical practice, taking into account the range of traditional medicines available." In practical application of this policy, Benin has made health a basic right of each citizen, and the provision of health a duty and obligation of the State in the same sense as it is its duty to provide education and employment. In its first three-year plan the Government pledged to make free curative and preventive health care of the highest possible quality available to all the population without discrimination on grounds of income, level of education or occupation. To implement this policy and execute its main objectives, the medical and health structures and their organization were closely integrated into socialist political structures with a view to making each citizen of Benin responsible for his own health. Furthermore, health is no longer the concern of the Ministry of Public Health alone; combined programmes are under way in conjunction with the Ministries of Rural Development, Education, Youth and Sports all over the country down to village level. A National Council for Health has been set up to stimulate, guide and supervise all these activities, together with a provincial health council in each of the six provinces of the country.
In regard to primary health care, the People's Republic of Benin had first to resolve three kinds of problem: training of a new type of health personnel, establishment of new infrastructures (village health units, communal and district health centres) and, finally, health education of the rural population. Experiments and activities undertaken in the field of primary health care have given particularly encouraging and promising results. At the level of each village the primary health care programme provides for (a) the construction of a village health unit comprising a maternity ward and a treatment room; (b) the training of a new type of health team consisting of five members (two first-aid workers, two delivery attendants and one drug dispenser), all recruited locally and made responsible for providing primary health care and first aid, health promotion and preventive measures; and (c) the establishment of a drug dispensary. Thanks to this scheme more than half of the 3000 villages of Benin already have village health units and, at the end of the period covered by the current three-year development plan, that is, in 1982, an efficient health unit will be in operation in every village. Efforts to train personnel responsible for running these village health units have also given satisfactory results.

The Assembly might be interested to hear of the various stages in our experience of organizing primary health care structures. It can be broken down into six phases: stimulation of public interest; choice of village health agents; their training; their establishment in the villages; and periodic refresher training; the sixth phase is recruitment of a sixth health worker to supplement the five initially included in each health team: a village sanitation agent. A most interesting feature of the organization and installation of this primary health care system is that responsibility is assumed by the population itself, in accordance with a fundamental precept of the Benin revolution: self-reliance. Thus, the basic needs of the personnel of village health units are provided for by village cooperatives. It should also be noted that the system is based on research into the best ways of meeting the objectives of primary health care, carried out in a pilot centre. The experiment, undertaken as part of our cooperation with the International Union for Health Education, has been a success which has led to my country's election to the vice-presidency of the Union and to the choice of Benin as the venue for its next conference on primary health care.

Turning to traditional medicine, still in relation to primary health care, our aim is to combine the methods of modern and traditional medicine for the benefit of our people and for the progress of medical practice in Benin, taking into account the range of traditional medicines available. Most members of the rural population are not fortunate enough to see a doctor once a year and, even on the rare occasions when they do, the cost of modern medical treatment is beyond their means. They therefore turn to less costly traditional medicine. This situation and the need to develop our traditional pharmacopoeia have led the Benin Government to draw up a list of authentic healers and incorporate them into the medical system. Over the last three years a number of attempts have been made to use traditional healers in the treatment of patients in health centres and hospitals where modern medicine is practised. After several national and provincial seminars held in an effort to convince traditional healers to abandon the trappings of superstition and mystification surrounding their practices, recognized healers whose treatment of various diseases and conditions are demonstrably effective are now working together with doctors and nurses. This association between traditional and modern medicine will be extended as healers are re-educated and agree to divulge certain therapeutic secrets which are still jealously guarded for various reasons. No inhabitant of Benin doubts the value of medicinal plants, which must be collected for the development and reconstitution of our pharmacopoeia. An institute has been set up for this purpose within the National University of Benin. To conclude this first part of my speech, let me add that as part of our policy of mobilization of all available means and resources to improve the health of the people of Benin, a scheme has been established to make use of thermal and mineral springs, a rich potential for industry and health. In a few months, before the end of this year, the products of the People's Republic of Benin thermal and mineral springs bottling plant will be on the market.

Now I should like to pass on to the efforts which Benin is making to provide health for all by the year 2000. Our strategy is based on geographical statistics, particularly demographic growth. Benin now has a population of 3 567 000; in the year 2000 there will be 6 186 000, or almost double in 20 years. To satisfy the health needs of a population growing at the rate of 131 350 per year, a programme has been devised with the following objectives. The overall objective is to achieve total health coverage of the country over the next 10 years, giving priority to rural areas, in the framework of the first development plan. Specific objectives are to reduce malnutrition by 10% every three years, provide one
standpipe per 500 inhabitants, reduce maternal and child mortality by 10%, protect children aged 0-5 years by vaccination, control and eradicate the major endemic diseases, and ensure an adequate supply of essential drugs. For practical implementation of its strategy the Government is concentrating on health and nutrition education, the promotion of sound food and nutritional conditions, maternal and child health, safe water supplies, environmental sanitation, an extended vaccination scheme, training of personnel and scientific research. Those are the main features of our strategy to provide health for all by the year 2000. Its implementation poses financial problems, which my country hopes to resolve through its own resources and through bilateral and multilateral cooperation. In this connexion I should like to express warmest thanks to WHO and the international agencies and governments represented here for their cooperation in the field of health promotion in the People's Republic of Benin.

My last point concerns the study of the Organization's structures in the light of its functions. We wish to congratulate the Director-General, Dr Mahler, for the clarity and incisiveness of his report on WHO activities. We appreciate the various points raised concerning WHO's structures and its functions, and should like to stress the importance of the Organization's support for national, regional and global programmes aimed at providing health for all by the year 2000. The first necessity is thorough knowledge of national policies and identification of their common features, in order to promote unified action by Member States as part of the technical cooperation programme between developing countries. WHO support should go beyond the provision of supplies or grants; it should extend to helping in the conception, development, implementation and evaluation of national health schemes. In other words, WHO must not only promote health action but also indicate how it should be carried out. Regarding the balance between centralized and decentralized activities, the People's Republic of Benin recognizes the efforts made to involve the regions in the planning of major programmes but feels that they should be accorded greater responsibility in the field of biomedical research applied to the control of endemic diseases.

In conclusion, we congratulate the Organization on its achievements and trust that there will be even greater ones over the next two decades. The drive to provide health, a state of complete physical, mental and social well-being, for all by the year 2000 is a challenge laid before the international community for the benefit of all humanity. In meeting this challenge WHO should be the supervisor and the Member States the craftsmen. It is certainly a difficult challenge; nevertheless we have no choice but to make the effort required to bring humanity to a state of complete well-being. Aware as it is that health is a basic condition for human happiness, the People's Republic of Benin is ready to make its modest contribution in a spirit of national responsibility and international solidarity. On that profession of faith, Mr President and honourable deputies, I conclude.

The ACTING PRESIDENT (translation from the French):

Before going on to the next speaker I should like to make an appeal to the Assembly. On the basis of the average length of speeches made so far, we shall need another 15 hours to finish with this item on the agenda - that is, if no new speakers are added to the list. That seems excessive, particularly since we have other very important topics to discuss during this Assembly. I therefore appeal to delegations who have yet to speak to observe as far as possible the time-limit set for each statement. The observer for the Palestine Liberation Organization now has the floor.

Dr ARAFAT (Observer for the Palestine Liberation Organization) (translation from the Arabic):

Mr President, Mr Director-General, distinguished delegates, on behalf of the Palestine Liberation Organization, the sole legitimate representative of the Palestinian people, I thank you for giving us the floor. We should first of all like to congratulate the President, Vice-Presidents and committee Chairmen on their election. Next we should like to express our sincere condolences to the peoples of the world on the death of President Tito, that stalwart fighter who set an example to all those who pursue the struggle for the liberation of their land and people, who work for the prosperity of their country and who support struggles all over the world against any kind of colonialism, occupation and oppression. We would also join the speakers who have congratulated the Government of Zimbabwe on the unanimous acceptance of its application for membership of the World Health Organization now that it has attained its independence. This is the foregone conclusion of any justifiable struggle by any people and the inevitable end of any kind of colonialism. We also congratulate San Marino on becoming a Member of the Organization.
Our country is still under occupation; our Palestinian people is still suffering all kinds of oppression; our steadfast struggle shall be an example and a pride for coming generations; our chances of improving our health conditions under zionist occupation seem to be an illusion and a near impossibility; our struggle for freedom and a decent life is met by the ruthless attacks and elaborate conspiracies of a tyrannical and treacherous enemy who will justify any act in order to achieve policies that can no longer be hidden from anyone, and who will employ every means to empty the land of its people in order to raise zionist settlements on it. Deliberate negligence of health is one of the practices it relies on to achieve its purposes.

Let us review the health conditions in our occupied territories, even though we have presented a detailed report on the issue and followed it with an explanatory memorandum when the enemy presented a report full of falsifications and invalid allegations. To keep health establishments and services as they were before 1967, to fail to provide plans or programmes for the development of health services to the required level, whether in primary health care or curative services, are all part of the dreadful plot. What does it lead to? It leads to the failure to develop health services to cope with population growth when the rate of growth in the Palestinian population is considered to be one of the highest, ranging between 4% in the West Bank and the Gaza Strip to 4.7% for Palestinians living in 1948-occupied Palestine. The former health establishments are thus unable to meet the increasing needs of the population. It also leads to failure to develop health services in pace with scientific advances in the field of medicine, either by establishing departments provided with modern equipment or by creating specialized divisions. This is exactly what has happened in the occupied territories; while the world around us has been continuously progressing, we have been closely kept from any progress despite the good skills and proven aptitudes available among the Palestinian people. This applies to hospitals, clinics and equipment. As for technical and administrative personnel, we have the following comments: Israeli occupation authorities are continuously reducing the number of health personnel and trying, directly or indirectly, to force them out of their posts. Among their usual methods are: (1) lowering salaries against the background of a high cost of living, devaluation of the Israeli pound, and imposition of taxes; (2) failure to provide job security or stability, and expulsion of some physicians and paramedical personnel and the arrest or detention of others; (3) prevention of family reunions if a member of the family was outside the occupied territories at the time of occupation; (4) failure to provide opportunities for higher education or specialization, and the means and equipment necessary for work.

The WHO Constitution defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The Organization has also called for health for all by the year 2000. The report of the three-member Committee emphasized that the pressure due to the practices of the occupation authorities has a definite affect on the mental, psychological and consequently health conditions of the population. We would ask: can any environment be a sound and healthy one where emigration is continuous? Or where there is violation of the sanctity of the home and encroachment on liberties? Or where there is confiscation of land and establishment of settlements? Or where the drinking-water of the population is being depleted? Or where there is arrest and torture? We do not think so, and your distinguished Organization no doubt agrees with us. The problem, therefore, is the occupation. There can be no health in the truest and widest sense unless the occupation is removed.

As I address you, our heroic people living under zionist occupation are facing another attempt, perhaps the most atrocious of all, to liquidate it. For six days now, Palestinian citizens in the West Bank have been faced with a crisis sparked off by the occupation troops with the support of civilian settlers and reminiscent of the darkest Nazi atrocities during the Second World War. After the expulsion of the mayors of Hebron and Halhul and of the judge of the Sharia Court in Hebron, the arrest of hundreds of our people, the destruction of the houses of the Arab population and other forms of mass punishment, zionist occupation troops are now blockading Hebron and Arbata, preventing food and medical supplies from reaching the two towns, until they have stormed the houses, one by one, beating and torturing peaceful citizens. Shops that closed because of the unrest or in protest are being opened by force and destroyed. Students demonstrating in protest are being detained and their schools closed. Mayors in the West Bank are not allowed to leave their houses or contact each other or any reporters, and are under constant threat of expulsion. Gangs of zionist settlers are launching organized campaigns against the Arab population and its property. All statements made by zionist officials point to the prolongation and escalation of these acts. You all know the extent to which Israel has flouted the provisions of the Declaration
of Human Rights and the terms of the Geneva Conventions of 1949. The explosive situation in the occupied Arab territories results from the inhuman acts of the Israeli occupation troops. It poses a threat to security and peace not only in the Middle East but all over the world. You are all called upon to shoulder your responsibilities. Our heroic Palestinian people has no choice but to continue its struggle and its resistance against the forces of oppression and occupation.

The ACTING PRESIDENT (translation from the French):

I thank the observer for the Palestine Liberation Organization. Before giving the floor to the next speaker I should like to ask the Vice-President, Dr Suwardjono Surjaningrat, to take the chair for the rest of this meeting.

Dr S. Surjaningrat (Indonesia), Vice-President, took the presidential chair.

Dr ROVIRA (Spain) (translation from the Spanish):

Mr President, Mr Director-General, ladies and gentlemen: I should first like to join those who have congratulated Dr Al-Awadi, Minister of Health of Kuwait, on his election to the presidency of this Assembly, and also to congratulate the Vice-Presidents and the other officers of the Assembly and committees.

Spain welcomes the admission to WHO of Equatorial Guinea, a country to which we are bound by special ties of friendship and cooperation. We also congratulate San Marino and Zimbabwe on their accession to membership of the Organization.

My country has been following the evolution of WHO's health philosophy: the Organization has realized the extent of the populations' health needs and the far-reaching social and political changes taking place in the world today. We know that piecemeal technical assistance activities in the health field have given place to programmes of cooperation so that each country can develop its own health system and also be enabled to give direct aid to other countries to the extent of its possibilities. We know WHO's philosophy of defining strategies for attaining health for all by the year 2000, consolidating and underpinning the worldwide health activities which have to be transposed to the levels of every region and every country according to the needs and available resources in each of them.

Actuated by these principles, Spain has launched upon the great undertaking of reorganizing its health system through the ambitious health reform plan which was approved only yesterday by our Parliament. Its framing has constituted one of my Government's priority tasks during the past year.

In response to a kind invitation from Dr Mahler, whom I warmly thank on behalf of my country, our Secretary of State for Health, Dr Segovia de Arana, presented in Copenhagen and Geneva, on 14 and 27 April of this year, the salient features of the Spanish health reform plan, which were accorded the approval and support of the experts who examined them.

Taking as our baseline the present health care situation in Spain where, as in other industrialized countries, the costs of health and especially hospital care are steadily increasing, we are moving towards the establishment of a comprehensive health care system in which, alongside classical curative medicine, greater weight will be given to preventive and community medicine and the balance restored between the now grossly over-burdened inpatient services and outpatient care.

We are according particular attention to family medicine, which will carry the main responsibility for delivering primary health care, and we are fostering team-work and participation by the community in health promotion through permanent health education. Medical or health centres are being established which are meeting places between specialized medical and surgical care, whose support base is the relevant services in the hospital, and individual preventive medicine in its various forms. The health centres are the pivots of family medicine, as well as the base for the dissemination of health education of the population and for continuing education of all professional health workers. Health assistance will be reserved for welfare problems which it has not been possible to solve at other levels. The health reform which, according to Article 43 of our Constitution, will guarantee all Spaniards the right to health protection, will be carried out mainly through the social security system, which at present covers 95% of the population, by extending its benefits and activities to the field of preventive and community medicine in close cooperation with the State health service which directs and administers all aspects of public health.
In Spain health and social security are combined under a single ministry, which undoubtedly facilitates health planning and harmony of approach in implementation. During the past year the functions and services of the Spanish social security system have been reorganized within the National Institute of Health, which deals with all health care matters, the National Institute of Social Security, whose concern is with pensions and benefits of a financial nature, and the National Institute of Social Services, which is responsible for activities in aid of such groups as the handicapped, the aged, etc.

All the financial aspects are dealt with centrally in a general treasury. Each of these institutes has a general council on which the employers, the trade unions and the administration are equally represented and which are the organs responsible for follow-up and supervision of the activities of each of the institutes.

In pursuance of the policy of fostering family medicine and preventive and community medicine, specialists are already being trained through the residency system. The number of young physicians who have chosen this interesting and promising branch has now reached 750 and will continue to increase in years to come.

The first two major centres for training in preventive and community medicine have been set up (one in Madrid and one in Barcelona) and they are open not only to Spanish physicians but also to doctors from other countries that share our common language.

Education in the health field is a constant concern of the Spanish Government. Since 1968 cooperation agreements have existed between the Ministry of Education and the social security system for the extension of teaching activities for the training of physicians and nurses in Social Security hospitals. There has also been a reorganization of the system of continuing education for the health professions, in the regulations for which account has been taken of the recommendations made by WHO at the Twenty-seventh World Health Assembly and by the Regional Committee for Europe at its September 1979 session in Helsinki.

Further progress has also been made during the past year in the work of the various national commissions on medical specialties which determine the content and duration of postgraduate training in each of the specialties, taking into account not only Spanish traditions but also current international practice, which will no doubt facilitate Spain's entry, in due course, into the European Community. Regulations for the professional specialties in pharmacy are also being prepared and the finishing touches put to the curricula for the new university-level schools of nursing.

In the legislative field we should like to mention two important laws approved by Parliament during the past year. One, on organ transplants, has already come into force, with the promulgation of the regulations for its implementation. The other law concerns clinical autopsies and has just been approved by the Senate. Both laws reflect the progressive outlook of contemporary Spanish society since, while according maximum respect to human rights, they promote human solidarity by facilitating organ transplants and the progress of medical science.

In the sphere of preventive medicine, Spain has launched an ambitious national plan for prevention of subnormality, with promotion of epidemiological research and financial subsidies for biochemical research on congenital defects, the creation of services and laboratories specialized in detection of subnormality, and the introduction of two very useful health documents, namely the pregnant woman's card and the child health record.

The protection of the family, as the basic unit of our society, is a constant concern of the Spanish Government reflected not only in the importance which I have already said is attached to family medicine, but also in the attention accorded to whatever can help to improve the health of this social unit, which constitutes a firm bulwark in face of attempts at social and cultural destabilization. My Government's plans were greatly assisted by the holding in Spain during July last year of an international seminar on family planning, sponsored by WHO and the International Children's Centre.

With regard to communicable diseases, while noting the generally favourable trend of those classed as compulsorily notifiable, we should like to make clear Spain's position respecting the detection during 1979 of clinical cases of diarrhoea in which active laboratory investigations revealed the presence of Vibrio cholerae, El Tor biotype, as the etiological agent. Notwithstanding the mildness of the clinical pictures and the very favourable response of the patients to treatment, we considered that, so long as the International Health Regulations were not amended, it was our duty to inform the population and report to WHO the presence of these cases in our country. The situation has been completely restored from the health point of view, but we feel some consensus should be arrived at in this World Health Assembly to the effect that unless, in consideration of the mildness of cases of illness produced by the El Tor vibrio, reporting of cholera produced by this pathogen is
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made no longer compulsory, all countries should be urged to inform neighbouring countries and WHO of the presence of this disease so that no unfair prejudice is caused to countries which comply with the obligation to enforce the International Health Regulations.  

Finally, I should like to mention the cooperation established during the past year with various countries, and in particular the health assistance rendered to Nicaragua and Equatorial Guinea. We are preparing detailed plans, facilitated by the community of language and culture, for cooperation with the Latin American countries. These plans concern fields as disparate as professional training, health legislation, drug control, etc. Spain regards herself as an active member of the community of nations and finds in WHO a suitable framework and the necessary moral and technical support for its activities in the health field. I therefore wish to express my gratitude to Dr Leo Kaprio, Regional Director for Europe, and to Dr Mahler, Director-General of WHO, who, with their distinguished associates, have accorded us constant encouragement and marks of esteem.

Mr MAGUGU (Kenya):

Mr President, my country would like to record its appreciation for the help and cooperation received from the World Health Organization. Kenya was honoured by the Director-General's visit to the country in October 1979 to receive the findings of the smallpox eradication commissions for Djibouti, Ethiopia, Kenya and Somalia, the last area to have this disease in the world. The resounding victory over smallpox was made known by Dr Mahler in our capital city of Nairobi on 26 October 1979. The eradication of smallpox became a reality thanks to regional and global cooperation in health. This historical medical achievement has tremendously enriched our medical technology. Kenya intends to apply modified preventive approaches similar to those used in smallpox eradication for the control and eventual eradication of other communicable diseases.

A population census in my country was completed towards the end of last year and the preliminary data are now available. The population of Kenya is 15.8 million, with an annual population growth rate of 3.9%. Naturally we are concerned about this rapid population increase, which is likely to create a big social and economic burden for our Government. Our concern for an improvement in the wellbeing of the people is reflected in my country's current five-year development plan of 1979-1983, whose theme is: "Alleviation of poverty". The health chapter of this development plan has formulated policies and objectives in order to strengthen and carry out measures for disease control and prevention as a priority.

My delegation is still concerned about some communicable diseases. Towards the end of 1978 and in early 1979 cases of plague occurred after an absence of some 15 years in Kenya. Fortunately we have been able to contain the situation. WHO medical officers in Nairobi helped to organize a laboratory for diagnosis of plague, and the Organization supported this laboratory by supplying diagnostic reagents. My country's national public health laboratory has, as a result of this, been designated as a WHO collaborating centre for plague.

Early this year two cases of Marburg disease were confirmed in Kenya. The diagnosis of the first fatal case was confirmed by a laboratory after autopsy. The attending physician fell sick after about nine days and diagnosis of Marburg disease was confirmed. The nurse who assisted with the resuscitation of the index case also became ill eleven days after exposure. They all recovered. Recently, in March this year, a cholera outbreak was confirmed in Kenya; this followed an earlier outbreak in 1978 and also in 1974. It will be appreciated that all these diseases are of international concern, thereby emphasizing the need not only for the exchange of information between neighbours that is sometimes so lacking but also for international cooperation in controlling communicable diseases.

In view of the limited resources it has become increasingly clear that we need new strategies if the goal of health for all by the year 2000 is to be reached. Kenya has now adopted an approach which involves expanding and extending the rural health services infrastructure as well as developing - in collaboration with the community - community-based health care. An integrated programme of health care has been formulated, with an inbuilt primary health care component, directed towards continuous community participation. Our communities are being urged to take more responsibility in matters concerning their own health. The integrated rural health programme is therefore in agreement with the objectives of achieving health for all by the year 2000, as endorsed by the Health Assembly's resolution WHA30.43.

The main impact on health by way of improvement of the environment will be felt from the activities of our Ministry of Water Development, which has the overall responsibility for the
conservation, development, operation, and maintenance of water supplies. Our goal is to provide safe and wholesome water to Kenyans by the year 2000.

Allow me to refer briefly to some of our planned activities in the field of maternal and child care. Recognition of the need for maternal and child health care is derived from the Universal Declaration of Human Rights, of 10 December 1948, which states: "Motherhood and childhood are entitled to special care and assistance. All children whether born in or out of wedlock shall enjoy the same social protection." With this in mind, my country's maternal and child health and family planning programme aims at strengthening the health services particularly for women in the child-bearing years of 15 to 49 and for children under the age of five. Our strategy is to strengthen manpower capabilities by increasing the output of health personnel and improving the management capabilities of service delivery points as well as mobilizing community participation. An expanded programme on immunization that has just been established in my country aims at immunizing 80% of children aged up to four years against the most common childhood diseases.

My country strongly believes that when children are well fed and healthy we can expect a brighter future for our nation. To this end the beloved President of Kenya, the Honourable Daniel Arap Moi, started a free-milk scheme for primary-school children in the country, in May 1979. This will indeed go a long way in promoting proper nutrition for our children.

Kenya is determined to undertake action-oriented studies in food technology, and a number of public health officers have received training in this field. These officers will be involved in the enforcement of the Food, Drugs and Chemical Substances Act, which came into force last May.

Kenya is gravely concerned by the continued dumping of drugs, chemicals and hazardous wastes in developing countries by industrial nations. This poses a serious hazard for the health of our people and is likely to bring about ecological disturbances as a result of the continued use of chemicals. We are concerned about the health of workers, particularly in the agricultural sector, who are exposed to various agrochemicals being used in the country. In view of this, we are introducing the necessary regulations, which should enable us to detect and control some of these drugs and chemicals.

We have developed with the help of FAO and UNEP a capability for the analysis of heavy metals, pesticide residues, mycotoxins, and microbial contaminants at our national public health laboratory. This, we feel, is going to protect the consumer against fraud and health hazards arising from the contamination of food. Plans to develop a national laboratory for quality control of drugs are at a very advanced stage.

Kenya supports the promotion of technical cooperation among developing countries and welcomes interested countries to make use of some of its facilities. We are developing an infrastructure for biomedical and health services research. This can also be used as a vehicle for technical cooperation among developing countries.

Mental health is receiving increased attention in my country. We have successfully sought membership of the African Mental Health Action Group, in accordance with resolution WHA30.45 of the Thirtieth World Health Assembly. My country is participating in a WHO joint programme in epidemiology and social psychiatry. A survey to establish the extent of drugs and alcohol abuse in secondary schools has been initiated. A two-year course will be started later this year to train psychiatric social workers. This heralds a definite attempt to gradually break away from solely hospital-based psychiatric services. Our Mental Health Act is now being revised. Recently, a board of management was set up, composed of members from all walks of life in the country, to run our national mental hospital. Perhaps this should be seen as our starting-point in evolving community-based mental health care in line with resolution WHA32.13 of the Thirty-Second World Health Assembly.

Finally, Kenya is equally concerned about health problems caused by drugs and alcohol abuse and also by smoking. I am pleased to inform this Assembly that recently my country joined other countries of the world in celebrating World Health Day, whose theme was: "Smoking or health - the choice is yours". Kenya seized the opportunity to launch a smoking-control programme in the context of comprehensive primary health care for all Kenyans. Preventive measures to protect our people from those diseases associated with smoking will be taken seriously. Meanwhile, cigarette-smoking in specified public places such as cinemas, theatres, public transport and other restricted public places has been banned in Kenya.

Dr CALVOSA (Costa Rica) (translation from the Spanish):

Mr President, allow me to express our gratification at your election to preside over our meetings. These congratulations also extend to the officers of the Assembly. To Dr Mahler we offer our congratulations and thanks for the work performed under his stewardship by WHO in the biennium 1978-1979.
Mr President, Mr Director-General, ladies and gentlemen, we have pleasure in stating that we share the view expressed by the Director-General that the years 1978 and 1979 will go down in health history for two memorable declarations: the Declaration of Alma-Ata and the declaration of the global eradication of smallpox.

In compliance with resolution XIX adopted by the Executive Committee of the Pan American Health Organization at its eighty-second meeting, Costa Rica recently completed the work of evaluating the health situation during the decade 1971-1980 and defining a policy and a strategy for attaining the goal of health for all by the year 2000.

I have pleasure in reporting that most of the targets set in the national health plan for 1971-1980 had already been reached in our country by 1974 and a good many of them had been exceeded by 1978. In that year life expectancy at birth attained the figure of 73.4 years for both sexes; the crude mortality rate fell to 4.1 per 1000 inhabitants, the main causes of death being those associated with the circulatory apparatus, tumours, and accidents. By the last year infant mortality had fallen from 27.6 to 23.3 deaths per 1000 live births. Perinatal causes and congenital abnormalities were the two main causes of infant mortality. In children aged from one to four years the figure of 1.1 death per 1000 was attained, accidents being among the main causes. Morbidity and mortality from diseases preventable by vaccination remain at quite a low level. Since 1973 there has not been a single case of poliomyelitis and the last cases of diphtheria were recorded in 1976.

A survey of the nutritional situation in 1979 produced some very significant indices, such as a reduction in the percentage of children with low birth-weight, which stood at 8.8% in 1976 and 6.9% in 1979. The percentage of children with some degree of malnutrition has diminished considerably, especially as regards severe malnutrition, which has fallen from 1.5% to 0.03%. Again, surveys carried out in 1979 showed that endemic goitre and vitamin A deficiency had already ceased to be a public health problem in Costa Rica, since the percentage of goitre in schoolchildren had fallen from 18% in 1966 to 3.3% in 1979 and the prevalence of hypovitaminosis A in serum levels among children under five years of age fell from 32.5% in 1966 to 2.5% in 1979.

Another point deserving of particular mention is the creation of the health sector by executive decree whereby the Ministry of Health, jointly with the President of the Republic, is given responsibility for coordination of the governmental and autonomous institutions with health-related functions, including the Costa Rican Institute of Water Supplies and Sewerage, the Costa Rican Social Insurance Fund, and the National Insurance Institute.

Another task of especial importance performed by the Ministry of Health in the context of the national development plan of the present administration was the formulation of the national health plan for 1979-1982, which lays down the political, technical and administrative guidelines that the health services will be following during the period concerned. Its main goals are: to increase life expectancy at birth to at least 74.7 years, or reduce infant mortality to less than 20 per 1000; to maintain the morbidity from poliomyelitis and diphtheria at zero and to reduce morbidity from measles, pertussis and tetanus to less than eight, two and one per 100 000 inhabitants respectively, and mortality to below 0.1%.

The Plan also sets out to reduce the figure for children under five years old with insufficient weight and/or height for their age from 0.1 to 0.5 per 100 000. With the aim of ensuring the full self-reliance of communities in working for their own development, we are implementing an extensive programme of mass health participation which consists in a number of activities geared to fostering organized involvement of the population in health projects. During this year training for the programmes of community and rural medicine has been given to 529 voluntary health leaders who, together with 859 trained in the previous period and those who will be trained henceforward, will form a volunteer army which, sprung from the community itself, will help us especially in the prevention of environmental diseases and problems.

Among the principal political and strategic orientations that Costa Rica has formulated towards attaining the goal of health for all by the year 2000, I have pleasure in reporting that in the medical care field we are achieving complete and effective universalization of medical attention and are arranging for coordination among the intrasectoral services to obtain higher output at lower cost and obviate duplication of effort. Primary health care will be maintained as a basic and pivotal strategy of the health sector. Epidemiological surveillance will be applied preferentially for the control of both communicable and noncommunicable diseases. Guidance in the feeding and nutrition of the population will be provided through clinical research and epidemiological studies on nutritional problems, with analyses of their social importance and their impact on the country's socioeconomic development. With regard to occupational hazards, the decision of our Legislative Assembly is awaited on a draft law making coverage of the entire working population compulsory. As
regards to the health benefits provided by this scheme, the new approach is to lay great emphasis on the preventive aspects through a programme of occupational health. In the sphere of accident prevention, the plan that has been drawn up to attain more advanced health goals in the remaining part of the century is concerned mainly with an authentic programming exercise of a preventive nature, which will require the participation of the governmental bodies responsible for road safety. A new accident insurance scheme of an eminently social nature has been put into operation for schoolchildren; it is designed to provide coverage for a large student population at very low cost, since the premium is only three dollars per academic year. The problem of environmental sanitation will be tackled by the Ministry through the implementation of a comprehensive rural sanitation programme whose goals will include provision of drinking-water, disposal of excreta and solid wastes, and improvement of housing for the benefit of the entire rural population. There is also to be an environmental conservation programme aimed at controlling air, water and soil pollution. Similarly, a food inspection system will be established to assure the consumer of wholesome quality maintained throughout all the stages of production, transport, storage, distribution and consumption. The quality of water supplies will also be maintained and improved and the coverage increased. At present, 100% of the population has access to drinking-water in the metropolitan area; in the other urban areas the figure is 84%, and it is hoped to achieve 100% for those areas too by 1981. Rural water supply systems, whose present coverage is 64%, will be extended and new ones constructed with a view to attaining full coverage before the year 2000. With regard to the waste-water disposal service, the metropolitan sewerage system will be extended, new systems will be established in some urban centres, and existing services in the rural zones will be improved.

The policy of support to development of the administrative bodies is directed towards upgrading the administration of services through improvement of the structures, organization and procedures in pursuance of a policy stemming from the process of integrated planning within the context of a national economic and social development plan.

The overall approach for the implementation of the policy and strategy mapped out will be: extension of the coverage of the services through intensification of primary health care, subject to certain guidelines to improve efficiency and effectiveness; active, responsible, conscious, deliberate, organized and sustained participation of the community through the application of a technology adapted to national requirements; development of intra-sectoral and intersectoral coordination activities; intensification of technical cooperation among developing countries; a programme of institutional development that will involve radical changes in the political guidelines to be followed, development of resources, organization of systems of administration and delivery of services, administrative management and evaluation and control systems.

Now that I have succinctly described the main developments in our health sector and the strategy which Costa Rica has mapped out for attaining health for all by the year 2000, I should like to take this opportunity of expressing our fervent desire that this great gathering, under your distinguished presidency, will achieve resounding successes in the cause of health and for the greater wellbeing of all our peoples.

Dr MAECHA (Comoros) (translation from the French):

Mr President, Mr Director-General, honourable delegates, the delegation of the Comoros warmly welcomes the admission to the Organization of two sister countries, Zimbabwe and San Marino.

I cannot begin my address without expressing, on behalf of my Government and the people of the Comoros, my sincere sympathy for the Government and people of Yugoslavia on the cruel loss suffered on the death of their eminent and illustrious President, Marshal Tito.

May I convey my delegation's sincere congratulations to the President and Vice-President we have just elected? I should also like to congratulate the Director-General, Dr Mahler, on his comprehensive report on WHO's activities during 1978-1979 and express our appreciation of his dynamism and the impetus he has given to the Organization. I also thank our Regional Director, Dr A. Quenum, for the activities he carries out in the Region with such competence and faith. He has always helped the Comoros on presentation of our slightest request. His re-election for a further term is evidence of our trust and we congratulate him sincerely.

Since independence and up to May 1978 the Comoros experienced a series of political events that seriously inhibited the implementation of a national health programme, had an adverse effect on the results obtained and even affected WHO collaboration with our projects.

Since May 1978, a new health policy has been instituted. As an African country in the tropical zone, the Comoros' aim is to protect the health of the local work force to increase productivity in agriculture, fisheries and industry and in the infrastructure. This objective can be met through adequate and suitable nutrition, awareness of health problems and a
search for solutions, improved management of health services and of the country’s resources, and choice of a sound strategy.

The Comorian Government considers that the development of the health services and health coverage must occur in harmony with development proper, using the modest resources at its disposal to face its responsibilities without compromising the future of its people.

Realistic planning that at the same time offers an acceptable solution to the most urgent problems is essential to ensure optimum use of available human and material resources.

The guidelines selected for our planning include decentralization on a federal basis; regionalization down to village level and integration of curative, preventive and promotional activities; and priority for family health and health education.

Health for all by the year 2000 is an objective of my Government, in accordance with resolutions adopted by the relevant bodies. The Comorian Government, which endorsed the Declaration of Alma-Ata, lists the following among its health objectives: (1) to extend health coverage to the whole country and to develop primary health care; (2) to control communicable diseases, especially parasitic and bacterial diseases; (3) to promote maternal and child health, with particular emphasis on a family health policy and nutrition; (4) to prepare a vector control programme to combat malaria and filariasis, the final aim being eradication of those diseases.

The health services development programme gives prominence to coverage of rural areas which were neglected during the political events mentioned previously. A scheme to renovate and reopen health centres, health posts and rural maternity centres was drawn up for the whole archipelago and is now under way. A total of 250 village health agents will be trained by 1982 as part of a programme supported by WHO and UNICEF.

For some years the Comoros has been battling against a number of diseases, particularly intestinal parasitoses, malaria, malnutrition, leprosy, tuberculosis, filariasis, gonorrhoea and infectious diseases amenable to vaccination.

Malaria control is a government priority. The disease has reached alarming proportions in my country and accounts for over 40% of mortality in children aged 0-5 years. Thanks to the insular character of the Comoros an eradication programme can be envisaged, as has been done in other islands of the Indian Ocean. A WHO team carried out an evaluation of the cost of such an operation a month ago, and a plan of attack is now being prepared.

Turning to leprosy, we have just signed an agreement with the Fondation des Amis du Père Damien. The centre, whose activities will be integrated into the overall health policy, will be established on the island of Anjouan where there is a large focus of the disease.

In regard to malnutrition, qualitative and quantitative deficiencies produce imbalances which affect the physical and intellectual development of our children. A maternal and child protection programme has been set up, with concurrent activities giving prominence to nutritional surveillance and vaccination against major diseases.

Another important task is the establishment of a national policy regarding drugs. Standardization was the first step: a list of 150 preparations has been adopted. We are now examining the possibility of manufacturing some drugs and pharmaceutical products locally.

A scheme for local production of injectable solutions is already under way.

Safe water supply is a constant concern of the Government, especially on Grande Comore, where water tanks are the only source of supply. In collaboration with UNDP, WHO and UNICEF a search for groundwater, using infrared rays, and a plan for its collection are under study on Grande Comore. Meanwhile UNDP is financing the construction of large-capacity tanks, technical advice on hygienic water collection and storage being supplied by WHO.

As for the training of senior personnel, in view of our great needs and of the difficulty of ensuring that staff return home on completion of their studies abroad, we are doing our utmost to train staff in African institutions. The WHO programme budget gives priority to this programme. At the same time, thanks to WHO and UNICEF assistance we are training nurses, midwives and laboratory and dental technicians at the national level. Fifty students will receive their diplomas next July.

That is a brief outline of the health situation in the Comoros. It is still precarious but we hope it is developing in the right direction, thanks to WHO’s enlightened advice and technical support. I conclude with a wish for complete success in our deliberations.

The ACTING PRESIDENT:

The meeting is now adjourned.

The meeting rose at 12h00.
SEVENTH PLENARY MEETING

Thursday, 8 May 1980, at 14h30

President: Dr A. R. AL-AWADI (Kuwait)


The PRESIDENT (translation from the Arabic):

The meeting is called to order. We shall now resume our work and continue our discussion on items 9 and 10. The first two speakers on my list are the delegates of Albania and Mauritania.

I give the floor to the distinguished delegate of Albania.

Professor PULO (Albania):

Mr President, allow me, first of all, to congratulate you on the occasion of your election to the important post of President of the Thirty-third World Health Assembly.

The Thirty-third World Health Assembly is being convened in the conditions of a very grave and complicated international situation. As a result of the continuous policy of aggression and war followed by the imperialist superpowers, new centres of local conflict have been created in different regions of the world. The imperialist contradictions are sharpened as never before. The freedom and independence of the peoples and sovereign States, international peace, and security are seriously threatened.

American imperialists, by escalating with each passing day their pressure, threats and blackmail against the brave and freedom-loving Iranian people, undertook recently against the Iranian people a barbarous aggression which is part and parcel of their efforts to gain the lost strategic positions.

Soviet social-imperialists try to use the American failure in Iran to cover up their aggression against the people of Afghanistan. But the progressive and freedom-loving peoples of the world are against every kind of aggression. The peoples of the world condemn the aggression of American imperialists against Iran and the aggression of Soviet social-imperialists against Afghanistan, as they condemn the aggression of Chinese social-imperialists against Viet Nam.

These grave situations, which are pregnant with the danger of a world confrontation, cannot but be reflected in the health conditions of the oppressed peoples. If such a situation exists in the present-day world and more than one milliard people are undernourished and suffer from different parasitic diseases, this is first of all the result of the great social inequality, the exploitation and oppression of the working masses, the neocolonialist plunder, and the policy of war and aggression followed by imperialist powers.

The Albanian delegation is of the opinion that to pretend under these conditions to achieve radical changes and ensure "health for everybody" and "justice" for everyone in the field of health, by means of medical expeditions from the industrialized countries, is nothing but an illusion. The efforts of the peoples and sovereign States for a better life are inseparable from their struggle against capitalist oppression and exploitation, for national and social liberation.

In the People's Socialist Republic of Albania great changes have taken place in the field of continuous improvement of the health of the people, as compared with the past. These transformations could not have taken place without the triumph of the people's revolution, which opened the way to the building of socialism and led to radical economic and social transformations, making Albania a country with an advanced industry and agriculture, with a developed culture, science and art. Last year alone the national income, as compared with that of the year 1978, increased by 14%, or six times more quickly than the growth of the population. Radical transformations have taken place in the living conditions of the working masses of the town and countryside.
One of the main directions of the health service in the People's Socialist Republic of Albania is the prophylactic orientation. With this principle as the basis of our work, and thanks to preventive measures, case-detection, dispenser services, vaccination and early massive and systematic treatment, many communicable diseases are no longer found in Albania. All these factors have made it possible for the average life-span in our country to increase to 69 years.

Today case-detection, dispenser services and treatment as effective means of preserving the health of the people have been extended to working centres, schools and kindergartens not only in the towns but also in the countryside. It has been possible to achieve this on the basis of careful study and planning of the proportional distribution of medical personnel. The health centres of the countryside which are equipped with the required medical personnel are able to render not only first aid and medical assistance for all births, but also to meet all the needs of the dental and pharmaceutical services. This is realizable because today more than one-third of all the physicians, half of the dentists, one-third of the pharmacists, and a large number of medical personnel with middle-school training work in the countryside. The development of the Albanian advanced medical school, which not only trains physicians, pharmacists and dentists, but also directs post-university qualifications, has played and still plays a great role in this respect.

Under the conditions of intensive development of industry and agriculture, special care is taken to preserve the environment from pollution. Special and strict legislation for the preservation of the environment is in force in Albania. A number of physicians and other specialists of the health service deal concretely with the problems of preserving the environment from pollution.

With regard to education of the masses for the preservation of health, great propaganda work has been carried out in order to arouse everyone's concern. Special importance has been attached to the further development and improvement of the medical industry. It now produces a number of medical apparatuses, and the range of pharmaceutical products has been greatly extended.

Our health service, like all the branches of our economy, has developed; it is being developed by relying on our own forces but without in any way ignoring the advanced experience of world science and technology, which has always been applied and will also be applied in accordance with the actual conditions in our country. The organs and the workers of the health service are mobilized to implement the precious teachings of our beloved leader, comrade Enver Hoxha - that the happy life, the joy of our people, cannot be understood and secured without preserving their health; that is why the aim of preserving the people's health and of increasing their life-span has been and still remains an integral part of the policy of the Party to improve their wellbeing.

In conclusion, the delegation of the People's Socialist Republic of Albania wants to stress once more that our country is for the development, on a correct basis, of international cooperation in the field of health, and it will not fail to make its modest contribution at this session.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Pulo, delegate of Albania.

I forgot at the beginning of our meeting to thank the Vice-Presidents, Professor Vannugli and Dr Surjatingrat, for the excellent work they did this morning.

I give the floor to the distinguished delegate of Mauritania.

Mr SALL (Mauritania) (translation from the French):

Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, I should like first, on behalf of the delegation of the Islamic Republic of Mauritania, to express my sincere and warm congratulations to Dr Abdul Rahman Al-Awadi on his brilliant election to the presidency of the Thirty-third World Health Assembly. My congratulations also go to the other officers and to the Chairmen of the Assembly's committees. Lastly, I wish to congratulate the Director-General of our Organization on the clear, comprehensive and highly thoughtful report which he has submitted to us.

My country fully subscribes to the goal of ensuring health for all by the year 2000. If that lofty and ambitious goal is to be achieved, intense efforts will have to be made, at both the national and the international level.

In the case of my country, it is easy enough to measure the scope of the task. With a fratricidal and disastrous war barely over, which has left behind it profound social and economic after-effects, and seriously undermined by the damage done by a prolonged drought,
my country has nevertheless been able, despite the relatively limited human and economic resources available to it, to make appreciable headway in the health field. Thanks to the inclusion by the National Directorate of the social sector in the national priorities, it has been possible to lay the groundwork for a coherent health policy better adapted to the specific conditions of the various populations. In particular, there was an urgent need to direct health measures to the rural areas, hitherto neglected in favour of the large towns. That distortion had created a serious imbalance between the different regions of the country.

With a view to correcting this situation and taking practical steps to achieve the objective I have just mentioned, a national seminar on public health was held at Nouakchott in July 1979, attended by all regional and central health authorities. The basic guidelines emerging from the seminar were:
- reorientation of health measures to rural areas;
- priority for preventive health care;
- limitation of costly infrastructure and imports of sophisticated technical equipment, with emphasis on better management of existing resources;
- quantitative and qualitative improvement of health staff training;
- strengthening of health services through better planning, supervision and coordination of their activities.

A number of measures have already been taken to put these guidelines into practice. The services of the Ministry of Health have been reorganized for this purpose, with a major role being assigned to the preventive health service and the research and planning service.

One of the basic options of the Islamic Republic of Mauritania at present is the introduction of a primary health care system. Besides the training of traditional birth attendants under way now for several years, an experiment has been carried out with "health delegates" acting as genuine primary health care workers.

A major project affecting a region of over 200 000 inhabitants will become operational by the end of this year. Communities are being encouraged to become self-reliant in matters of health. Also, in accordance with our Organization's recommendation that all children in the world should be immunized by 1990 against certain serious diseases, such as diphtheria, tetanus, pertussis, poliomyelitis, smallpox and tuberculosis, an expanded programme of immunization was launched in October 1979 with the technical and material support of the WHO Regional Office whose Director, Dr Comlan A. A. Quenum, incidentally, we are most happy to see re-elected - a programme of immunization, as I was saying, which is also supported by active international cooperation. The programme at present covers seven regions accounting for approximately 56% of the country's total population. The health education programme, after a brief interruption, has been recast and is to be resumed very shortly.

I have deliberately confined myself here to certain aspects of my country's policy; the members of my delegation will not fail to provide, as necessary, additional information during the discussions in committee.

The prevention of disease is inseparable from human advancement and progress in all spheres. As such, it is also inseparable from the establishment of a New International Economic Order and from respect for the independence of all countries and the freedom of all peoples in a new world where peace and justice may prevail.

On behalf of my country, I also wish to pay tribute to the major victory scored with the eradication of smallpox, that dreadful scourge which has cost so many human lives. I fervently hope that our Organization will score further victories through the eradication of other diseases, such as malaria, schistosomiasis, and so forth, which continue to trouble our populations. I should not like to end without expressing my country's satisfaction at the fruitful collaboration it maintains with WHO and the Regional Office for Africa and its gratitude to the countries and bodies that contribute so effectively to the execution of health programmes.

Allow me to welcome San Marino and Zimbabwe to our Organization and to express my sincere wishes for the complete success of the work of the Thirty-third World Health Assembly.

Mr FOKAM KAMGA (United Republic of Cameroon):

Mr President and members of the Bureau, please permit me, first of all, to convey to you the congratulations of my delegation on your election. I am confident that, under your guidance, the dignity, objectivity, and impartiality of the chair will be maintained, as is the tradition in our Organization.
May I also take this opportunity to put on record the appreciation of my delegation for the patient, dignified and efficient manner in which the outgoing President of the World Health Assembly and the Chairmen of the two main committees carried out their work in the charged atmosphere of last year's Assembly debates.

It is a great pleasure for my delegation to welcome among us, for the first time, the distinguished representatives of the sister Republic of the Seychelles. My delegation also congratulates the independent States of Zimbabwe, San Marino and Equatorial Guinea on their admission into full membership of our Organization. The re-establishment of Zimbabwe in its rights as a Member of our Organization is a climax of the victorious struggle of the people of that country, under the leadership of the indefatigable and far-sighted statesmanship of Prime Minister Robert Mugabe, to whom we address our warm congratulations.

I now come to the report on the work of the Executive Board and the Director-General's biennial report for the years 1978 and 1979. The Director-General is to be congratulated for maintaining the format, conciseness, and ease of reading of the previous report, for 1976 and 1977.

It is with satisfaction that my delegation notes that, in spite of fluctuations in the rates of exchange, the plans proposed by the Programme Committee of the Executive Board proved their worth in 1979, and succeeded in protecting the regular budget. The Executive Board should, however, continue its studies of this matter so as to enable our Organization's field activities to be executed in full, without disastrous cutbacks due to currency fluctuations.

The Executive Board also is to be congratulated on its judicious choice of the theme of this year's World Health Day: "Smoking or health - the choice is yours!". As in 1978, when the theme was hypertension, this year's theme went down very well with the public. My delegation hopes that WHO will continue its educative action to discourage tobacco consumption.

At a time when the Sixth General Programme of Work is being phased out, my delegation gives its cautious approval to the broad outlines of the Seventh General Programme of Work which aims to reorient all activities of the Organization towards realizing primary health care. However, a note of caution needs to be sounded here. My Government does not believe in a policy of "permanent revolution" which undermines confidence and leads to instability. My delegation thinks that it is possible, by a judicious mixture of strategies, to achieve welcome changes while assuring continuity. It would not be wise to upset completely the structure of the Secretariat only to return to it a few years hence.

My delegation notes with satisfaction the excellent and fruitful relations which our Organization maintains with other international organizations such as UNDP, UNICEF, and the United Nations - and with the Sasakawa Health Foundation of Japan. It is encouraging to note that by these contacts our Organization has influenced others to give priority to the objective of primary health care by the year 2000.

In spite of the petrol crisis and the difficult world economic situation, marked by runaway inflation and the constant fall in the price of primary products and the purchasing power of the developing countries, my country has achieved some modest progress, with which it can justly be satisfied, especially in the field of curative services.

From 1960 to 1980 the hospital bed/population ratio has more than doubled and is now 1 to 600. Today we have 541 medical practitioners, of whom 1 in 4 has been trained at home. In the past five years we have trained at home practically all the nurses, midwives and medico-sanitary technicians that we need. In the field of rural medicine there is a coverage in real terms of 53% of the rural population. This shows the amount of effort still needed to extend primary health care to the rest of the rural population.

In the field of preventive medicine, however, the situation is, with few exceptions, sombre, giving rise to continuing anxiety. Malaria is still rampant, causing a high proportion of infant mortality. The parasitic index in 1977 was 43.61%. I am glad to say that in the past six months only two cases of cholera, both imported, have been confirmed. Yellow fever exists sporadically. In the past 10 years there have been 10 cases, confirmed by the Center for Disease Control, Atlanta, USA. The last case of smallpox was reported in 1969. In this regard I am happy to announce that my country has decided to fall into line with the call of WHO and to discontinue smallpox vaccinations and no longer to ask travellers to produce evidence of smallpox vaccination. However, since a case of monkeypox has been discovered for the first time in our country recently, continuing vigilance is necessary. For this we count on the continuing cooperation of WHO and the Center for Disease Control, Atlanta.

The statistics for leprosy show a steady annual decrease from 45 631 cases in 1973 to 30 290 cases in 1979, of which 6487 are inactive, under observation only. This satisfactory situation is due not only to the organizational set-up of the fight against leprosy but also
to substantial material and logistic support from four international organizations: the Raoul Follereau Foundation of France; Emmaüs Suisse; the Order of Malta; and the Association of Swiss Civil Servants. May these organizations accept here our warm and sincere tribute for their contributions to this achievement. Since 1970 there has been a resurgence of old centres of trypanosomiasis and a sporadic number of "silent" cases in new centres. Sexually transmitted diseases are regrettably on the increase. This is true not only of syphilis but also of gonorrhoea. The WHO Special Programme of Research, Development and Research Training in Human Reproduction has led to the discovery of Chlamydia trachomatis in areas of our country. The significance of this in relation to infertility is still being evaluated.

This long inventory helps to show the importance which my Government attaches to the WHO Special Programme for Research and Training in Tropical Diseases. We look forward to some breakthrough as a result of the multiple activities being undertaken under this Programme. The majority of these communicable diseases can be mastered by vaccination and epidemiological surveillance. In this regard, I thank WHO for our country's participation in various seminars on the Expanded Programme on Immunization and the evaluation of this programme, in collaboration with WHO and the Center for Disease Control, Atlanta, which took place in our country in December 1978.

The Director-General has spoken in his report of the insufficiency of the epidemiological services and the shortage of epidemiologists in most countries. My delegation is happy to record its modest contribution in this field. At the end of last year our country hosted a WHO interregional epidemiology course in English. In June and July this year we are hosting another English-language course bringing together participants from four WHO regions.

In the field of environmental health, I am also happy to inform this august Assembly that on 28 September 1979 a Regional Centre for Scientific Information and Documentation on the Biosphere was created in Yaoundé. The Centre specializes in the tropical ecology of humid areas.

Lastly, I wish to record the thanks of my Government to WHO for its scholarships which assure continuing education, the specialist education of our personnel, and the improvement of teaching programmes in our health training institutions.

Long live the World Health Organization! Long live international cooperation!

Dr HUSAIN (Iraq) (translation from the Arabic):

Mr President, ladies and gentlemen, on behalf of the Iraqi delegation I have the pleasure to express congratulations to you, Mr President, and your colleagues elected to office, wishing you every success. I would also like to convey to the participants the greetings and best wishes of the people and Government of Iraq, who are following with interest your meetings aimed at achieving the Organization's objectives to serve humanity at large. Permit me, Mr President, to begin my speech by expressing heartfelt condolences to the people and Government of Yugoslavia for the grievous loss of the late President, Marshal Josip Broz Tito. I would also seize the opportunity to congratulate the peoples and governments which have just been admitted as Members of our Organization, wishing them every success.

Having seen the valuable report of the Director-General, in which he discusses in detail the work and activities of the Organization during the period 1978-1979, I would like to express our appreciation of the great efforts made to prepare it and our support for its contents, which reflect WHO's humanitarian efforts and explicitly present the Director-General's knowledgeable and sagacious views of the present problems and his predictions of future prospects for attaining the objective of health for all by the year 2000.

This great objective cannot be attained unless Member States genuinely contribute to the consolidation and support of WHO. The role of the Organization should be promoted in keeping with this ambitious objective, which cannot be achieved simply by reiterating it at meetings and illustrating it in publications. It needs to be combined with active dedication based on the promotion of health awareness at all levels and supported by a courageous attitude to the Organization's political role; it is high time to confront the inhuman phenomena that are growing in various forms and creating problems, in particular for the developing and under-developed countries.

We have already spoken from this rostrum of the problems which undermine the objectives of WHO, and have urged all Member States to take constructive decisions in the light of our conviction of the objectives concerning the happiness and welfare of mankind.

However, the picture remains gloomy if the cauldrons of destruction are bubbling;
liberties, and aggression against peoples are the criteria adopted by major powers for prestige and strength. Added to this are the greed and ruthless exploitation practised by the drug and medical equipment industries, which truly represent the apotheosis of neocolonialism, absorbing the resources of underdeveloped and developing nations which urgently need these products. On the other hand, the recognition by developing nations of the importance of health and its requirements is another major problem.

On this important occasion I would like to state that our health policy in Iraq has relied, in its programming and planning, on cooperation with WHO and its tremendous efforts to achieve our lofty human objective of health for all by the year 2000.

Two years ago a supreme committee and a working group were formed to undertake the task of country health programming. A detailed country health programming plan has been completed to cover the stages of our rapid development until 1992, in such a way as to make health a goal and a basic support of our national development plan at this stage.

The Ministry of Health and all the sectors concerned are responsible for implementing the components of that plan. However, out of a sense of human responsibility and in response to WHO's aspirations, we have revised the components so as to cover development in our country up to the year 2000, taking into consideration our assistance to sisterly Arab countries which need support, whether in terms of resources or personnel, in quantity and in quality, and our assistance for developing countries where health and social development is an indisputable human responsibility. Development everywhere is a two-edged weapon which forces even the capitalist States to participate in it in order to maintain the balance between production and consumption.

The Ministry of Health has adopted multisectoral coordination and collaboration as a basis for programming, with the aim of establishing integration of services and community participation so as to mobilize all potential for health welfare.

A simple review of statistical indicators will show that intensive and constant efforts are being made to give priority to prevention and to primary health care, alongside the provision of all requirements, personnel and curative care institutions in a form that keeps pace with modern developments in health services.

Our overall health plan is inseparable from the comprehensive national development plan, which covers health, education, essential electricity supplies, drinking-water supply, drainage services, adequate housing for all citizens, and the development of mutually supportive industrial and agricultural sectors; all these are channelled towards the single objective of the Revolution in our country, i.e., the development of the human being who enjoys all the benefits of civilization and contributes to building a civilization for the welfare of mankind as a whole.

While adopting these principles as the bases for carrying out our plan, we appreciate with pride the role of WHO, which has provided us with skill and expertise whenever necessary.

I should now like to pay tribute to the great efforts made by the Organization during the past year in its campaign to limit smoking and to reduce its hazards. My country has taken effective steps to limit this habit that endangers health, through programmes to raise public awareness at all levels. Instructions have been issued, for example, banning smoking in all schools, institutes, universities, hospitals and health establishments. Health education programmes have been strengthened, and advertising of cigarettes and tobacco has been banned in newspapers and magazines. Smoking has been prohibited at all televised meetings. It has also been suggested to the Iraqi airlines that they should discontinue the sale of cigarettes and tobacco aboard their planes. Steps have been taken to define areas where tobacco may be grown, and gradually to reduce these areas. All these steps have been taken in implementation of the decisions of the Ministers of Health of the Arab Gulf States and of the Council of Arab Ministers of Health.

Before concluding my address, I must reaffirm that WHO needs to take further steps towards confirming its political determination to support health objectives. We have repeatedly stressed that isolation is a disservice to the Organization and to the peoples of the world. We have called for a permanent and tangible presence of the Organization at United Nations meetings, such as attendance at these meetings by the President of the Health Assembly and his deputies, and by the Director-General. This would ensure that everyone attending United Nations meetings is provided with the objective information necessary to make them aware of the general health situation. It would also make it possible to intervene whenever necessary for the benefit of health and human welfare, in accordance with the principles and objectives of WHO.

I feel that I must reiterate my call for WHO to adopt the idea of creating an international council to supervise and control the manufacture and marketing of drugs. This
industry has become a monopoly that would rival the imperialist petroleum monopolies if their owners were not one and the same. Such a step would contribute effectively to guaranteeing that all the peoples of the world are provided with the drugs and medical supplies they need for preventive and therapeutic purposes at prices far removed from those imposed by the human greed and exploitation which are stripping the industry of all its positive and humane aspects. While we regret the present silence, we are confident that the authoritative voice of WHO will make itself heard in keeping with the Organization's lofty principles and noble aims.

I consider it our duty to review in depth the tragedy that has befallen the people of Palestine, victims of the zionist racism condemned by the international community. This gathering, this forum - the disciples of all that is good - has always opposed racism in all its various forms, but our position requires greater firmness when we are considering the sufferings of a people who have lost their land, a people whose holy places have been trampled and violated, whose human dignity has been defiled by depriving them of basic health requirements . . . why? Because they are prisoners of zionism, the goal of which is to deprive the Arabs in the occupied territories of their freedom, dignity and livelihood. Zionism has left these people nothing except deprivation, physical and mental torture, eviction and destruction of their homes, the burning of their crops, and the deportation of their responsible officials at various levels and in various positions. Furthermore, zionism distorts facts and insults the international community by publishing false allegations and lies and by disseminating information that gives the impression that zionists are keen on providing health care for the Palestinians, who in reality are exposed to the worst forms of Nazi-style colonialism, fascist methods and zionist attitudes. They portray the health situation of defenceless Arab citizens as if they were living in Switzerland. If this is true, why do all the peoples of the world not ask for zionist occupation so that they can receive such free health benefits? There is a well-known Arab proverb: "If you are not ashamed, then do as you please." Let those shameless falsifiers, who in their arrogance are trying to obscure the vision of the world, listen to the truth from the lips of the people actually concerned, and read the report prepared by the Palestinians who are in the best position to tell of their heartfelt sufferings.

In conclusion, let us endeavour to liberate the peoples of the world and to slow down the vicious arms race, in order that peace, well-being and health may prevail. For there can be no health where there is fear, no health where there is occupation, no health with an arms race, destruction and ruin. No health can be achieved where helpless peoples are oppressed and intimidated. Health can only be achieved when peace prevails throughout the entire world.

Dr ONDAYE (Congo) (translation from the French):

Mr President, ladies and gentlemen, honourable delegates, on behalf of the Congolese Labour Party, the Government of the People's Republic of the Congo and my delegation, I am pleased to join in the congratulations addressed to you by the other Members of WHO present here, on the occasion of your election to the presidency of the Thirty-third World Health Assembly, an election betokening the success of this important meeting. My congratulations also go to all the other elected officers.

I should like to take this opportunity to congratulate the Director-General on his excellent report. We have noted with great satisfaction that his comments and ideas are in line with our concerns. Accordingly, I should like to assure him, on behalf of the Congolese delegation, of the full support of our Party and Government for the work he has undertaken to bring the benefits of world cooperation in the health field to most of the world's underprivileged population.

May I also pay, from this rostrum, a heartfelt tribute to the illustrious figure we have recently lost in Marshal Tito, who for decades was not only the protector of his country's independence and unity but also an outstanding leader in the non-aligned world.

In the Director-General's report submitted in accordance with the instructions of the Thirty-second World Health Assembly, special emphasis has been placed on technical cooperation among developing countries. Such cooperation has been developing since 1976 with the active participation of WHO. In subscribing thereto, the People's Republic of the Congo, for its part, has endeavoured each year to implement such cooperation on as broad a scale as possible. It is also a source of satisfaction to us to see the very appreciable efforts which have been made by headquarters in seeking new structures for our Organization in the light of its functions.
While many of the problems raised in the Director-General's report deserve our careful attention, I should like to stress here my satisfaction at the general scope of WHO's policy in the programming area and express my gratitude to the Executive Board and the Director-General for the work done to implement that policy. Although positive results have certainly been obtained they should, in the opinion of my delegation, be regarded as a step-a decisive step, it is true-towards the objective to be achieved. In view of the existing and steadily widening gap between developed and developing countries, we should all join forces in working for a strict application of the policy adopted at the various assemblies. The various general assemblies of the United Nations and conferences of heads of state and government of non-aligned countries have laid the bases for a New International Economic Order which constitute for us instruments for solving our Organization's problems.

The People's Republic of the Congo, which has persistently pointed out that the broad gap separating the industrialized countries from the developing countries is shameful and inadmissible, is happy to see included as a subject for the Technical Discussions "The contribution of health to the New International Economic Order". Aware that it is in the interest of all to work for greater social justice and peace, we believe that it is essential and urgent for all countries to attain integrated development. Our Organization, whose objective is the welfare of mankind, should orient its programmes still more towards the benefit of the developing countries and, particularly, the most underprivileged of them. Cooperation between industrialized countries and developing countries, if it is really to promote what we believe to be the human being's most valuable possession-health should be based on mutual respect for common interests and social justice.

In my country health has become an integral part of the general development plans since it is regarded as an individual and collective factor of productivity. It has been recognized, along with the rural economy and transport, as one of the top priorities of our Government's programme.

One of the main objectives of our national health strategy continues to be health planning and information based on decentralization. This approach, consistent with our constitution, allows health workers and the local populations to play a dynamic and innovating role in health policy, oriented towards self-responsibility and self-reliance. Health activities will increasingly become important factors of economic production owing to the close relations we are establishing between all sectors of development. Ever-growing efforts under our national strategy will be made to create an auspicious atmosphere in the Congo for the promotion of health services and the improvement of the health sector as a whole.

To serve all of the population, or at least most of the population, is a major task to which my country is devoting its health efforts. To serve the majority is first to serve underprivileged rural and periurban areas. We have advanced in this direction by trying increasingly to assign most of our staff, material and financial resources to the development, in intermediate and peripheral regions, of our medical centres, rural hospitals, health posts and village health centres, while providing workers at these levels with political and ideological training to strengthen their will to serve the people.

For the biennial period 1978-1979 the main guidelines in the health field were: rationalization of health structures and increased access of the population to basic medical care; regionalization of health services, with full integration of prophylactic measures into curative and preventive health care activities; promotion of the mother and child health and school health sectors; intensification of communicable disease control; and improvement of staff training, advanced training and supervision.

We have thus endeavoured to increase the efficiency of existing services through the renovation, enlargement and modernization of facilities while making efforts simultaneously to improve plant, medical supplies and staff coverage in all our health regions. Our current goal is to attain health training for 3000 persons.

Like everyone, we rejoice at the results obtained in putting an end to so deadly a disease as smallpox-the certification of whose eradication in all countries of the world we are to approve today-but nevertheless remain concerned about the limited means made available to ministries of health for effectively controlling other major endemo-epidemic diseases that afflict our populations, which are already suffering from poverty, unemployment and a degraded environment.

One of our major concerns is to control communicable, epidemic and endemic diseases. We were thus able to prevent the outbreak of cholera threatening our country, and continue to combat these scourges through the work of the general health services and the operational sectors concerned with the major endemic diseases and with epidemiological activities.
In the light of experiments carried out in the pilot demonstration and training area at Kinkala, we have set up a second area for the northern part of the country. Thanks to the active participation of the population concerned, we now have more than 40 health posts run by village health workers. One extensive training programme for village health workers is already under way.

One of the priority problems in the Congo is drinking-water supply and excreta disposal in villages. During the period under review, we have, in those where village health committees exist, made efforts to protect water sources used by the population and to set up simple and suitable drinking-water supply systems. WHO and UNICEF are taking part in these programmes, supplying staff and equipment and contributing to local expenses.

Over the last decade my country has experienced a large increase in health staff. At present it has one doctor for every 8000 inhabitants and more than two paramedical workers for every 1000 inhabitants. However, it has to be recognized that there are wide differences between regions in the health staff coverage of the population, and some health workers are not yet sufficiently skilled because training is still poorly adapted to the country's real needs. As health workers are increasingly trained in the Congo itself, we hope gradually to make good these shortcomings and to increase the number of doctors until there is one for every 5000 inhabitants. We are also intensifying the training of nursing staff and midwives, while initiating that of new categories of personnel. Constant efforts are being made to ensure a balanced distribution of staff throughout the country.

WHO is taking a direct part in this health staff training programme at the Advanced Institute for Health Sciences, schools for paramedical and medico-social training, and two demonstration and training areas through the assignment of permanent staff, appreciable assistance from the officials of the Regional Office for Africa, the supply of teaching materials and the awarding of fellowships.

I should like to welcome among us the delegation of San Marino, a country which today is a Member of our Organization. The delegation of the People's Republic of the Congo, which has always taken the side of friendly nations in their struggle for political and economic independence and social progress, and against racism, imperialism, colonialism, neocolonialism and apartheid, pays tribute to the victorious struggle of the brave people of Zimbabwe, which has just acquired, paying with the blood of Africa's most worthy sons and daughters, its independence. We welcome it amongst us as a Member State. We are convinced that our Organization, considering the vast problems now facing this country as it emerges from a long liberation war, will find the necessary resources for coming to its assistance. Confronted with the policy of racism and apartheid in South Africa and the oppression in Namibia, our Organization should step up its efforts to supply humanitarian aid to the millions of inhabitants of those countries. The growing efforts made by their peoples to gain freedom and the victory of the brave and glorious people of Zimbabwe make us feel certain that they will soon occupy the place to which they are entitled in this august assembly. Peace- and justice-loving countries should therefore do all in their power to help them to come and take the seats here that have too long remained vacant.

In again wishing this Assembly's full success, I trust that our concerted efforts, together with those of the Director-General of our Organization, will lead to an improvement in the international health situation, especially in the developing countries, where there are still hundreds of problems to be solved, many financial sacrifices to be consented to and disease control strategies to be applied. All of this requires not only good sense, devotion and patience but assistance from all those able to contribute to the health progress desired.

Dr STAGAEV (Representative of the Council for Mutual Economic Assistance (translation from the Russian):

Mr President, Mr Director-General, ladies and gentlemen, on behalf of the Secretariat of the Council for Mutual Economic Assistance (CMEA), allow me to express our gratitude on being invited to take part in the Thirty-third World Health Assembly. The agenda of the Assembly includes the examination of some very important problems in health care, and the greatest importance has quite rightly been attached to the further improvement of the mechanisms of collaboration aimed at attaining the main goal - health for all by the year 2000. At this point I consider it my duty to inform you that CMEA is paying particular attention to the development of collaboration in health care among its Member States, and the governments of the countries are systematically implementing large-scale measures to safeguard public health. In support of the Declaration of Alma-Ata on the development of primary health care,
the members of the Council have set themselves new goals in order to improve the effectiveness and quality of public health care through multilateral collaboration. In this respect preventive medicine will to an ever greater extent be an essential component of primary health care. CMEA’s Standing Committee on Collaboration in Health Care, in which the ministries of health of nine Member States take part, is organizing multilateral collaboration in order to resolve the most serious problems encountered in preventing illness, improving the way health care is organized, analysing health problems related to the conservation of the environment and developing an international medical information system.

Since 1977 the Standing Committee has been furthering multilateral collaboration in 12 programmes, and as from 1981 this collaboration is expected to continue in four additional programmes. The joint work performed in the last few years has achieved definite results in the early diagnosis of certain infectious diseases and the prevention of cardiovascular illnesses. Several joint monographs have been published, techniques have been developed and standardized for defining the environment, and standard-setting documents have been issued on hygiene at work. We have achieved wider collaboration in resolving the various problems involved in manufacturing up-to-date medical equipment, medicines, vaccines and sera and supplying them to the Member States of CMEA.

As you know, the membership of CMEA includes countries at varying levels of economic development, and one of the Council’s major tasks is gradually to bring the levels of development of the Member States closer together and make them equal. The CMEA Standing Committee on Collaboration in Health Care and the Member States have formulated and are implementing a number of measures to accelerate the rate of development in health care in Mongolia, Viet Nam and Cuba. The Member States have great scientific potential in medicine and through their combined efforts they are working on the most urgent scientific problems in health care.

Collaboration among Member States of CMEA is in the interests of all those States, and helps them to achieve their aims more quickly. In this it is an example of selfless brotherly cooperation and mutual aid. The Council and its Member States offer two-fold assistance to help a great number of developing countries improve their health services. Doctors and junior medical staff from Member States of the Council are working in the developing countries, and assistance is being given to develop national health care programmes. National health care personnel are being trained for the developing countries. Over the past 10 years in the Member States of CMEA 47 000 nationals from developing countries have been trained in various specialized fields; 41 000 students, postgraduates and trainees from the developing countries are at present engaged in studies relating to health care. In 1974 the Council created a special scholarship fund to train personnel for the developing countries. Approximately 3000 people from 48 developing countries in Asia, Africa and Latin America are studying in the Member States of the Council on CMEA scholarships. Almost 80% of these are studying in institutions of higher education. The developing countries are faced with many problems in attaining WHO’s goal of health for all by the year 2000. The experience in collaboration in health care among Member States of CMEA, which has been gained by our countries in the organization of primary health care and the entire public health system, can be used by WHO and by developing countries in carrying out the work before them. They can draw on this experience by inviting specialists from CMEA and its Member States as experts and consultants to help the developing countries work out health care programmes for the planning and organization of health services. We feel that WHO will be able to make greater use of the opportunities afforded by CMEA Member States with large scientific research institutes to set up WHO collaborating centres and WHO courses to teach and train health care personnel for the developing countries on the basis of these institutes.

CMEA has established links and collaboration with over 50 international organizations, including UNEP, IAEA, EEC and ILO. With the opening in 1978 of official relations between CMEA and WHO and the subsequent contact between the two, we can now hope that collaboration between the organizations will develop and make a positive contribution towards attaining the targets set.

Peace and health are the two main inseparable factors ensuring that the wellbeing of the world’s peoples will continue to grow. Vladimir Il’ich Lenin, that ardent fighter for social justice on earth, the 110th anniversary of whose birth is being celebrated by the whole of progressive mankind, described war as a barbaric means of resolving international issues, bringing great hardship and suffering for which there can be no compensation. He wrote that the proletariat had fought and would always fight unceasingly against war. He was the first to argue that States with different social systems could and should coexist peacefully, and the first to formulate the basic principles of socialist health care, which have since been widely acknowledged and put into practice. The 35 years which have passed
since the collapse of fascism and the end of the Second World War have, in conditions of peace for most countries, enabled considerable progress to be made in social development and the improvement of health care in many countries, which has been described with pride, and justly so, from this platform. The struggle to strengthen peace is therefore a most important one for all who cherish progress and justice. CMEA and its Member States are in favour of preserving peace, of disarmament and of diverting the huge resources currently being spent on creating military potential towards improving living conditions in society and protecting the health of the world's peoples.

The PRESIDENT (translation from the Arabic):

As you are aware, this is the historic day on which we shall sign the smallpox document. We shall therefore adjourn for about 10 minutes. I hope we shall all be present. The next plenary meeting will be on Monday morning, subject to the decision of the General Committee.

The meeting rose at 15h55.
EIGHTH PLENARY MEETING
Thursday, 8 May 1980, at 16h10

President: Dr A. R. AL-AWADI (Kuwait)

DECLARATION OF GLOBAL ERADICATION OF SMALLPOX

The PRESIDENT (translation from the Arabic):

In the name of Almighty God! Today is a great day for mankind: the eighth of May, International Red Cross and Red Crescent Day. I wish those organizations every success in serving mankind and in their continuing struggle. The eighth of May 1980 is also an historic occasion, a great day for mankind, for another reason: on it we are announcing the liberation of the world from smallpox. It will be a day that will never fade from the memory of man. It will be a day upon which history is arrested in its tracks to witness the victory of man in eradicating a disease that has dogged him and made him wretched and miserable from time immemorial. History will give this day a place of respect and esteem as a monument to human collaboration; it will stand as a symbol of brotherly love and as a witness to dedication to the cause of human happiness.

Ladies and gentlemen, distinguished guests, it is a great honour to open this historic meeting celebrating the eradication of smallpox. This achievement is unique in the history of mankind. It will stand for all time as a shining symbol of successful international collaboration. The global eradication of smallpox, therefore, merits this special attention, homage and ceremony.

Since the Organization was created the continuing impetus to worldwide eradication of smallpox has come from the World Health Assembly. Indeed, the first Assembly, meeting in July 1948, decided that a study group on smallpox be established as part of the Expert Committee on International Epidemiology and Quarantine.

Resolutions addressing smallpox were passed in 1950, 1953, 1954 and 1955. However, in 1958 the cornerstone resolution for eradication of smallpox was passed at the Eleventh World Health Assembly. It requested the Director-General of WHO to investigate "... the means of ensuring the worldwide eradication of smallpox ..." and recommended that "... the population be vaccinated in countries in which principal endemic foci of smallpox persist". In fact this resolution first called for the global eradication of smallpox.

Although some progress was made over the next few years, smallpox was still heavily endemic in many parts of Africa, Asia and South America. In 1965, the Eighteenth World Health Assembly noted that "progress in general is slow" but, with great resolve, declared "the worldwide eradication of smallpox to be one of the major objectives of the Organization". From that time actions began to accelerate and were focused on specific needs to achieve that goal. The Nineteenth World Health Assembly in 1966 decided that "participation of the Organization in the smallpox eradication programme should be financed from the regular budget". Member States, multilateral and bilateral agencies were urged "to provide adequate material support for the realization of the programme". In 1966 it was emphasized once again at the Assembly "that all countries will make long-term savings after the global eradication of smallpox has been achieved". With these increased commitments and renewed urgings, the intensified smallpox eradication programme began to get under way in 1967.

Difficulties in terms of scanty resources available in many endemic countries, superstitions, war status and national disasters, such as floods and droughts, were paramount, but they have been overcome through the joint efforts of all Member States and under the leadership of WHO. South America became free from smallpox in 1971. Africa, except for the Horn of Africa, recorded her last case in 1973. In Asia, smallpox transmission was interrupted in 1975. On 26 October 1977 the last case of endemic smallpox occurred in the Horn of Africa. This devastating disease, which had touched millions of lives, leaving the misery of death, blindness and other forms of permanent physical and psychological scarring, was now gone from our planet.
In December 1979, the Global Commission for the Certification of Smallpox Eradication, an independent group of distinguished epidemiologists and virologists, affirmed that all criteria for eradication had been met and certified the world free from smallpox. This was done after over two years of careful study of epidemiology and virological evidence presented to this group by Member States and by the Organization. The work of the Commission also included extensive field visits to countries previously endemic or at risk.

The Executive Board at its sixty-fifth session, in January 1980, considered carefully the report of the Director-General, supplemented by excerpts from the report of the Global Commission. The Board endorsed the conclusions and recommendations of the Global Commission. During this plenary meeting we shall hear the Chairman of the Global Commission who will summarize the work of the Commission and its conclusions. The Chairman of the Executive Board will then introduce the first resolution proposed by the Board for adoption in its resolution EB65.R17, which recommends that the Thirty-third World Health Assembly declare the eradication of smallpox. Delegations will be requested to decide whether the resolution can be adopted. After this, representatives from each of the six WHO regions and the Director-General will address the Assembly.

The Executive Board, at its sixty-fifth session, also endorsed 19 recommendations made by the Global Commission in respect of the policy to permanently maintain smallpox eradication. These recommendations, as well as any other technical aspects of the programme, will be discussed next week in Committee A, which will report back to the Assembly at a later date, in accordance with established procedure.

Before concluding, it is my pleasant duty to pay tribute to all those who have contributed to the success of the smallpox eradication programme and say a special word of thanks to the members of the Global Commission for the Certification of Smallpox Eradication, whose Chairman is among us today. I should also like to express our gratitude to those who have given financial support to the programme through voluntary contributions and, in particular, to the Japan Shipbuilding Industry Foundation - which is represented here by its President, Mr Ryoichi Sasakawa - and also OXFAM and the Tata Iron and Steel Company Ltd.

I now have the greatest pleasure in introducing the Chairman of the Global Commission for the Certification of Smallpox Eradication, Professor Frank Fenner.

Professor FENNER (Chairman of the Global Commission for the Certification of Smallpox Eradication):

Mr President, ladies and gentlemen, you will all have followed with great interest the progressive successes of the smallpox eradication programme, as country after country and then continent after continent achieved smallpox zero.

Smallpox eradication was achieved because of a number of factors, some biological, some social and political. Speaking as a scientist, it is appropriate for me to mention five biological factors that made eradication possible:

(1) There is only one serotype of smallpox, which is the same the world over and has been the same for centuries.
(2) Deriving originally from the discovery of Edward Jenner, there was available an effective vaccine which could be prepared in a heat-stable form.
(3) The disease never recurred: smallpox patients either died or they recovered and were then permanently immune.
(4) Subclinical cases did not occur, so that there was no invisible source from which transmission could occur.
(5) Finally, there is no animal reservoir of smallpox virus: all cases can be traced to previous human cases.

Given these favourable factors, and the determination of the nations of the world that smallpox should be eradicated (as represented in the resolutions of this Assembly) eradication was finally achieved because of other attributes of the programme. They were (1) a clear and attainable objective; (2) the devoted and sometimes superhuman efforts of a vast army of health workers, national and international; (3) inspired leadership throughout the programme, provided by the Smallpox Eradication unit of WHO; (4) adequate funding; and (5) finally, thorough follow-up and assessment at every stage of the programme.

I will turn now to the work of the Global Commission for the Certification of Smallpox Eradication. It was one matter for the national health authorities of a country to believe that they had eliminated smallpox; quite another for convincing evidence of this claim to be provided to the world community. The latter objective was achieved by a system of international commissions for certification of smallpox eradication in countries and regions, beginning with South America in 1973 and ending with the countries of the Horn of Africa in October 1979.
Certification of global eradication required further special measures. To obtain advice on this problem, the Director-General in October 1977 convened a special consultation on the worldwide certification of smallpox eradication. Besides outlining a detailed programme for the year ahead, the Consultation recommended that a Global Commission be constituted to exercise oversight on what it had identified as the two major remaining questions: (1) How could evidence be provided that there was no continuing smallpox transmission anywhere in the world; and (2) How could the possibility be excluded that smallpox might return, whether from an animal reservoir or some other source. The final report of the Global Commission records the intensive measures that were undertaken to ensure that every country in the world had indeed freed itself from smallpox, and the evidence that smallpox will not recur. Over 30 months have now elapsed since the last case occurred in Somalia. During this time, surveillance has been maintained and over a hundred cases of suspected smallpox have been carefully investigated by WHO. All were proved not to be smallpox.

In addition to confirming that smallpox had indeed been eradicated, the Global Commission addressed itself to a post-eradicaiton strategy. It recommended that smallpox vaccination should be terminated, and worked out procedures for the continuing surveillance of pox diseases and of laboratories retaining variola virus, in order to ensure that the great victory over smallpox will be maintained for all time. The Global Commission's recommendations for the post-smallpox era that the world has now entered were endorsed by the Executive Board and will be discussed by Committee A next week.

It is now my honour to present to you, Mr President, the parchment signed by all members of the Global Commission on 9 December 1979, which says: "We, the members of the Global Commission for the Certification of Smallpox Eradication, certify that smallpox has been eradicated from the world."

Professor Fenner handed the President the certificate of global smallpox eradication signed by the members of the Global Commission.

The PRESIDENT (translation from the Arabic):

Thank you, Professor Fenner. This certificate will be displayed in the delegates' lounge, in front of this Assembly Hall, and will be retained by WHO as an historical archive for its contribution to world health. I now invite the Chairman of the Executive Board to introduce the resolution recommended by the Executive Board for adoption by the Health Assembly.

Dr ABDULHADI (Chairman of the Executive Board) (translation from the Arabic):

The Executive Board, at its sixty-fifth session in January, carefully considered the programme performance as presented in the Director-General's report, to which were attached the summary, and the conclusions and recommendations from the report of the Global Commission. The Board endorsed the Global Commission's conclusion, as presented by Professor Frank Fenner, Chairman of the Global Commission, that smallpox eradication had been achieved throughout the world.

Consequently, the Board recommended the two resolutions contained in resolution EB65.R17. The first is recommended to the Thirty-third World Health Assembly to officially declare the eradication of smallpox and the second is for the World Health Assembly to consider when the recommendations of the Global Commission are discussed in Committee A. During this plenary session, we refer only to the first resolution, which I should now like to read out:

The Thirty-third World Health Assembly, on this the eighth day of May 1980;

Having considered the development and results of the global programme on smallpox eradication initiated by WHO in 1958 and intensified since 1967;

1. DECLARES SOLEMNLY THAT THE WORLD AND ALL ITS PEOPLES HAVE WON FREEDOM FROM SMALLPOX, WHICH WAS A MOST DEVASTATING DISEASE SWEEPING IN EPIDEMIC FORM THROUGH MANY COUNTRIES SINCE EARLIEST TIMES, LEAVING DEATH, BLINDNESS AND DISFIGUREMENT IN ITS WAKE, AND WHICH ONLY A DECADE AGO WAS RAMPANT IN AFRICA, ASIA AND SOUTH AMERICA;

2. EXPRESSES ITS DEEP GRATITUDE TO ALL NATIONS AND INDIVIDUALS WHO CONTRIBUTED TO THE SUCCESS OF THIS NOBLE AND HISTORIC ENDEavour;

3. CALLS THIS UNPRECEDENTED ACHIEVEMENT IN THE HISTORY OF PUBLIC HEALTH TO THE ATTENTION OF ALL NATIONS, WHICH BY THEIR COLLECTIVE ACTION HAVE FREED MANKIND OF THIS ANCIENT SCOURGE AND, IN DOING, HAVE DEMONSTRATED HOW NATIONS WORKING TOGETHER IN A COMMON CAUSE MAY FURTHER HUMAN PROGRESS.
The Chairman of the Executive Board handed the President a parchment bearing the text of the resolution in Arabic, Chinese, English, French, Russian and Spanish.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Abdulhadi. I now ask all the delegations whether there is any objection to the adoption of the resolution as read out by the Chairman of the Executive Board.

There is none. The resolution is adopted.

Now I should like to invite the Director-General of the World Health Organization to sign this resolution with me. While doctors sign the death certificates of people, today we are signing the death certificate of a disease.

The President and the Director-General signed the parchment.

The PRESIDENT (translation from the Arabic):

I should like to announce that arrangements have been made for a member of each delegation from the Member States also to sign at the end of this ceremony. These arrangements are: the folder will be placed in the delegates' lounge where there will be four desks. Each desk will clearly indicate which is the desk for the individual delegations to give their signatures.

I now invite Dr Mocumbi, Minister of Health of Mozambique, to speak on behalf of the African Region.

Dr MOCUMBI (Mozambique), speaking on behalf of the African Region (translation from the French):

Mr President, Mr Director-General, Regional Directors, honourable delegates, ladies and gentlemen, the victory we are celebrating today is the outcome of the determination of the peoples to control disease and to satisfy one of their legitimate and fundamental aspirations, the right to health.

On behalf of the African Region of WHO I salute with the greatest pleasure and enthusiasm the successful initiative taken by our Organization and the organizational ability and spirit of cooperation shown by our peoples. When, in pursuance of that historic resolution WHA19.16 of May 1966, the Regional Committee, in 1967, adopted resolution AFR/RC16/R7 by which the countries of the Region reaffirmed their commitment to coordinate their efforts to eradicate smallpox, great misgivings were expressed as to the undertaking's success: man had never succeeded in entirely eliminating a disease from this earth. Some expressed reservations about the ability of the countries of the Region to cooperate effectively with the international community to implement the vast programme. Others thought there would not be enough health teams and that transport and means of communication would present problems too difficult to solve. But the countries of Africa south of the Sahara led the way. In 1970, three and a half years after the programme was launched, the countries of West Africa had succeeded in eradicating smallpox, while in 1971 the countries of Central and East Africa, and in 1973 those of southern Africa, had done the same. Smallpox eradication in the African Region has been certified by various international commissions. Before convening those commissions the countries had carried out large-scale evaluation surveys at national level and prepared with WHO full documentation on smallpox control activities and on the current epidemiological surveillance system.

In all, seven international commissions pronounced the various areas of the Region smallpox-free. They were officially pronounced smallpox-free as follows: in April 1976, 15 countries of West Africa; in June 1977, 9 countries of Central Africa; in March 1978, 4 countries of South-Eastern Africa; in October 1978, Uganda; in February 1979, Angola; in March 1979, southern Africa; in October 1979, the Horn of Africa.

Mr President, the time at my disposal does not allow me to describe in detail the part that each of the countries in our Region played in carrying through this splendid programme. But if you consider that when the programme began, in 1967, smallpox was endemic in over half the countries south of the Sahara and that all the other countries were in jeopardy, the scale of what has been achieved becomes clear.

Achievement of this result in the Region in such a short time and at little cost has been assisted by the immense efforts made by our Member States at national level, by the fruitful and close cooperation of Member States with one another and with bilateral and international bodies under WHO auspices, and lastly by man's creative imagination, as our Regional Director said, in devising and applying appropriate technology and strategies adjusted to different socioeconomic and cultural situations.

1 Resolution WHA33.3.
Allow us therefore, Mr President, to pay a special tribute to the scientists and research workers who have dedicated and are still dedicating their efforts and intelligence, and sometimes sacrificing their lives, to controlling disease and improving the health of mankind. But while celebrating this historic event we must reaffirm our 1978 decision to restrict to four the number of laboratories holding stocks of smallpox virus. In the African Region we are concerned about the fact that the Republic of South Africa has at Sandringham a laboratory that contains smallpox virus. It is time to take practical steps to ensure our decisions are respected.

Document A33/3 submitted to this Assembly for its consideration is full of information of use for other undertakings of a similar kind which the international community can undertake in the same spirit of cooperation. The savings resulting from the complete cessation of smallpox vaccination worldwide are amply sufficient to finance other programmes on a similar scale. We have proved the value of our joint and coordinated action. On behalf of Africa I would inform you that we are prepared actively to participate in other programmes upon this scale.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Mocumbi, Minister of Health of Mozambique. I invite Mrs Patricia Harris, Secretary, Department of Health and Human Services of the United States of America, to speak on behalf of the Region of the Americas.

Mrs HARRIS (United States of America), speaking on behalf of the Region of the Americas:

Mr President, distinguished delegates, we are here today to mark an event of genuine historic significance: the elimination of one of the world's most vicious diseases. We are here to celebrate the eradication of smallpox and to honour an international team of professionals and volunteers who cooperated in a global effort to achieve that objective. But we are also here to set new goals, to pledge ourselves to further efforts to combat those diseases which still plague mankind.

It is not possible to come here today without reflecting on the centuries of pain and suffering that smallpox brought to countless individuals throughout history. In Egypt two months ago I saw the mumified body of Pharaoh Ramses V, and I saw on that body the lesions of the smallpox which apparently killed him more than three thousand years ago. It was a dramatic example of the way in which smallpox has affected and changed the lives in the history of nations from the beginning of time.

Although the Americas have had a shorter experience with smallpox, they have not been spared the ravages of variola major. Smallpox was brought to the Americas from Spain or Africa in the early sixteenth century, just after Christopher Columbus made his voyages to the New World. Records indicate that in the 1520s it spread from Cuba to the Aztec Empire in Mexico, killing an estimated 3 500 000 Indians in just a few months. Five years later, smallpox decimated the Inca Empire, killing its leader before he could name a successor and thereby touching off a civil war which prepared the way for the Spanish conquest. Smallpox was also common in North America, especially in colonial times, and its epidemics had tragic consequences for the Indian populations as European settlers advanced westward.

Mankind's first hope for relief from the ravages of smallpox came with Dr Jenner's work on a vaccine early in the nineteenth century, but for much of the world's population the battle was not effectively joined until more than a hundred years later. When the World Health Organization launched its worldwide eradication programme in the year 1967, 131 000 cases of smallpox were reported in 46 countries. The challenge to WHO was great, and everyone involved knew that meeting that challenge would require an international effort of unprecedented proportions.

In the Americas, a concerted campaign to eradicate smallpox dates back to 1950, when the XIII Pan American Sanitary Conference endorsed the decision of the Executive Committee to focus on the dreaded disease. Progress was steady, and in 1966 the Pan American Health Organization signed agreements with the Governments of Argentina, Bolivia, Brazil, Colombia, Paraguay, Peru, and Uruguay to cooperate in a final effort to eradicate the disease. Colombia, Paraguay, and Peru reported their last smallpox cases the next year; Uruguay reported its last case in 1969, and Argentina announced the end of the disease in that country in 1970. Only Brazil remained. In 1970 it still reported 1700 cases, a significant reduction from the nearly 5000 cases reported in 1967. A dramatic, coordinated effort made the difference: more than 83 million of Brazil's estimated population of 94 million were vaccinated. By 1971 only 19 cases were reported.
Those were the last confirmed cases of smallpox in the Americas. After exhaustive studies failed to turn up any further evidence of the disease in Brazil, the report of the commission for the assessment of smallpox eradication concluded in 1973: "To have eliminated widespread endemic smallpox in so short a time for so large a country through a national program is without parallel in the history of modern public health." Fortunately, a parallel achievement was soon to come, for in the wake of that success an even greater feat can now be celebrated. Through these past two years, for the first time in recorded history, no case of naturally transmitted smallpox has been confirmed anywhere in the world.

The nations of the Americas join in celebrating the eradication of smallpox, but we are mindful that the elimination of one disease does not guarantee an acceptable level of health for millions in our Region, or for people in other parts of the world. The victory we celebrate today is only a beginning, but it gives us confidence that together we can achieve far more in the years ahead. In eradicating smallpox, we have demonstrated to all people that we can put aside our differences - religious, racial, national, and even political - to achieve a humanitarian goal. We have established a precedent for future cooperative efforts, and everyone in this room understands the important task ahead. As long as 700 million people are still undernourished or malnourished, as long as the gap in life expectancy between the more developed and the least developed countries is still 30 years, as long as diarrhoeal diseases still maim and kill millions of helpless children, our job is unfinished. That is the reason we have endorsed WHO's goal of "Health for all by the year 2000", and the reason we have committed ourselves to work individually and collectively to that end.

Today we close a chapter in the history of world health, but we begin immediately to write another. We must dedicate all the talent and energy we have to the effort to secure health for all in this century so that our generation can leave, as its legacy, a healthier world.

The PRESIDENT (translation from the Arabic):

Thank you, Mrs Harris, for your statement. I now invite Dr Shankaranand, Minister for Education, Health and Social Welfare of India, to speak on behalf of the South-East Asia Region.

Mr SHANKARANAND (India), speaking on behalf of the South-East Asia Region:

Mr President and distinguished delegates, the eradication of smallpox from all over the world is truly a historic event in the annals of medicine and public health. Smallpox, a virulent disease, was prevalent in the South-East Asia Region for many centuries where it killed one out of every four who contracted it, and caused blindness and facial and limb disfigurement in many of those who survived. Most of the countries in the Region have not suffered endemic incidence of smallpox in recent years. The last cases reported from various countries in the Region were: from Maldives in 1979, Mongolia in 1939, Democratic People's Republic of Korea in 1951, and an imported case in Sri Lanka in 1972. The absence of smallpox infection for long periods in the countries of our Region and strict surveillance conducted for the detection of this dreaded disease over the last five years have enabled the Global Commission to certify that they are now totally free from smallpox. The last known case of variola major in the Region and in the world was that of Rahima Banu who contracted the disease on 16 October 1975 in Bangladesh.

Indonesia was the first country in the Region which was certified to have eradicated smallpox, in 1974 two years after its last reported case. From 1969 onwards, increasing emphasis had been placed in this country on strict surveillance and containment strategy. Contacts were established with all sections of the population to detect cases, and school-children played a very vital role in this nationwide programme. It was during this period that Indonesia conceived the idea of displaying, as an educational aid, the picture of a child suffering from smallpox. This was the origin of the "WHO recognition card", which was subsequently used universally.

India, with its size and large population, faced an enormous challenge. However, benefiting from the experience of neighbouring countries and with the enormous success of its "Search week" programme, India registered complete success. By April 1977 Nepal, Bhutan, and India were declared free from smallpox by the Global Commission.

Burma implemented the smallpox eradication campaign through the strategy of mass vaccinations. Importations from what was then East Pakistan led to the occurrence of a large number of cases in Burma in 1968 and 1969. In December 1977 Bangladesh and Burma were taken together in a review by the Commission and were categorized as free from smallpox. A member of the Commission visited Thailand in 1978; and the entire Asian subcontinent was certified as free from smallpox in the same year.
The Global Commission has recommended that not more than four WHO collaborating centres should hold and handle stocks of variola virus. In our Region we are indeed both quite surprised and concerned to find that there are still two additional laboratories that have not yet responded to WHO’s appeal for the destruction of the stocks of variola virus held by them. Today’s commemoration ceremony would become more meaningful for all humanity if the countries concerned announced here and now that the unauthorized stocks they hold would be destroyed within the next week or so. The position of stocks of variola virus in the four recognized collaborating centres should be reviewed in 1982, as recommended by the Global Commission. Till then, it is important that these centres should be inspected, and that reports on research activities should be obtained periodically and circulated to all concerned.

India and Bangladesh have received large-scale assistance from WHO and from bilateral agencies, mainly the Swedish International Development Authority, for implementing the intensive smallpox eradication programme. One of the most gratifying features of the eradication campaign in our Region has been the well-coordinated and effective way in which WHO and Member States have collaborated in its planning and execution. National and international staff worked with enthusiasm, dedication, and a high degree of technical competence to prove that with collective, organized effort even dreaded diseases can be eradicated. On behalf of all the governments and people in our Region, a billion in number, I take this opportunity of expressing our deep gratitude and appreciation of the role played by WHO and all the other assisting agencies in enabling us to become free from smallpox.

In terms of net economic benefits, the contributions of the more advanced countries to the success of the eradication programme in the less developed territories is an excellent example of technical cooperation in the health sector - and I hope that now, as we are building up a New International Economic Order, such examples will increase in the coming years. Our success nationally, regionally, and universally has also clearly established that a clear identification of objectives, sound planning based on utilization of locally relevant technology, efficient management, and well-worked-out collaborative efforts can resolve even the most serious and complicated health problems. We hope that the number of similar success stories will increase many-fold to assist and enable all Member States in achieving the all important goal of health for all by the year A.D. 2000.

On this historic occasion I would request this august Assembly to pay a tribute to the numerous unknown and unnamed grassroots workers, in all the countries of our Region, who walked from house to house, inquired about fever and rash cases, and vaccinated households where an infected case was detected. They lived and worked in the villages for long periods, giving up the comforts of their homes and they made possible the public health miracle which we are commemorating today. Our eternal gratitude is due to these workers and I would recommend to you, Mr President, and through you to this honourable Assembly, to consider instituting an appropriate symbol to keep alive the memory of these workers and of all those who contributed to the achievement of our epoch-making success.

I would also like to take this opportunity to place on record our deep appreciation of the role played by our devoted Regional Director, Dr Gunaratne, and our dynamic Director-General, Dr Mahler, both of whom - along with all the professional and other staff at the regional and global headquarters of the Organization - helped and assisted all the national governments in our Region in dealing with the gigantic task, with such historic success.

In conclusion, Mr President, may I once again thank all concerned for their cooperation, and congratulate the World Health Organization on its outstanding and universally acclaimed success.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Shankaranand of India. I now invite Dr Petrovskij, Minister of Health of the Union of Soviet Socialist Republics, to speak on behalf of the European Region.

Dr PETROVSKIJ (Union of Soviet Socialist Republics), speaking on behalf of the European Region (translation from the Russian):

Mr President, my country and I have been accorded the signal honour of addressing this meeting on behalf of the countries of the European Region to express the sentiments of all the peoples of Europe concerning the eradication of smallpox from the world - that great twentieth century miracle, as many are calling it.

Not only was our European Region not one of those where smallpox was endemic, but during the past 50-100 years we have experienced no devastating epidemics of the disease such as used to afflict other parts of the world. Nevertheless, smallpox control was always a Number 1
concern in the countries of our Region, and the occurrence of imported cases of the disease called for great efforts from the epidemic-control services. The loss of human lives from smallpox among the peoples of Europe during the past two centuries has been small compared to the toll exacted by the disease in the countries of other regions, but Europe too has paid its bitter tribute to this disease through the many victims of postvaccinial complications, which were unavoidable however meticulously the inoculations were performed.

Vaccination against smallpox, which played the leading role in the eradication of this malady, was first proposed by a European scientist - Jenner. Europe's scientists and physicians have made a major contribution to the clinical and epidemiological study of smallpox and to perfecting the vaccine and methods for its administration. The European Region was the first in which countries undertook the eradication of smallpox.

In our country a historic decree calling for the eradication of smallpox was signed by V. I. Lenin in 1919, making it possible in a very short time to score decisive victories in the control of this disease. Experience in the eradication of smallpox from a number of other countries of our Region, too, proved of key importance in the planning of the worldwide campaign.

It was therefore no mere chance that on the initiative of the USSR, which I have the honour to represent, the Eleventh World Health Assembly in 1958 adopted resolution WHA11.54 on the implementation of a worldwide smallpox eradication programme, whose triumphal completion we are celebrating today. Contemplating what has been accomplished, we cannot but recall that the worldwide campaign was not hailed with universal enthusiasm, and in that connexion I should like to refer to the Assembly resolution of 1967 in pursuance of which the programme was intensified and entered the decisive phase. This became possible thanks largely to the efforts of Member States in other regions, to the results of scientific research to perfect the vaccine and methods of administering it, and also to the provision by many vaccine-producing countries of all the requirements for the worldwide programme; I am proud to state that during those years my country furnished about 2000 million doses of vaccine. Undoubtedly the victory over smallpox was made possible by the material and manpower resources which a multitude of countries set aside for the attainment of this goal. But it was not this alone that brought the campaign to a successful conclusion: the eradication of smallpox became a reality thanks to the efforts of States, especially those where smallpox was clinging to its last strongholds.

I am expressing the feelings of all the heads of delegations of the European Region in paying tribute to the staff of the World Health Organization and also to the thousands and thousands of medical and other workers whose efforts secured total victory over this infection.

The eradication of smallpox from the world has clearly demonstrated how necessary it is to work out a strategy on sound scientific principles and test it thoroughly under the conditions of different regions and countries, and also the importance of training a large number of workers of all categories. None of this would have been possible without close cooperation between all the countries of the world on a multilateral basis within the World Health Organization and on a bilateral basis within the framework of the single programme. And I should be doing a disservice to the truth were I not to point out that cooperation in smallpox control grew and flourished under conditions of international détente and increased trust among countries and peoples, and this was brought about largely owing to the efforts of many States belonging to the European Region.

We have secured victory in a relentless war against an infection - victory in the most peaceful war that mankind has ever waged. And the peoples of Europe are ever ready to march forth under the banner of WHO to peaceful war with other infections.

Smallpox eradication has been achieved, but our World Health Organization has acted rightly in drawing up a series of final measures including the constitution of a reserve stock of vaccine to cope with any eventuality; my country has undertaken to ensure the full availability of this stock of vaccine.

To the peoples of Europe, as to those of the world in general, the eradication of smallpox will bring sizeable advantages, above all by freeing our descendants from the threat of outbreaks of this disease and from the need to undergo compulsory anti-smallpox vaccination, which has been abolished in most of the countries of our Region, including the USSR. But the eradication of smallpox also connotes something more: it has demonstrated for the first time that mankind can completely eradicate a dangerous disease. I think that we can put on our agenda the question of the choice of the next disease whose control holds forth the promise of no less significant results. For this we shall need to study in depth the actual resources and prospects, to weigh all the "pros" and "cons" - in short, to conduct a wide-ranging scientific scrutiny and investigation such as is possible only under the auspices of
The PRESIDENT (translation from the Arabic):

Thank you, Dr Petrovskij. I now invite Dr Abdullahi Deria, Director, Department of Communicable Diseases, Ministry of Health of Somalia, to speak on behalf of the Eastern Mediterranean Region.

Dr DERIA (Somalia), speaking on behalf of the Eastern Mediterranean Region:

Mr President, distinguished delegates, smallpox has been well known in the Eastern Mediterranean Region since ancient times. It is speculated that Ramses V of Egypt died, in 1100 B.C., of an acute disease which left pock-like lesions on his mummified face. Early in this century, available information indicated that smallpox had been recorded in almost every country of the Eastern Mediterranean Region.

When, in 1967, the World Health Organization started to intensify the smallpox eradication programme on a global basis, smallpox was endemic in four countries of the Eastern Mediterranean Region; the cases of smallpox reported from other countries of the Region were attributed to importation. It is safe to assume that for various reasons, including those mentioned hereunder, smallpox was then underreported - or not reported at all. The Region contains some of the most difficult terrain in the world, in the form of tropical rain-forests, deserts and rugged mountains, with large nomadic populations often on the move either within a country or across international boundaries. Moreover the basic health services in many countries were not sufficiently developed to support smallpox eradication programmes.

In 1967 the Regional Office for the Eastern Mediterranean and the Member States of the Region together identified the conditions then prevailing in the Region that might have militated against mounting successful smallpox eradication programmes. The Regional Office embarked upon a continuous process of working out such programmes with individual Member States. It was felt that, to achieve smallpox eradication by a target date, certain countries in the Region would have to initiate vertical programmes on a campaign basis rather than rely on available health services for smallpox eradication. Initially, the emphasis was on creating in each country as appropriate an efficient smallpox eradication unit and adequately trained personnel that would effectively establish, implement and maintain an eradication programme.

The strategy was to develop the machinery for effective surveillance for smallpox and for the containment of any outbreaks discovered. This strategy was greatly enhanced by the fact that the national health authorities realized the significance of the exercise and gave top priority to smallpox eradication. Moreover, whenever the need arose, the Regional Office worked hand-in-hand with the Member State concerned. To monitor the progress of smallpox eradication programmes, the Regional Office established an intercountry project. Information collected by this project was consolidated at the Regional Office and disseminated to WHO headquarters in Geneva and to the field. The result of these efforts was that, by the end of 1974, only one country in the Region was still reporting smallpox.

As from 1976 the endemic foci of smallpox were confined to countries of the Horn of Africa. Two of the four countries comprising the Horn of Africa belong to the Eastern Mediterranean Region, the other two belong to the African Region. These four countries, through the good offices of WHO, decided to coordinate their smallpox eradication activities, and in fact three coordinating meetings were held in Nairobi in 1977/1978. The decision to coordinate activities was based on the particular geographical, ethnic and social relationships between these countries, where nomads, seasonal workers, and caravans cross and recross the borders. The significance of this arrangement was recognized by the WHO Global Commission for the Certification of Smallpox Eradication when, at its first session in December 1978, it recommended that although the countries in the Horn of Africa should be assessed separately they should also be considered as one epidemiological entity for final certification; and in fact that was done in October 1979.
Between 1976 and 1979, the international commissions for the certification of smallpox eradication certified eradication in seven countries of the Eastern Mediterranean Region. Special arrangements for certification were also made for nine more countries of the Region which had either experienced imported cases between 1967 and 1977 or were at least considered to be at high risk of introduction. The remaining seven countries, which had had their last known case at least two years before 1966 and were not at risk of introduction, provided statements attesting to their freedom from smallpox.

It is worth recording that the last case of smallpox in the Region was in Merka town, Somalia, and that the date of onset was 26 October 1977. Indeed, it was also the last endemic case of smallpox in the entire world. Since that date, no smallpox has been reported in the Region. The Regional Office is participating in the investigation of rumours of suspected smallpox cases in the Region, in order to maintain confidence in global eradication. Furthermore, it is in process of planning for the establishment of a special surveillance programme on human cases of monkeypox and for the investigation of the natural history of that disease.

In the present post-eradication era, encouraged by the success of the smallpox eradication programmes and inspired by the active cooperation of the Regional Office, some countries of the Region have initiated measures for the surveillance and control of communicable diseases in their respective countries, utilizing mainly the manpower and other facilities assembled for smallpox eradication and thus implementing an important recommendation of every international commission that took part in smallpox eradication certification in the Region.

Before I conclude, on behalf of the Member States of the Eastern Mediterranean Region I wish to put on record the gratitude of these countries to the World Health Organization in general, and to the Eastern Mediterranean Regional Office in particular, for the moral and material support they have received in their fight against smallpox.

Finally, I must thank Dr Taba, Regional Director for the Eastern Mediterranean, for inviting me to make this statement on behalf of the Region.

The PRESIDENT (translation from the Arabic):

I thank Dr Abdullahi Deria for his statement. I now invite Dr Acosta, Assistant Secretary, Ministry of Health of the Philippines, to speak on behalf of the Western Pacific Region.

Dr ACOSTA (Philippines), speaking on behalf of the Western Pacific Region:

Mr President, excellencies, it is a great honour for me to speak on behalf of the Western Pacific Region on this historic and memorable occasion. For the first time ever, news of the successful worldwide eradication of a communicable disease has been announced. Let me recall that only thirty years ago, in 1951, the Western Pacific Region reported more than 100,000 cases of smallpox in seven countries - by their present names, China, Democratic Kampuchea, Japan, the Lao People's Democratic Republic, Malaysia, the Republic of Korea, and Viet Nam. There must also have been many unreported cases, and there were no doubt thousands of deaths. Many of those who survived were disfigured and some were blind. In fact, in that year the Region which I represent reported more cases of smallpox than any other region. This may have had a salutary effect because, from then on, the incidence of the disease declined continuously until 1961, when the last case in an endemic area was reported. The last case in my country, the Philippines, was reported in 1949.

No smallpox has been transmitted in any area of the Western Pacific Region since the intensified global smallpox eradication programme became operational in 1967 and, with all due modesty, we believe that no other region can lay claim to such an achievement. The early eradication of smallpox in the Western Pacific Region was not a matter of chance but the result of intensive work carried out by Member States which long ago accepted the urging of WHO and realized that the time had come for a concerted drive to achieve eradication. There were also some outstanding individuals who had particular influence on the developing strategy for eradication; among them we would like to mention Dr C. W. Dixon, of New Zealand, who wrote what is perhaps the most comprehensive book on smallpox. We do not, however, forget that many other persons from our Region dedicated themselves to the noble aim of smallpox eradication. Nevertheless, no regional effort to eradicate smallpox could be ultimately successful as long as the scourge continued to affect people, even in distant lands and continents. This was brought home to us by the importation of smallpox into one country in 1973, and again in 1974. There have been other occasions since 1967 when the
occurrence of smallpox was suspected; all these reports were checked and investigated as far as possible, sometimes even under rather difficult sociopolitical conditions, and they were eventually found to be without substance.

It is the singular merit of the World Health Organization that it has synchronized the numerous efforts to gain control into one powerful smallpox eradication programme which proved irresistible, even in the most difficult geographical areas. It is therefore to the thousands of nameless health workers throughout the affected countries that we wish to address our thanks for their work and sacrifice. It was our World Health Organization that gave them the necessary tools, in particular the bifurcated needle, and the freeze-dried vaccine which proved to be highly stable.

We are privileged to see with us today a noteworthy supporter of the smallpox eradication programme. I refer to Mr Ryoichi Sasakawa, whose Japan Shipbuilding Industry Foundation was foremost among the nongovernmental contributors to the programme.

We note with satisfaction the precautionary measures proposed by WHO to prevent the escape of the smallpox virus from laboratories. One such laboratory exists in our Region, and no doubt the Government of the country concerned will do its utmost to collaborate with WHO in this effort. In due course, we hope that all of these viruses can be destroyed. We also support the establishment of a stock of vaccine as an insurance against all eventualities. My country has withdrawn all requirements for smallpox vaccination, and we hope that those still having such requirements will also abolish them as soon as possible to avoid the risk of the non-negligible complications of smallpox vaccination. The price of safety is, of course, continued vigilance and it is notable that one country in our Region will collaborate in the surveillance of monkeypox.

What have we in the Western Pacific Region learned from the smallpox eradication programme? We have learned that by acting together we can amplify the effectiveness of our work tremendously, even to the extent of achieving the seemingly impossible. We have learned that, contrary to the belief held by some, the main constraints are not financial in nature. We have learned that we are interdependent and that, regardless of how strong we feel, we are vulnerable if nations do not support each other. We have learned that we need inspiration, and that we benefit from global leadership.

The countries of my Region were able to meet the challenge of smallpox eradication, and we are ready to take up any new challenge that the World Health Organization may choose. I stand here today to express the joy of people living in the Western Pacific Region. We appreciate what the world has done for us and for our children.

The President (translation from the Arabic):

Thank you, Dr Acosta. I believe that you all feel as I do that we are celebrating the wedding of a pretty bride for the world: a smallpox-free situation replete with health and welfare. We have just heard the bride's relations, and I now invite Dr Mahler, as the bride's father, to present his remarks.

The Director-General:

Mr President, honourable delegates, ladies and gentlemen, I have seldom been more conscious of the significance of the title "World Health Organization" than today, when we have just heard the achievement of smallpox eradication hailed in such moving and eloquent terms by the representatives of WHO's six regions.

We have in this very room all the elements that constitute WHO and that made up the quite remarkable formula on which the victory over smallpox was constructed. I am referring to science, technology, political leadership, managerial competence, applied common sense, and international support in cash and in kind. As for science and technology, many experts in smallpox and their devoted collaborators in the general fields of epidemiology, virology, and health management, are direct successors of Dr Edward Jenner, the pioneer of vaccination. It was their questing minds that helped forge the technical weapons that finally broke the dreadful power of variola virus and made it man's prisoner.

This Health Assembly displayed outstanding political leadership in launching and in sustaining the smallpox eradication programme. Unity is strength, and it is the unity of our Member States in the cause of world health that is our strength. That was strikingly demonstrated in the smallpox eradication programme, when for example we saw nations sitting on opposite sides of political fences coming willingly and successfully together to fight this disease.
But how could all this vast potential for progress and health be harnessed and be brought together to bear on the areas of necessity? For that, the managerial link truly was indispensable; and I should like to pay the greatest tribute to all those who managed this programme - your programme - with outstanding leadership and commonsense. It was their insistence on clearly defined and measurable objectives, based on realistic assessment, feedback and constant adjustment, that gave the smallpox programme its original impetus and helped to maintain the momentum until that final cherished "target zero" was achieved.

As a symbol of the international support to the eradication programme I also want to thank the many governments, the bilateral and the multilateral agencies, and the private organizations, which contributed immensely - in cash and in kind - to the programme. But, Mr President, permit me also to remind you that we have present the staff of your Organization, and among them some representatives of more than 700 women and men who worked shoulder-to-shoulder with national field staff in country after country to help drive smallpox from its ancient lairs and to dislodge it from the last corners of the world where it still maintained a foothold. I think you will agree that no-one would pretend that these women and men, working in their own country or as international collaborators, were motivated by any prospect of fame or wealth when they devoted themselves to this cause. You may ask what was the spur to such effort and self-sacrifice. I believe that the answer is indeed a deep personal commitment to the cause of world health. And as we now face so many daunting challenges in the struggle for health, that demonstration of loyalty to an ideal comes as a source of courage and great inspiration.

Having said all this, what has the Organization learned from this programme? Many lessons. Let me mention a few. Technically, perhaps, epidemiological surveillance is the key to any disease programme with clearly stated objectives; and solid management is the key to any good programme performance. But perhaps most important of all, we have learned a political lesson: that international unity will change the impossible to the possible. Let our achievement in smallpox eradication therefore be a challenge to all those here and to all those represented here. Let us try by all means to preserve that sense of deep commitment in the equally difficult years that lie ahead; and let us keep that dedication to the wider vision of health for all by the year 2000. If we do that, then truly it can be said - and will be said - that the eradication of smallpox as proclaimed today is but a glimpse of the future we now have to build.

The PRESIDENT (translation from the Arabic):

Thank you, Mr Director-General. I believe the Assembly will agree with me that we should thank Dr Mahler, and all his collaborators, and express our appreciation of every single individual who has worked hard and helped to achieve this result. Our heartfelt greetings, compliments and esteem are due to everyone who has contributed. We must also thank those who have given their labour or their funds. Nor must we forget the scientists, from Dr Edward Jenner to Professor Frank Fenner, who - as you see - have very similar names. We thank them for the remarkable efforts they have made and for their work, the like of which I believe this Assembly Hall is hardly likely to see again. We must be prepared untiringly to keep up successes and achievements of this kind.

While expressing our thanks to everyone we must not forget to give our thanks to Almighty God. Without His care for us, and without the wisdom and faith He gave us to enable us to adopt the approach we did to attain this victory for our fellow men, we should never have achieved what we are celebrating now.

I hope our endeavours will always be up to this standard, and that the day will come when we shall sit in this hall in the year 2000 celebrating, God willing, the attainment of health for everybody in this world.

We thank you all.

Thus we bring a wonderful day to a close. May every day be as enjoyable:

This meeting is adjourned.

The meeting rose at 17h40.
NINTH PLENARY MEETING

Monday, 12 May 1980, at 9h10

President: Dr A. R. AL-AWADI (Kuwait)

1. ANNOUNCEMENT

The PRESIDENT (translation from the Arabic):

In the name of God, the Gracious, the Merciful, the meeting is called to order. I am sure that to start the week with such a beautiful day is a good sign, heralding a correspondingly good week of fruitful meetings. I am sure many of you enjoyed the fine weather yesterday. Let us use this God-sent gift to work actively and generously to accomplish our task as soon as possible, in the spirit of fraternity and cordiality that always reigns at our meetings.

Before we begin our discussion today I wish to remind you of Rule 101 of the Rules of Procedure, requesting Members who so wish to nominate Members entitled to designate a person to serve on the Executive Board. As the Vice-President pointed out last Thursday, the deadline for these nominations is today at 10h00. Those who have not yet submitted their suggestions are kindly reminded to do so.


The PRESIDENT (translation from the Arabic):

We now turn to the general discussion on items 9 and 10. I give the floor to the delegate of Panama.

Dr ARROYO (Panama) (translation from the Spanish):

Mr President, Mr Director-General, Mr Deputy Director-General, distinguished delegates, I bring you the greetings of the Government and people of Panama. We are happy to have the opportunity of participating in this world meeting and of sharing our problems and achievements in an effort to raise the quality of life of our peoples and guarantee health for all by the year 2000. May we congratulate the Director-General on his excellent report, which covers the most notable advances in the field of health in the world over the last two years. We should also like to take this opportunity to congratulate those distinguished delegates who have honoured the Assembly by helping to direct our proceedings.

The Government of Panama, which is fully committed to the aim of health for all by the year 2000, has made considerable progress in that direction over the last five years. Our most outstanding achievements deserve mention. Life expectancy at birth has increased by more than three years and general mortality has moved up into the over-50 age group. Accidents, occupational diseases and chronic conditions now head the list of causes of death; while among children, although some infectious disease problems still persist in rural areas, the relative importance of perinatal problems has increased. Infant mortality has fallen to 24.8 per 1000 live births, while the birth rate is down to 28.3 per 1000 population and population growth stood at 2.4% in 1979. The quality and quantity of maternal and child health services have been improved; now 77% of deliveries are attended and maternal mortality has fallen to 0.9%. Poliomyelitis, diphtheria, dengue, yellow fever, human rabies and plague are still inexistently in our country, and the incidence of malaria, measles, pertussis, tetanus and tuberculosis remains low and is limited to certain parts of the Isthmus.
In view of new requirements the family health programme has increased activities for the prevention and early diagnosis of chronic diseases, particularly cardiovascular diseases and cancer, and for health care and promotion among the young, workers and the elderly, including mental and dental health. Thanks to community participation in the construction of wells and rural aqueducts 64% of the rural population has a supply of safe drinking-water, and 92% of the population has some means of excreta disposal. These figures exceed the objectives laid down in the Ten-Year Health Plan for the Americas. Such measures, together with improved control of foodstuffs, have reduced the incidence of food poisoning and morbidity and mortality from intestinal diseases.

The nutritional status of our people, and particularly of children under five, is directly threatened by world inflation, which has had a dramatic effect on the domestic food market. The efforts made so far through nutrition education, the organization of communal gardens and the distribution of food supplements have proved inadequate to compensate for the decline in buying power, and the Government is coordinating the efforts of the production sectors to deal with the situation. Since my country's entry into the former Canal Zone on 1 October last, we have succeeded in bringing the whole of the national territory under a single health authority, an achievement which is due in considerable measure to the support received from your governments. For this we once again express our appreciation.

The growth of the health sector has made a corresponding administrative and legal reorganization of our institutions essential. A process of institutional development and review of legislation in force has been introduced to strengthen all aspects of health administration. A large-scale training programme has produced enough suitable staff to take basic health services to even the most remote rural areas, with the result that over the last two years health coverage of disadvantaged communities has increased by some 2.5%. One essential for achieving our health coverage objective has been the development of a system of supervision, communication and referral to ensure coordination of the different levels of care. In addition, the government contribution to the financing of the health sector has increased by more than 30% over the last five years.

Though these facts reflect some degree of progress in our struggle to achieve health for all in this century, it cannot be denied that such changes have brought with them new problems which constitute a challenge for the years ahead. We still have a long and difficult path to follow before we reach our goal. Now is the time to decide on our priorities and formulate new strategies, for our response to the needs of future generations must be responsible, realistic and consistent. The strategic and tactical content of our health policy must take into account all the variables determining levels of health. First of all we have an inescapable obligation to provide the remaining 30% of the rural population and 8% of the urban population with safe drinking-water and adequate excreta disposal systems for the few that still lack them.

Industrialization, which will be stepped up in coming years, calls for energetic measures to safeguard our air, water and soil from the accumulation of substances harmful to health. The new profile of our morbidity and mortality structure, particularly the preponderance of chronic cardiovascular, neoplastic and mental diseases, calls for intensified preventive measures. To maintain and better our maternal and child health indicators we must continue to extend coverage and improve the quality and volume of services, with emphasis on high-risk pregnancies and undernourished children. These activities must be associated with the development of sex education programmes to promote emotional wellbeing and family planning and help combat the growing incidence of sexually transmitted diseases.

In extending the coverage of the health services we must allow not only for the 15% of the rural population which is still inaccessible but also for urban and suburban growth over the coming decades. The health services will therefore develop according to the strategy proposed at the Alma-Ata Conference, as adapted to our national situation.

A national food policy developed and implemented with the participation of all relevant sectors is essential to deal with the nutritional needs of all Panamanians during the next two decades. At the same time the growing need for health services, together with the increase in costs and present-day technical expertise, presents us with a twofold challenge: we must develop appropriate technology and at the same time find sources of finance. A basic requirement for the success of the policies mentioned is an increase in effective community participation in all aspects of the provision of health services.

We are convinced that once the foreign presence in Panama is terminated at the end of the century we shall have a country whose every citizen will be exercising his right to health and fulfilling the relevant obligations. We wish to reassert before this great Assembly the firm intention of the Government which I am honoured to represent to work with the community
and devote all its efforts to bringing health and justice to all our people by the year 2000. We are certain that this noble objective is attainable worldwide and we wish to express to all countries represented here our optimism that human solidarity will prevail over our differences and guide us all in the long struggle which will result in the achievement of health for the whole family of man by the year 2000.

Dr AL KHADURI (Oman) (translation from the Arabic):

In the name of God, the Gracious, the Merciful. Mr President, Mr Director-General, ladies and gentlemen, it gives me great pleasure to congratulate the President on his election to direct the Thirty-third World Health Assembly. I have the pleasure also to congratulate the Vice-Presidents and the Chairman of committees, wishing them all every success in the performance of their important tasks. I must also pay tribute to the praiseworthy efforts made by the Director-General and his staff in preparing the comprehensive report on the achievements of WHO in the prevention of epidemics and diseases, in environmental sanitation and in health development.

Allow me to take this opportunity to review briefly the general features of the progress made in the Sultanate of Oman in the field of health care during the past ten years, following the blessed revival led by His Majesty the august Sultan Qabus ben Said. Since the dawn of this recent reawakening, interest has focused on the development of the Omani individual as the cornerstone for all activities directed at health, social and economic development. Although efforts during the first two years concentrated particularly on the establishment of hospitals, clinics and health centres in cities and large villages, we did not overlook the preventive aspect of our health services in our struggle against disease. Preventive services have accordingly gone hand in hand with curative services, and sustained progress has been made in quantity and quality. Within the past few years the Sultanate has been able to set up many general and specialist hospitals, with modern equipment and offering a variety of medical specialties, so that all modern treatment facilities are available locally to the Omani citizen. A number of other specialized preventive divisions and public health units have been set up in many regions of the Sultanate. Believing in the importance of the complementarity and coordination of the different facets of health care, the Sultanate has applied this policy to the preventive and curative sectors; this has led to the spread of integrated health services throughout the country.

The Sultanate of Oman is among the States which attach great importance to the International Drinking-Water Supply and Sanitation Decade. This interest is reflected in the Sultanate decree, enacted last year, establishing a supreme council for environmental protection and pollution control. Another decree established a water resources council. Both councils are presided over by His Majesty, the Sultan. The Sultanate has called on a WHO expert in environmental sanitation to step up the intensive efforts in this field. In primary health care the Sultanate has gained a wealth of experience in the development of local communities through the experimental project initiated two years ago in coordination and collaboration between the Ministries of Health and of Labour and Social Affairs. Evaluation has proved the effectiveness and validity of this project. As a result, the second five-year plan of the Ministry of Health will be based on the generalization of primary health care, in order to develop local communities within the various programmes aimed at implementing strategies to provide comprehensive health care for all citizens. On the basis of this concept we look forward to attaining health for all long before the year 2000, if that be the will of God.

The progressive increase in the volume and quality of health services and of preventive projects and programmes inevitably had to be accompanied by considerable efforts to train the required Omani manpower to carry out these services and programmes; this took the form of local training and overseas fellowships for basic studies, specialist studies or practical training. Moreover, we have followed the practice of inviting to Oman many senior doctors and consultants from WHO and from renowned universities and institutes, in accordance with an established programme, so as to make use of their expertise in curative and preventive health, and to create a scientific climate that will enable Omani doctors to develop their skills within their specialist fields. A nursing school is being established in the Sultanate, with various supporting technical sections, to train Omani personnel to serve in the various fields of health care. It is intended that the second five-year plan of the Ministry of Health should include the establishment of a public health institute to meet the Sultanate's needs for auxiliaries in various public health fields.
In conclusion, I must pay tribute to WHO's praiseworthy efforts in support of health projects and programmes throughout the world, and in the Sultanate in particular. I wish also to extend my special thanks to the Regional Director for the Eastern Mediterranean for his unfailing efforts to support and intensify the different facets of cooperation among Member States of the Region.

Dr LOCO (Niger) (translation from the French):

Mr President, on behalf of the Minister of Health, who is unable to be present, and of the delegation of Niger I should like to offer you my sincere congratulations on your election as President of the Thirty-third World Health Assembly. I also wish to congratulate your predecessor, Professor Tuchinda of Thailand, on the deeply personal discernment and discretion with which he stimulated and guided the discussions of the Thirty-second World Health Assembly. Finally, I congratulate the Vice-Presidents and the Chairmen and Rapporteurs of the committees.

The biennial report of the Director-General, Dr Mahler, is distinguished by its comprehensive coverage of all the Organization's activities in 1978 and 1979 and even more by the pertinence of its analyses and its conclusion which, for us, constitutes a real message of hope: "There is certainly no room for complacency in any country; but neither is there place for pessimism". While offering our warmest congratulations to the Director-General on his exhaustive report, I should also like to assure him of our determination to remain at his side as true politicians for health, striving to make the voice of health heard everywhere.

There is no need for me to enlarge upon the account I gave in my speech from this rostrum in May 1979 of the efforts being made by the Supreme Military Council and the Government of the Republic of Niger, through its Ministry of Public Health, in the fields of primary health care, family health, promotion of environmental health, prophylactic, diagnostic and therapeutic substances and health manpower development, not forgetting essential aspects such as research, integration of health services into the other sectors of socioeconomic development and technical cooperation among developing countries. This time I should like to deal briefly with the following three points: the five-year social and economic development plan (1979-1983); the Organization's structures in the light of its functions; and the Seventh General Programme of Work covering a specific period (1984-1989).

Niger has just adopted a five-year social and economic development plan (1979-1983), whose general medium- and long-term objectives are achievement of self-sufficiency in food supplies, establishment of a development society and pursuit of economic independence. The national development strategy goes beyond this plan in that it is directed towards the supreme aim of development, human wellbeing. It is felt that the State has a strategic role to play in the following six sectors: mining; energy; education, training and information; health; production and distribution of basic foodstuffs; and communications.

Health is seen in two aspects: on the one hand health is an indispensable element of any development programme upstream and downstream and, on the other, health for all is an essential condition for human wellbeing. The major political orientations of the health sector will therefore be towards the following objectives: to preserve, maintain and strengthen existing structures; to reinforce village health teams and the health infrastructure and ensure their sound distribution; to reorganize services to produce optimum efficiency; to give priority to activities affecting the least privileged sections of the population, that is, the rural population, representing 90% of the total, of which 16% are nomads, the urban fringe population and groups at risk (mothers and children, particularly children of school age); to step up training of personnel at all levels and improve their distribution; to study the introduction of a system of health insurance; and, finally, to direct special efforts towards certain specific sectors such as hygiene and sanitation, nutrition and pharmaceutical supplies.

Over the period covered by the 1979-1983 five-year plan, a total of 18 968 million francs will be invested in the health sector, while 4000 villages out of the 10 000 in the country will be covered by village health teams, as compared with 1500 in 1980. In regard to health infrastructure, apart from strengthening existing facilities, 128 centres will be built, including a mental health centre, a leprosy centre and a departmental hospital, on completion of the appropriate architectural studies. Family health will be strengthened by the construction of 32 maternal and child health centres, of maternity centres and a nursery. As for drugs, an institute of traditional medicine and drugs will be established. Finally, the training of health personnel will be improved at all levels and a second school providing basic training will be set up. These are the main features of the 1979-1983 five-year development plan whose ultimate objective, written in letters of gold, is health for all the people of Niger within the next 20 years.
The study of the structures of WHO in the light of its functions is of capital importance for the future of our Organization and document A33/2 provides a remarkable synthesis of the positions adopted by the Member States. In general the existence of our Organization is happily not called into question and its function as a directing and coordinating authority in the health field is confirmed. Some pertinent observations and proposals have been made and these deserve comment. On the subject of multisectoral support, it is obviously essential that countries must involve all sectors in the application of their strategies aimed at providing health for all. In Niger, multisectoral support is applied through various committees, the National Planning Council and the Superior Public Health Council. We therefore endorse the principles of regional and world advisory councils to support the activities of national multisectoral councils. Moreover, resolutions considered by Health Assemblies and regional committees should be examined carefully to establish whether it is possible to apply them effectively in Member States before they are adopted by the delegates or representatives of those States. Too many resolutions are adopted at once, with too little time allowed for their effective application. This brings up the question of the frequency of Health Assemblies and of regional committee meetings; the idea of holding biennial sessions could be accepted to coincide with the period covered by the programme budget. Furthermore, mechanisms will have to be established to avoid overlapping of certain resolutions and to ensure that every resolution adopted is implemented. The plan to set up a global health resources group should be strongly supported, both in its composition and in its goal, which is to mobilize resources and rationalize their flow in support of strategies applied in developing countries with a view to providing health for all by the year 2000. I should like to end my comments on the Organization's structures by expressing the wish that all possible steps be taken to avoid the establishment of six regional organizations and a worldwide organization, each independent of or even competing with the others.

The basic idea underlying the preparation of the Seventh General Programme of Work covering the period 1984-1989 is to work towards greater homogeneity, and particularly better procedures for collaboration between the Member States and the Organization. The choice of universal themes as a basis for a minimum global programme should depend on needs actually felt and expressed by the States. The mechanisms for collaboration must therefore be strengthened. As a choice has to be made, we feel that it calls for a more thorough comparative study of the human, material and financial implications of a Sixth General Programme of Work incorporating the new policies and those of an entirely new Seventh General Programme of Work including the essentials of existing policies. The need for constant collaboration between Member States should be emphasized. Finally, as regards the presentation of the programme, our choice falls on the formula of six regional components, with no idea of competition, headed by a global component, on condition that regional projects are really regionalized. The role of the global component should then be restricted, as far as possible, to facilitating and coordinating activities within the framework of the general global programme.

For us the goal of health for all by the year 2000 is a strong conviction and a stimulant in our everyday work. That is why the President of the Supreme Military Council, His Excellency Colonel Seyni Kountché, ratified on 7 February 1980 the Charter for Health Development of the African Region by the Year 2000. The same ideal has spurred our people, organized within our valiant Samaria, to immense efforts in 1979 which are continuing in the context of the International Year of the Child and the national cleanliness year. Finally, it inspires the enthusiasm with which the multidisciplinary and multisectoral group set up to prepare the programme for the International Drinking-Water Supply and Sanitation Decade (1981-1990) is accomplishing its task.

In conclusion, I wish to reaffirm my country's support for the main principles governing relations between WHO and the Member States, based on social justice, mutual assistance and solidarity among peoples. With such principles as our guide, Mr President, we shall doubtless score many more successes comparable with the eradication of smallpox.

Long live the World Health Organization and may we achieve health for all by the year 2000!

Dr MARQUES DE LIMA (Sao Tome and Principe) (translation from the French):

Mr President, the delegation of the Democratic Republic of Sao Tome and Principe wishes to add its congratulations to those already offered to you and to the Vice-Presidents and committee Chairmen on your election to those important posts. We should also like to congratulate the Director-General, Dr Mahler, on the competence with which he directs WHO activities and for his comprehensive report on those activities. We find the report very
realistic, practical and innovative, revealing a new way of thinking about health problems in terms of human development, the only type of development which will enable us to achieve the aim of health for all within the period specified. We are in complete agreement, Mr President, with the idea that political determination on the part of governments and the formulation of intelligent strategies provide the only means of achieving our goal of true social justice. Allow me, therefore, to convey my Government's thanks to the Director-General. Finally, the Minister of Health asked me specially, on behalf of the Government of the Democratic Republic of Sao Tome and Principe, to express here at the World Health Assembly our profound and sincere thanks to Dr Quenum for the talent, equanimity and technical ability with which he runs the Region, and particularly for his constant concern to ensure that all the countries in the Region benefit from the experience and the technical cooperation of WHO.

We have been invited to give an account of the progress made in our respective countries towards our goal: health for all by the year 2000. We shall try to give a concise outline of the situation in the limited time allowed.

We are convinced that health institutions in developing countries often, if not always, suffer from a greater degree of underdevelopment than other sectors, whether their growth is inhibited, as is generally the case, by inadequate management and financial resources or whether it is unbalanced and abnormal. These two features often occur together and the result is an integral underdevelopment which gets worse as the organization tries to break out of the vicious circle. It must be recognized that in all countries considerable technical, political and administrative efforts have been made to surmount this chaotic situation. Such efforts have met with only partial success and produced transitory improvements, because the basic problem was deficiencies in the systems themselves. In reality, the only possible solution would have been to change the system and to seek new perspectives compatible with the revolutionary changes taking place in world political and social structures. Community medicine with the goal of health for all by the year 2000 introduces a new mentality and a new perspective for health problems. The authorities of the Democratic Republic of Sao Tome and Principe have therefore firmly endorsed this principle. Our Republic, however, which has been independent for less than five years, inherited from the colonial era an archaic health organization which has obliged us to introduce an overall national reconstruction programme in which health, considered as a factor of production, occupies a place of the greatest importance.

The Government's global policy is aimed at speeding up development and introducing at the same time a policy of redistribution of national income. Anti-inflationary measures have been carefully introduced. It should be mentioned, however, that the relatively slow growth in the world demand for raw materials in comparison with that of manufactured products has had a negative effect on our economy.

To deal with new health needs and conditions and to carry out the reorganization of services, we have been obliged to establish the closest possible coordination between the different components of the health sector. The result has been the creation of a true national health service, regrouping all existing health resources so that they can develop dynamically and synergically in line with health policy to achieve higher levels of efficiency and greater productivity.

Health for all by the year 2000 is our great aim and the Declaration of Alma-Ata has been incorporated in its entirety into our health policy. The activities and tasks undertaken during the last eighteen months can be summed up as follows:

- formulation and initiation by the health authorities of an intersectoral process, with community participation, for the development of community medicine covering the whole country;
- provision for the community as a whole, through the process described above, of the operational resources required to meet health needs, either directly or by means of regionalization;
- firm commitment of every politician at national, provincial or district levels and of every militant to the process, the doctrine of community medicine having been included in the political precepts of the Movement for the Liberation of Sao Tome and Principe, our front-line party, and incorporated in its programme at its first National Assembly.

Community organization was begun using existing, particularly political, bodies rather than new ones which would not have had the same vitality and the same commitment to the national reconstruction which the country is undergoing. Expression has been given to all of this in the national health plan, which is part of our overall social and economic development plan. A Department of Health Planning has been set up to maintain cooperation
within and between sectors and to participate in the conduct and the technical coordination of the development process already mentioned, so as to carry out the decisions of the Party, which attaches great importance to the achievement of this goal. We of course count on the kind and constant support of WHO, UNICEF and friendly countries. The process is designed to be irreversible and to operate as a chain reaction, the initial participants involving those that follow.

Improvements in the system of statistics was one of the first tasks to be undertaken, for reliable, realistic and sufficient data are essential for regular monitoring of the development process. The Expanded Programme on Immunization, malaria control and environmental sanitation measures have been included as part of the community objective, with clear emphasis on prevention.

A basic link in the chain of the process is education and training, envisaged on a broader basis than is usually the case, as an overall educational strategy in which the whole of the health sector and, more particularly, the communities themselves, are involved. The deliberate approach to certain members of the community is of capital importance in that the choice falls on agents of change, who are directly responsible for the introduction and establishment of community medicine.

Health for all by the year 2000 can only be achieved by a process of mutual emulation which may prove slow and difficult for health authorities and political leaders. It imposes on them a three-fold political, social and historical responsibility which involves the Party, the Government and the people of Sao Tome and Principe. It should also be noted that the choice of non-capitalistic development is the only way to ensure that health for all by the year 2000 becomes a reality for our Republic.

In conclusion I should like to greet the new Members of the Organization, the Republics of San Marino and Zimbabwe. It gives us great pleasure to have among us the representatives of the people of Zimbabwe, which has won independence after a long, difficult and victorious struggle for national liberation.

Dr CADET (Haiti) (translation from the French):

Mr President of the Thirty-third World Health Assembly, distinguished members of the Assembly, Mr Director-General, ladies and gentlemen, the delegation which I head in my capacity as Under-Secretary of State for Public Health and Population of the Republic of Haiti is honoured to participate in the Thirty-third World Health Assembly. Our discussions will certainly be very fruitful for the Member States of WHO in the field of the development of primary health care, which is the most appropriate strategy for the introduction of a new order for health, at both national and international levels.

Before going further, allow me to convey warmest congratulations to the distinguished representative of Kuwait, elected by his fellow participants to the important position of President of the Thirty-third World Health Assembly. We are sure that he will fulfil his duties to the satisfaction of all.

The Republic of Haiti, whose association with WHO dates from the very creation of this international organization, is happy to have the opportunity to report on progress made in the field of primary health care strategy, in line with the important recommendations laid down in the famous Declaration of Alma-Ata of 12 September 1978, and endorsed by the Thirty-second World Health Assembly and at the thirty-fourth session of the United Nations General Assembly. In this connexion I should like to refer honourable members of this Assembly to the report handed by the delegation of Haiti to the secretariat of the International Conference held in Alma-Ata for precise information on the way in which our country is planning the extension of health care coverage based on primary health care strategy with emphasis on community involvement. For the Republic of Haiti, health for all by the year 2000 means the accessibility to all citizens of medical and health services providing primary care at the very least. In this context, and in view of the geographical features of the country, a system of regionalization of health services has been developed, dividing the national territory into five health regions and one subregion comprising the metropolitan area of the capital. Each health region covers a population of between 600 000 and 1 000 000 and forms a pyramid, with dispensaries at its base and a regional hospital at its apex. The intermediate units comprise district hospitals and health centres for inpatients and outpatients. It should be noted that the basic unit of the system is the dispensary, whose role is to provide primary health care reaching out into the smallest rural communities through the use of health agents, a new category of health worker chosen by the communities themselves and receiving intensive training in the provision of minimum health care, bearing in mind that
patients can, if necessary, be referred to district or regional hospitals for more complex treatment. Owing to limitations in national financial resources, we have been able to organize only two health regions to date, one in the south and one in the north of the country, thanks to a loan from the Inter-American Development Bank. In these two regions, however, various programmes have been introduced whose execution, though not yet perfect, raises legitimate hopes for the future development of the activities they involve and reflects the progress achieved in the field of health in the Republic of Haiti, which is gradually making its way towards the goal of health for all by the year 2000.

Since water-borne diseases are one of the major causes of child mortality, the Government of the Republic of Haiti attaches particular importance to the programme for the supply of safe drinking-water. One hundred new water supply systems are to be installed in villages across the country. Mention should also be made of the programme of vaccination against tetanus, poliomyelitis, diphtheria and tuberculosis, the programme to combat malnutrition and the family planning and maternal and child health programme. The public authorities have not failed to respond to the problem of the cost of drugs; community drug dispensaries are already operating in several towns, supplying drugs to needy sections of the population at less than market prices.

In solving most of its public health problems Haiti has the benefit of the close collaboration of WHO and PAHO and assistance from USAID, IADB and other international organizations. To all of these we address our sincere thanks. It is also beyond doubt that the health situation in Haiti could not have been thus improved without the concern of His Excellency Mr Jean-Claude Duvalier, Life President of the Republic, who has oriented national socioeconomic development in favour of the health of the Haitian citizen. As the Head of State affirmed in a speech made to the Haitian people on 22 April last: "The social benefits of health are self-evident; it is an acknowledged fact that improvements in the health situation contribute perceptibly to development, which involves both social and economic progress."

Adopting as my own the opinion expressed by Dr Mahler, in the introduction to his biennial report on the work of WHO in 1978-1979, I conclude with his words: "Am I convinced that optimal action for health development is taking place since the Declaration of Alma-Ata issued its challenge to the national and international community? There is certainly no room for complacency in any country; but neither is there place for pessimism. The goal is there; the ways of attaining it are daily becoming clearer; and the lesson of the past two years is that if we temper our dreams with realism we shall reach our goal in spite of world political and economic malaise."

Dr STIRLING (United Republic of Tanzania):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, allow me, Mr President, on behalf of myself and my delegation, to bring the cordial greetings and good wishes of our President and the people of Tanzania to you, the Director-General and the entire Assembly. We also offer our sincere condolences to the delegation and people of Yugoslavia on the loss of their great leader. My delegation also congratulates you, Mr President, for being elected to lead the deliberations of this august body. The unanimity with which you were elected signifies the high confidence delegates have in you, and my delegation assures you of its full support and cooperation to make this Thirty-third World Health Assembly a success. Also, Mr President, allow me to congratulate the newly independent nation of Zimbabwe which is attending for the first time today, not as an observer, but as a full Member of this Assembly. Their hard-won victory takes them a step nearer to the fulfilment of health for all by the year 2000.

The Thirty-third World Health Assembly meeting here this year is meeting at a crucial time, when the many resolutions that have been passed and which we are going to pass during this session are threatened with non-implementation by the undeveloping countries like mine, due to the general world economic crisis and the ever-escalating prices of oil on which so many of our countries depend as their source of energy. The ever-rising price of oil and that of the manufactured goods required for implementing these resolutions are affecting the developing countries very adversely.

I wish to thank the Director-General and the World Health Organization for the frequent assistance given to my country to enable her to fulfil her commitments to the people of delivering health and health promoting services; this help has been very timely.

Now coming to the subject matter of our assembling here, I wish to congratulate the Director-General and his staff on producing such a concise and lucid Report on the activities
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of WHO for the years 1978-1979. This is indicative of the Director-General's tireless efforts to make this Organization succeed in promoting the health of the world. The background document for this session's Technical Discussions (document A/33 Technical Discussions/1) is also a lucid one and I am sure the delegates will discuss it thoroughly to show policy-makers why they should put more emphasis on promoting health in their endeavour to establish a New International Economic Order. My delegation is optimistic that the efforts of WHO to show the world that health can contribute very much to the new economic order will pay good dividends just as they have contributed to the liberation struggles in the world.

My delegation would like to share with other delegates some of their ideas related to the following reports of the Director-General. (1) Smoking and health, which was the theme of World Health Day this year, has my Government's approval, and steps are being taken to discourage smoking. An antismoking health education campaign has started in my country with the cooperation of radio and, for a start, it is being directed towards youth, as this is the age where the habit starts. (2) Evaluation of national health programmes: since this is an important component of health planning and programming, my country, following resolution WHA31.11, has just finished an evaluation of our health services in 1979 and the process of interpreting the findings, drawing up conclusions and recommendations is under way. (3) The International Year of the Child: as distinguished delegates will recall, 1979 was declared by WHO as the International Year of the Child and my country had many activities carried out to commemorate the occasion. But since children are being born every year we have decided to continue with the programme, so as to render the required services to the children. (4) Essential drugs: my country has already embarked on compiling a list of essential drugs and taken steps towards the extended manufacture of these drugs locally. (5) Prevention of blindness: our Government has given this programme high priority and a national council has been formed to undertake the programme. The first duty of the council is the preparation of a baseline survey to determine the prevalence of blindness in the country. Correspondence with WHO has already been effected to seek its cooperation in implementing the programme.

Another subject which my delegation feels is important, but which was not included in the Director-General's report, and which it would like to share with distinguished delegates is the subject of improvement of housing, in both periurban and rural areas. This is really important in promoting and maintaining the health of our people. My delegation urges WHO to formulate strategies which will lead Member nations to work towards the improvement of housing in their respective countries as part of the fulfilment of health for all by the year 2000.

My country is making great strides in its efforts to fulfil its pledge of health for all by the year 2000, despite the problem of escalating costs in providing health services. Great efforts are being made to provide potable water supplies to the rural areas, as near to where people are living as possible. Efforts are being made to increase food production, cash crops production, universal primary education, adult education, health education, the expanded programme of immunization and the provision of maternal and child health services everywhere.

Mr President, I do not wish to take too much of the valuable time of this Assembly to narrate our achievements and problems at home, but I shall not have done justice to my country, which is in the forefront of the fight against racial discrimination and oppression, if I do not appeal to this Assembly to increase the assistance of WHO, both materially and morally, to the struggling and oppressed majority of this world until they attain their rightful status. The war against oppression and discrimination still goes on and if this is not won, health for all by the year 2000 will still remain only a WHO slogan rather than a reality.

Mr MAKGEKGENENE (Botswana):

Mr President, permit me and my delegation to congratulate you on your election to this high office. I have no doubt that you will guide this Assembly's deliberations to a fruitful end.

My delegation has studied the report of the Director-General on the work of WHO during the biennium 1978-1979. As usual the report is a well thought out, well presented document. I shall confine myself to only some areas of the report, as time would not permit any of us to deal with the complete document.

My Ministry has striven to examine ways and means of formulating strategies for achieving the goal of health for all by the year 2000. This we did following the guidance given by the Organization through its Secretariat. The product of this exercise was presented at the twenty-ninth session of the Regional Committee meeting in Maputo in September last year. Following that, discussion of this area of concern was on the programme of the subregional working group on technical cooperation among developing countries, which took place in my
country in March of this year. One of the major recommendations of this TCDC meeting was the need to get total political commitment of Member countries, beyond the confines of the corridors of ministries of health. TCDC was the subject of the Technical Discussions at the Thirty-second World Health Assembly. I would like to underscore that the concept of TCDC stands out in my mind as being a concept through which Member countries will go a long way in viewing and solving their health problems, especially on regional and subregional basis.

For our Region let it be recorded that the role of the Organization in the area of health and peace has been a laudable one. We rejoice with WHO in the fruitful outcome of the struggle of Zimbabwe for liberation.

The Director-General deserves praise for the Organization's efforts in coordination within and without the United Nations system. The participation especially of nongovernmental organizations holds great promise for the realization of better health for all the citizens of the world. In my own country, close cooperation between the Government of Botswana, the International Committee of the Red Cross, the World Food Programme and UNICEF, to mention a few, has seen us through some crises and, on a continuing basis, is contributing to our struggle for the realization of our goals. During the recent drought, from which Botswana is just emerging, prompt response by the World Food Programme has been life-saving.

Botswana has just enunciated its fifth national development plan, and in it the Government states its commitment to the strategy of providing primary health care as the best way of improving the people's health and promoting development. We think the elements essential for attaining an acceptable state of health are adequate food and housing, safe water, basic sanitation, maternal and child health care including family planning, immunization against communicable diseases, education concerning health problems and methods of controlling them, and appropriate treatment for common diseases and injuries.

The problem of disability is of great concern to us. Both the prevention of disability and rehabilitation are being given close attention. We are thus pleased with the establishment of the training facilities for orthopaedic and prosthetic work in the African Region.

The area of Family Health - encompassing maternal and child health, family planning, nutrition and health education - has rightly had a medium-term programme developed during the biennium. This medium-term programme consolidates activities within a new programme outline. My country could not agree more with this broad approach, especially the development of intersectoral strategies related to family health, population and development. The WHO/UNICEF Meeting on Infant and Young Child Feeding, in producing the international code for marketing infant formulas and other products used as breast milk substitutes, has made it possible for all Member States to have an influence on the manner in which such marketing is done. This will hopefully have the impact of promoting breastfeeding. The opportunity offered by the International Year of the Child was utilized in Botswana to raise awareness and stimulate long-lasting action to benefit children. In health care, the special areas of immunization, nutrition and the care of handicapped children were singled out and discussed with communities all over the country. With regard to family planning, the report of the Special Programme of Research, Development and Research Training in Human Reproduction is encouraging to developing countries, especially as regards the effect of oral contraceptives in the presence of inadequate nutrition and vitamin deficiency. However, in this area reassurance is still required on behalf of women in the African Region.

Regarding smallpox eradication, my country rejoices with the rest of the world and this Assembly over the closure of the final chapter in the advent of this dreaded and disfiguring disease. Following on this, the work of WHO in the Expanded Programme on Immunization (EPI) has taken immense strides. We are confident that, with the research and development progress in improvement of the "cold chain" and production of more stable vaccines, the sun will surely begin to set on the horizon of high infant and childhood mortality in developing countries. We in Botswana are eagerly looking forward to the middle management training of EPI workers in collaboration with the headquarters and regional EPI units.

Diarrhoeal diseases are a major cause of morbidity and mortality in childhood. My delegation wishes to state its appreciation of the lucid report of the advisory group on the development of a programme for diarrhoeal diseases control. We intend to use this report and its guidelines in increasing our efforts in this area.

We appreciate the work done towards environmental sanitation in the last biennium. Poor water supply and unsuitable disposal of all forms of waste play a major and sinister role in the delay of achievement of good health. We hope, in Botswana, to have achieved the supply of clean water to all our citizens by 1986. We have also commenced a pilot project for investigating the suitability of certain kinds of toilets and educating the communities on the role of their use in promoting good health.
The report of the Director-General highlights the increasing importance of oral health for developing countries. We agree strongly with this, having recently discovered that dental diseases affect greater numbers of people than any other single disease. We intend to look closely into promotive oral health and the role of excessive sugar consumption and high intake of fluoride in drinking-water in the condition of teeth and their supporting structures.

To overcome the obstacles to the delivery of health care caused by the lack of health manpower, my Ministry has set itself targets for the training of health manpower during the plan period 1979-1985. Particular attention is attached to the training of cadres, which are vital to the improvement of rural health services.

Finally, Botswana wishes to place on record her pleasure at the re-election of the Regional Director for Africa. This Region, with its size, varying maturity of its Member States, and social and political turbulence, needs the Regional Director's experience, wisdom and familiarity with these problems - an experience born of years of handling a situation which has always been demanding of him and his staff. The managerial policies emanating from the Regional Office have contributed to the stage at which we in this Region are, and we have all faith that more can be achieved under such tested guidance.

Professor TUCHINDA (Thailand):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, it is a great privilege and pleasure for us to represent the Government of Thailand and to bring good wishes and greetings of the Government and people of Thailand to all the distinguished delegates of Member countries and to all the honourable representatives of various international organizations.

On behalf of the Thai delegation, I would like to join other delegations in extending sincere congratulations to you, Mr President, upon your election to this high office. To the five Vice-presidents and the Chairmen of the two main committees my delegation would also like to offer its congratulations.

In Thailand the past year has been one of continued intensive health development activity in many areas. As the present five-year national health development plan enters its fourth year, a process of review, evaluation and consolidation is under way, while at the same time the implications and contents of the next five-year national health development plan commencing in 1982 are being considered. Whatever our efforts in whatever area, our focus has remained, and will remain, firmly and sharply on the goal of health for all by the year 2000 (HFA/2000) and its achievement, in the main, through primary health care (PHC). All fields of activity have, therefore, been analysed in this context and their primary health care content, actual or potential, has been reviewed with the aim of further support, strengthening and improvement.

Major strategies of the overall government policy of reducing the gap in incomes and living standards between the rich and the poor and the urban and the rural population, in order to achieve maximum wellbeing for all at costs that can be afforded, remained our firm guidelines. Stress has been laid on a more equitable distribution of resources and identification and concentration of effort on the vulnerable groups, especially the rural poor.

Regional development, with decentralization and creation of vital basic infrastructure and provision of essential services, has progressed. Integration of all possible health areas at all levels, especially at the grassroots of primary health care, has advanced. The mechanisms for coordination and cooperation with all other socioeconomic sectors for intersectoral efforts in achieving common goals have been created and continue to be strengthened. While all these are slow processes, they are progressing, especially at the community level. In the economic development activities, the health component has been continually highlighted. The fact that the improvement of health is an important constituent of development and the concept that health is not only an output but also an essential input in the development process has been stressed. The need for health as an important facet of the development strategies for the 1980s and as part of the quest for a New International Economic Order has been propagated in all possible forums.

During the past year significant efforts were made at strengthening our ability to undertake priority and need-orientated planning, management and research with greater efficiency and effectiveness in many areas. All were designed to fully support the goal of HFA/2000 and PHC. An important event was the final endorsement by the Prime Minister of Thailand, on 11 February of this year of, the Charter for Health Development formulated by the Member countries of the WHO South-East Asia Region.

Among communicable diseases, the decreasing trend in gastrointestinal infections in recent years has undergone a reversal as a result of the protracted period of below-average
rainfall. This has reduced safe drinking-water supplies in many rural areas. The threat of gastrointestinal disease is expected to be greatly reduced with the implementation of the programme of the International Drinking-Water Supply and Sanitation Decade. After the preparation for this decade last year, the programme has been put into effect and is making satisfactory progress, much of it being integrated into the rapidly expanding PHC programme. Ever-expanding activities to improve nutrition, to support the vulnerable group of women and children and cope with the problem of population growth are similarly linked to our PHC programme. Determination of our evolving drug policies with their strong traditional systems components, and the quest for appropriate technologies, underpin our PHC strategies.

Although progress has been made, we are still facing a number of severe constraints, as are most developing countries - lack of both material and financial resources, trained manpower and inadequate infrastructure. This year, however, we have suffered from an additional, unnatural and unexpected concern; the need to succour, feed, clothe, shelter and restore to health thousands of people who have fled and sought safety in our country. Since late last year we have had a further massive influx of over 100 000 men, women and children, bringing the total number of refugees close to 300 000. It is true that the world has responded to our pleas for help, and we are grateful; but it is not sufficient. Aid has been sporadic and short term. What is to happen if this situation is prolonged, and for how long? It is our most earnest plea to you all that, while interim aid must be continued, the situation and its ever more frightening potentials must not be allowed to continue. It should and must be resolved.

I have said little so far of WHO, our Organization, and of the role it has played, and is playing, in our evolution towards HFA/2000. Needless to say, we have a perfect cooperation and collaboration, and a perfect partnership. We are "fully integrated" at both the country and the regional level. We can proudly state that we are ever increasingly enabled to give our quid pro quo with mutual advantage, not only to the Organization but also to Member States in and beyond the Region, in our growing ability to serve in the true spirit of technical cooperation among developing countries. However, we are somewhere near the midpoint of development, we are delicately poised, and though we fervently believe in the spirit of self-help and practise it too, we are not yet at the stage where progress can be self-engendered and self-sustaining. We must get over the critical hump and need continued and accelerated support and strengthening in order to arrive at that desired point.

Mr President, Director-General, distinguished delegates, ladies and gentlemen, in closing I offer you not only our fullest support, but the prayer that our deliberations will produce decisions and agreements which, translated into action, will serve to carry us safely further along the road to HFA/2000.

Professor BAH (Guinea) (translation from the French):

Mr President, Vice-Presidents, Mr Director-General, Regional Directors, distinguished delegates, ladies and gentlemen, on behalf of the delegation of the Revolutionary People's Republic of Guinea I should like to congratulate the officers elected to direct the proceedings of this august Assembly.

Mr President, our delegation, after careful study of the excellent report of the Director-General, approves the content as a whole and thanks Dr Mahler for its clarity and precision.

I pass on at once to a brief description of our national strategy for the achievement of health for all by the year 2000. Since 1958 our country has had an integrated and community-oriented health policy to meet the basic needs of the people and, in 1975, in every local revolutionary division or village commune a health brigade was set up, comprising seven members working under the political authority responsible for the social sector in the locality.

Thus the notion of primary health care, which is not a new one in Guinea, involves a whole series of health priorities, namely: appropriate health information and education; environmental hygiene and health (sanitation and community water supplies); the expanded programme on immunization; maternal and child health; surveillance and control of endemic diseases; supply of essential drugs; and workers' health.

To implement our strategy for development of primary health care, which is an integral part of the country's socioeconomic development plan, a multisectoral and multidisciplinary commission has been set up, including the following sectors: health, education, social affairs, agriculture, water and forestry, fisheries and stock-breeding, public works, telecommunications, planning and statistics, information, town planning and housing.
The following plan of action has been drawn up by the Ministry of Health for the period 1981-1985:

**Establishment of 3600 rural centres.** It is intended that by 1985 half the village communes in the country will have primary health care centre coverage.

Training of primary health care personnel. This is undertaken on three levels: training of national teaching staff provided for by WHO; training of teachers for the regions; and training of primary health care workers in village communes. The latter will be carried out in sessions lasting an average of two weeks and will take place during the farmers' relative "off-season". A total of 7200 primary health care workers should be trained by the end of 1985. The programme will concentrate on suitable training in the field rather than on advanced theoretical instruction.

The drugs used in primary health care centres will have to meet the priority needs ascertained in each village. Where they are not supplied free of charge, these drugs will have to cost very little. A study has already been made of the supplies and equipment required by the health brigades; this will be obtained using local financial resources and with the assistance of international organizations (WHO, UNICEF, etc.).

The programme will be supervised and evaluated at four levels: at district and regional levels, within the General Commissariat for the Revolution and at national level.

Following this brief outline of our national strategy for the development of primary health care, I should now like to touch briefly on health activities.

The infrastructure is being strengthened increasingly through a plan to renovate hospitals and renew medical and surgical equipment. The plan for the construction of a new university teaching hospital and four polyclinics in Conakry will soon be entering into the implementation phase.

In regard to training, reforms have been introduced since 1976 with a view to raising the level of competence of health workers of all categories. At the moment all cadres are trained within the country, in the three following centres:

1. The Hadja Mafory Bangoura Faculty in Conakry, which admits secondary school graduates following an entrance examination. The course lasts three years, with a single stream. At the end of this course and after a competitive examination, 25% of the students are admitted to the Faculty of Medicine of the Conakry Polytechnic Institute of Conakry, to study for a diploma in medicine or pharmacy; 75% of these are sent directly into service as State nurses in various health units.

2. The secondary school in Kankan, which trains public health technicians.

3. The secondary school in Labé, whose main function is the training of primary health care workers and the refresher training of traditional midwives.

For the past two years, all those with diplomas in health, medicine and pharmacy have been posted to the interior of the country, to ensure equitable health coverage of rural areas.

With a view to proper health services management, the national directorate of the statistics service has been totally reorganized with a view to improving statistical data in all regions of the country. Thus a national planning directorate for health activities has been established.

The national directorate for maternal and child health created since 1973 has set up maternal and child health centres in the main town of each region. The centres provide pre- and post-natal care, systematic vaccination of pregnant women and newborns and nutritional education. Breastfeeding is strongly recommended; imports of powdered milk have been reduced to a strict minimum and its sale is controlled by the use of vouchers issued only by maternal and child health centres.

The expanded programme on immunization will cover the whole of the country by the end of 1980.

In the field of environmental hygiene and health, a multidisciplinary committee of the national service for water-source development has just been set up, involving the Ministries of Health, Education, Agriculture, Water and Forestry, Town Planning and Housing and Hydraulic Engineering. The committee, which comes under the Ministry of Agriculture, Water and Forestry, is responsible for all matters concerning water supplies in rural areas, through the development and protection of water sources (springs and wells). The Party-State of Guinea has introduced sanitation days, with full participation of the population.

As regards drug supplies, the National Drug Importation Board keeps entirely to the list of essential drugs drawn up two years ago. Pharmaceutical depots have been set up in the main town of each region to ensure regular supplies for the interior of the country. Drug prices are the same throughout the country. Guinea would urge the Regional Office for Africa to go ahead with bulk purchases of drugs and vaccines. The project to create a national...
pharmaceutical industry, in collaboration with UNIDO, an executing agency of UNDP, is now under way. We should like to see this unit serve the whole subregion.

The national directorate for traditional medicine is pursuing satisfactorily its research programme on medicinal plants and continuing its gradual integration of recognized traditional healers into the health units. An institute of traditional medicine is now being set up.

In the field of workers' health, the national occupational health service will soon have its own specialized laboratory.

As for disease control, the national directorate of preventive services is continuing control of communicable, parasitic and diarrhoeal diseases in the normal way. WHO onchocerciasis experts, together with trained national technicians, are already carrying out surveys under the intercountry onchocerciasis project covering Guinea, Mali, Senegal and Guinea-Bissau.

In the field of community health information and education, a wide-ranging programme of popular education has been planned and organized at all levels: general assemblies of bodies pertaining to the Party, administrative services and enterprises, educational establishments, radio broadcasts in national languages, television broadcasts, printing of brochures and projection of films produced by the national "Sylli-film" studios in collaboration with the national directorate of preventive services of the Ministry of Health.

Where technical cooperation among developing countries is concerned, implementation of the programme drawn up in line with the resolutions of the Thirtieth World Health Assembly, the Executive Board and the twenty-seventh meeting of the Regional Committee for Africa has given new life to health cooperation between our States through increasing exchanges of information and experience, particularly in the fields of primary health care, research and training and traditional medicine and drugs; through combined activities for the control of major endemic diseases such as malaria, leprosy, trypanosomiasis, tuberculosis, cholera, measles and onchocerciasis; and through the organization of periodic meetings between public health technicians from the various States.

Mr President, distinguished delegates of Member States, our delegation wishes every success to the Thirty-third World Health Assembly and is convinced that these three weeks of collaboration and exchanges of views and experience will mark a further step on our way to the achievement of health for all by the year 2000.

Mr Faumuina (Samoa):

Mr President, Vice-Presidents, Director-General, honourable ministers, distinguished delegates, ladies and gentlemen, before I go further I shall remember the passing away of the President of Yugoslavia; I do believe the sadness of one is the sadness of all, the joy of one is the joy of all, in the field and the family of this Organization. I also welcome our new Member States. And I wonder whether we are old enough to be a Member of this Organization. Are we all aiming to reach our goal, health for all by the year 2000? This is a big question for us.

The Government of Western Samoa has indicated its acceptance of resolution WHA30.43 and has outlined its policy intention list in a letter to the Regional Director of WHO in August 1979. Under the fourth five-year development plan (1980-1984) the key emphasis is to promote universal primary health care. Priority will be given to maternal and child care but measures to lead to a more healthy lifestyle will be reinforced in the areas of endemic disease control, adequate nutrition, provision of essential first-line treatment with drugs, safe water supply, sanitation in the villages, and improved health education.

When parliament approves the fourth five-year development plan later this year, the following policies are expected to be adopted by the Government: (1) policies to remedy problems identified in respect to population, health status, and health-related factors of a social, economic and environmental nature; (2) promotional policies related to improvement of health and prevention of disease, and (3) policies to improve health administration. Although political measures to support the policies mentioned are still a matter for parliamentary debate, the Government is concerned about health problems and health services, the quality of health care, and the satisfaction of both consumers and providers with the level of care given.

Many major problems face my country in our aim to reach health for all by the year 2000. A rapid population growth has produced a high and growing demand for health services. There is pressure to channel an increasing proportion of government expenditure into expanding the capacity of these services rather than improving their quality.

It is anticipated that the deficiencies in health manpower will cause a major problem in the future. There is a general shortage of key health staff in the health service; there
is an inadequate number, quality, and orientation, particularly, available for work in remote districts. The problem is both national and international in the sense that part of it may be solved through national and part through international action. Western Samoa depends on institutions in other countries for the training of most of its highly skilled staff. A manpower development plan has been prepared to train the required number of doctors, dentists, nurses and other health professionals, and it is hoped that considerable progress will have been made in the next five years. However, there will still be problems of manning the health districts with doctors because of professional and social isolation of these posts. It will also be difficult to secure adequate finance and enough tutor staff to provide for the very necessary increase in nurse training and the development of in-country post basic training courses for nurses.

Some important constraints on the integration of health care delivery include poor communication between district hospitals and the national hospital in Apia. Telephone communication is in the main nonexistent, and some villages are more than 20 miles away from the nearest health facilities, with the added problems of poor roads and insufficient transport. Steps are being taken to install radio telephone communication with all district hospitals, but the absence of proper power supplies makes battery charging difficult.

Some buildings and facilities in rural hospitals need replacement of equipment, additional equipment, and much repair. Throughout the whole health service, inadequately maintained buildings and equipment pose a serious problem for the future.

In recent years the redevelopment of the new national hospital in Apia and developments in health manpower have been the main priorities in financial allocation. During the next five years, a further 2.2 million talà will be spent on national hospital development. There is now an urgent need to review the health budget to give more emphasis to primary health care and prevention, and to decentralize the services.

Future goals and targets for health improvements are very clear for the next 20 years. The country hopes to achieve universal primary health care at the village level. Priority will be given to maternal and child care. Endemic disease control, adequate nutrition, especially of children, provision of essential first-line treatment with drugs, safe water supply, sanitation in the village, and health education. Goals and targets have been set for all these areas.

The basic strategy is the development of a health service network from the village to the national hospital. It relies on a system of referrals from the lower level of health care to the next higher level. It is characterized by the integration of preventive and curative services with emphasis on prevention and a preference for ambulatory care, and the provision of necessary technical expertise. Implementation will be distributed through defined regions and district health services in the surrounding regions. It is emphasized that health manpower training must avoid going against the culture and traditions of the people and must take advantage of existing institutions, such as the women's committees. The strategy also calls attention to the possible contribution of traditional medical practices. Because of the severe limitations of resources, the plan relies to a marked extent on assistance that can be negotiated with other countries, international agencies and nongovernmental agencies in other countries.

There will no doubt be many obstacles in our path — financial, as I have mentioned, sociocultural, political and educational. For many South Pacific countries, perhaps the most difficult obstacles of all are produced by financial limitations, which prevent the implementation of all plans as outlined. In this respect, I would like to extend to the New Zealand Government our sincere thanks and appreciation for the continuous assistance given to our health services development, and to all governments which, one way or the other, extend a helping hand to Samoa.

Finally, to the Director-General of WHO and his staff — Fa'afetelai tele, meaning "Thank you very much" for the continuous help extended to our health services.

Before I leave the rostrum I take this opportunity to congratulate you, Mr President and the Vice-Presidents. I shall join the speakers along the way as they congratulate you when the end of this Assembly comes and we are all going to leave this country, whether you travel by air, sea, or land, may God be the vanguard and the rearguard through all your way till you reach your home town in good health. May I say once again, God bless us all, "Soifua".

Dr TRAOERE (Mali) (translation from the French): ¹

Mr President, it is with great sorrow that my delegation offers its condolences to the delegation and people of Yugoslavia on the cruel death of their President, Marshal Tito, a

¹ The following is the full text of the speech delivered by Dr Traore in shortened form.
great statesman, founder of modern Yugoslavia, co-founder and eminent leader of the non-aligned countries' movement and good friend of the people of Mali.

Mr President, the delegation of Mali is happy to add its congratulations to those already expressed at this microphone to you, the officers and the committee Chairmen for the confidence shown in you on your election to direct, with your usual competence and wisdom, the proceedings of the Thirty-third World Health Assembly.

We extend warmest congratulations also to the delegations of Zimbabwe and San Marino on their recent admission to the Organization.

Mr President, in his brilliant report on activities during 1978-1979 the Director-General, Dr Mahler, has once more maintained his previous high standards. He has not only succeeded in describing with precision the practical measures already taken to make health protection and promotion a basic element of socioeconomic development; he has also made concrete proposals designed to make the health sector one of the cornerstones for the building of the New International Economic Order. My delegation congratulates him and assures him of our warmest admiration.

This is also a valuable opportunity to express once again our appreciation to Dr Alfred Quenou, whose great competence and militant faith fully justify his re-election last September in Maputo for a further term as Regional Director for Africa.

The year 1980 and the Thirty-third World Health Assembly will be remembered in the history of the struggle led by the international community against disease. In fact, on Thursday 8 May, with the solemn proclamation of the eradication of smallpox throughout the world, we celebrated an event unique in the history of mankind, in that it marked the victory of all nations over a scourge which, as recently as the 1960s, affected 10 to 15 million people each year and killed one to two million. Moreover, we have demonstrated at the same time what can be done by science when put into the service of all humanity. A triumph of this magnitude, however, should not cause us to forget that Edward Jenner's prediction of the "annihilation of smallpox through the practice of vaccination" that he had discovered took 180 years (almost two centuries) to come true.

That brings to mind another equally important fact: in 1980, centenary of the identification of the malaria parasite by Laveran, humanity will still, regrettably, see several millions of cases of malaria, with the accompanying deaths. This situation stems from the fact that, although malaria is the "Number One" major health problem in almost all developing countries, it is of small interest for most research institutes and laboratories with their enormous potential. That is a critical fact which we must bear in mind constantly as we get ready to prepare the Organization's Seventh General Programme of Work, whose objectives will be focused on the long-term goal of providing for all the citizens of the world by the year 2000 a level of health which will permit them to lead a socially and economically productive life.

In November 1978, exactly two months after the International Conference of Alma-Ata on Primary Health Care, the second national seminar for workers in public health and social affairs was held in Bamako. Its objective was to evaluate progress made in the health field during 18 years of national independence. The 360 participants enthusiastically and unanimously adopted the solemn Declaration of Alma-Ata. This was merely a reaffirmation of a choice made in 1965 by the first national seminar, by virtue of which primary health care activities have been in progress for several years now more or less all over Mali.

At present, 817 village health teams, 497 rural midwives, 761 village drug chests, 184 drug depots, 389 rural maternity centres and 798 village first-aid posts are in operation in Mali, constituting a sound basis for community health with full involvement of the population. Less than half of these workers have had any formal education: more than a third, however, are literate in the national language.

The health services and the national directorate of functional literacy and applied linguistics have already produced texts in Bambara providing basic information on environmental health, first aid and some common grounds for intervention such as measles, malaria, wounds, etc.

This commendable effort on the part of the rural masses in a country still suffering from the effects of a long period of drought is being sustained by the Swiss Government which, in three administrative divisions comprising 340,000 inhabitants, has agreed to finance a project with the following components: a village water source development programme including drilling of 300 tube-wells with pedal-pumps; construction in rural areas of 14 stores for essential goods, such as drugs; strengthening of the financing of drug depots; supply of logistic equipment to doctors, administrative authorities at subregional level (circles), nurses and midwives to ensure the widest possible coverage of the rural population; construction of a modest technical block (laboratory and facilities for minor surgery) in the major town of each
subregion, equipped by the Swiss section of the International Association for Maternal and Neonatal Health; and, finally, financing of training and retraining of village health workers.

The World Bank is also financing, through the health component of the South Mali Development Operation, similar activities in the Sikasso, Kadiolo, Koutiala and Yorosso sub-regions. Assistance is now being received from USAID for establishment of primary health care structures in two administrative areas (arrondissements). Some nongovernmental organizations have supplied technicians.

The 1979-1981 plan of operation signed by UNICEF, WHO and Mali is centred exclusively on the setting up of a sound network of health structures with community involvement. May I take this opportunity to express our profound gratitude to these generous donors.

In view of the new dimensions assumed by health activities, the organization and management of the Department of Public Health and Social Affairs are under review.

For the same reason, we have requested a WHO expert to help study the possibility of setting up a school of health sciences, to ensure that every health worker acquires the new skills that will enable him to work as an effective member of the health team.

These are some of the outstanding features of Mali's efforts in the development of its strategy for health for all by the year 2000.

Although we are aware that for any lasting success the best-planned projects must depend on national staff, we wish to affirm here that only cooperation among all States of the world, regardless of their economic and social systems, will enable us to bring about what is still only a distant dream - health for all by the year 2000.

I leave those who question this affirmation to reflect upon the concrete example of malaria: a hundred years after Laveran's discovery of the parasite, very little progress has been made towards development of a vaccine against the disease.

The reason is that in the cost/benefit calculation, social relevance comes a long way behind material profits in terms of money.

If we are to achieve our goal of health for all by the year 2000, the international community as a whole must agree to readjust its attitudes so as to give the public health problems which affect the vast majority of the inhabitants of our regions the prominence they deserve. To this end, the New International Economic Order - which is a complete reconstruction of the present international economic system to bring about more justice and equity - is an imperative necessity.

For developing countries like ours, man is the principal resource. All our development potential depends on our populations' capacity to produce and, if they continue to be subject not only to the usual range of diseases and climatic hazards but also to unjust terms of trade, it is obvious that our prospects for development will be poor.

Health for all by the year 2000 demands peace in the world, the sort of peace that is impossible in the present economic system. It is also inseparable from the development of the productive forces in our countries, which is at the moment subject to the uncertainties of the unjust terms of trade between developed and developing countries.

As the Minister of Rural Development for Mali stated at the International Conference on Agrarian Reform and Rural Development held in Rome in July 1979, the elimination of the obstacles created by the present organization of international commercial structures and policies is a priority task which the industrialized countries should tackle as part of their assistance to the countries of the Third World. Foremost among these concerns should be the suppression of tariff and other barriers, improvement of access to world markets for rural produce, reduction of the instability of export prices and a general improvement in terms of trade.

The victory over smallpox, however, still justifies some hope in the capacity of mankind to make the supreme effort necessary to achieve this New International Economic Order which has already caused so much ink to flow.

In conclusion, Mr President, it is more urgent and necessary than ever for the people of the whole world to insist with increasing energy and determination that part of the colossal resources devoted to the production of bombs and other engines of death be rechannelled to provide the hundreds of millions of men, women and children who suffer and die of hunger and disease with more food, more health and more social peace.

Dr GIRON FLORES (El Salvador) (translation from the Spanish):

Mr President, Mr Director-General, distinguished delegates, first of all I should like to convey our congratulations to Dr Al-Awadi, Minister of Public Health for Kuwait, on his election as President of the Thirty-third World Health Assembly, and to wish him every success.
THIRTY-THIRD WORLD HEALTH ASSEMBLY

We are sure that with his able guidance the decisions made at this august Assembly will be most important and relevant. My congratulations also go to the Vice-Presidents and other distinguished officers. Now let me express our warm appreciation to Dr Mahler, Director-General of the Organization, for his excellent and comprehensive report. I should like to take this opportunity of bidding a warm welcome to the new Members of WHO, Zimbabwe and San Marino, with whom we shall be happy to cooperate working together towards the great objectives of this unique Organization.

We are representing at the World Health Assembly the Revolutionary Junta of the Government of El Salvador, which is doing everything in its power to bring about fundamental changes in the economic, social and political structures of the country and build a society, with the full involvement of all citizens, which will allow our people to fulfil their potential within a framework of respect, promotion and enforcement of human rights.

In the social sphere the revolutionary process is working its way towards implementation of large-scale programmes in health, housing, education and moral reorientation as basic conditions for the creation of the new man whom the society of El Salvador demands and who will be the effective author of the democratic revolution now under way.

The Revolutionary Government of El Salvador has adopted many important measures for change, among which agrarian reform deserves special mention. Its objectives are not only to bring about a fundamental change in traditional structures of land tenure and systems of production, financing and marketing, but also to promote the overall development of the people, as beneficiaries. In this respect, health problems and their implications for other fields of human activity and national life, and the solutions found for them, are accorded high priority in the revolutionary process under way, in spite of the huge obstacles before us that are inherent in the condition of a developing country. The global strategy for achieving health for all by the year 2000, the New International Economic Order, the effort to relieve extreme poverty, technical cooperation among developing countries, the development of appropriate technology, etc., constitute a frame of reference for the policy and strategy of my Government in the fields of health and integrated development.

The proclamation made by the armed forces on 15 October 1979, which is the starting point for the activities of the Revolutionary Junta, has been a decisive factor in the formulation of a new health policy with the basic objective of providing integrated health services to all citizens of the Republic through the institutions of the sector and with effective community involvement. To attain this great, humanitarian objective we must rely on our own efforts and, without doubt, on adequate and constant cooperation from the international community.

The basic elements of the new national health policy are as follows: community involvement, in the form of organization of interest groups which help manage the health units of their respective communities and contribute to the implementation of activities and the objectives of the policy; the use of primary care strategies to ensure optimum community involvement; and the plan to make health care a large-scale, intensive, active and permanent process rather than merely an occasional or isolated act, and to take health services to the people and even right into the home and family, bringing the overall protection of a complete range of services. Other fundamental and equally important components of the national health policy are: the establishment, through the Ministry of Public Health and Social Welfare, of effective coordination and cooperation between all the bodies that constitute the health sector and the elimination of the duplication and constraints that still exist; initiation of technical, administrative and financial reorganization of the public institutions of the health sector; implementation at national level of training and further education programmes for the professional, technical and auxiliary staff needed to carry out the full range of tasks and activities involved in integrated social medicine; and standardization of the statistical systems used by health institutions, to establish sound systems for communications and exchanges of information.

Furthermore, we should like to mention that the most important strategies being developed in line with the new national health policy pursue the following objectives: to contribute to the general wellbeing of all citizens of El Salvador; to ensure coverage with comprehensive and free health services of the whole population, especially the disadvantaged rural and urban population; to meet health needs according to a scale of priorities determined by available technology and existing resources; to cover the whole of the national territory by means of health care units corresponding to the size of each community and its needs; to give special attention to the disadvantaged urban population living in "shanty towns", in order to improve the precarious health conditions prevailing in that sector; to bring to optimum efficiency the three existing regional medical centres as centres of excellence so that they can provide services rivalling those of the capital city and are able to meet the demand for health
services in the eastern and western regions of the country respectively; to develop large-scale programmes of popular education designed to ensure gradual involvement of the community, culminating in its true, active and continuous participation in solving its own health problems and improving its wellbeing; to extend social security coverage of the population and territory; to develop comprehensive nutrition and maternal and child health programmes, particularly in rural and disadvantaged urban areas; to complete safe drinking-water supply and excreta disposal schemes in rural areas; to strengthen the national network of health services and increase the number of hospital beds so that 90% of needs are met over the next five years; to draw up basic lists of the essential drugs and medical and health equipment needed for each level of care, with a view to regulating the use of resources on a national scale and ensuring economic practices and maximum yield; to set up a quality control laboratory for drugs; to implement a policy aimed specifically at increasing the number of qualified staff required to meet the needs arising from the implementation of the national health policy, and to establish a new school of community nursing modifying the teaching programmes of existing schools in line with the principles of primary health care and community involvement.

The foregoing is an outline of the basic precepts of the new national health policy of El Salvador, which our Government is committed to pursuing with all possible drive and dedication. We are confident that in this endeavour we shall continue to receive the Organization's support and the cooperation of the international community, so that we may achieve in the foreseeable future our objective of bringing health within the reach of all citizens of El Salvador.

Finally, Mr President, I should like to express our hope that this Assembly will achieve all the health objectives it has set itself, and to place on record the gratitude of the Government of El Salvador on the historic occasion of this Thirty-third World Health Assembly, which has witnessed the proclamation of the eradication of smallpox from the face of the earth, an achievement made possible by the concerted endeavour and international cooperation embodied in this humanitarian Organization.

Dr COSTA E SOUSA (Portugal): ¹

Mr President, Vice-Presidents, Mr Director-General, distinguished delegates, ladies and gentlemen, it is with much pleasure that the Portuguese delegation congratulates the President, Vice-Presidents, Chairmen of the committees and Rapporteurs on their election to preside over the work of this Assembly. We wish them the best success in conducting our work during the next three weeks.

I would also like to express our deepest appreciation of the perennial and contagious enthusiasm and determination of our Director-General, who is really laying the foundation for a profound change in world health. His dynamic and most operative action is well reflected in his report to this Assembly, which the Portuguese delegation completely endorses. A word of praise is also due for the excellent work which is being done by the Executive Board.

I take advantage of this opportunity to congratulate most warmly the Republics of San Marino and Zimbabwe on their admission to the World Health Organization, and wish their people the best success in their health activities and development.

We are pleased to announce that for the first time our delegation includes a representative of the Government of Macau, a territory whose cooperation with the Western Pacific Regional Office of WHO has significantly increased in the last few months.

Ladies and gentlemen, let me briefly review some of our health problems which are relevant in the context of WHO concerns, as expressed in the Director-General's report. May I start by saying that we fully support the concept that health is a basic and fundamental component of development in general. Through an exercise of country health programming which is being developed in one of our provinces with the support of the WHO Regional Office for Europe we are trying to put this concept into practice, aiming at the improvement of our integrated development process.

Concerning safe drinking-water and environmental health, I am pleased to inform you that we are contributing to the International Drinking-Water Supply and Sanitation Decade through participation in several United Nations programmes dealing with water and air pollution, including the treatment of residual waters.

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¹ The text that follows was submitted by the delegation of Portugal for inclusion in the verbatim record in accordance with resolution WHA20.2.
In the research field, my country recognizes the increasing importance and relevance of health services research. In order to foster the development of this type of research, several meetings have been organized in cooperation with the United Kingdom, and support is being given to the related programme of the WHO Regional Office for Europe.

We agree that the role of national coordinators of WHO programmes is of the utmost importance for the implementation of collaborative activities, and we would be very interested and prepared to participate in the new type of training referred to in section 14 of the recommendations contained in the organizational study on WHO's role at the country level (paragraph 1.9 of the Director-General's report).

In relation to tobacco-smoking, I would like to inform the Assembly that a national committee has studied and proposed a series of important short-, medium- and long-term measures to control the smoking epidemic, which are now being considered by our Government.

In the field of health laboratory technology, Portugal has been an active participant in several WHO activities, namely consultations on the research and development of appropriate technologies and on the use of clinical laboratories. With the support and advice of WHO we have also developed a national programme for quality control in clinical chemistry which was started three years ago. New cost-containment measures in the laboratory and X-ray areas have been devised and are to be implemented soon.

The schemes for the education and training of auxiliary health personnel, laboratory and other paramedical staff, have been recently revised, and we are now making a great effort to increase the number and skills of these professionals.

In regard to the control of communicable diseases, we pursue our surveillance and immunization programmes which were started 15 years ago. As a result of the improvement of epidemiological studies and surveillance methods several important foci of human fascioliasis have been detected, and are now under control. Also in this field, Portugal has declared its intention to cooperate with WHO and other countries in the Mediterranean zoonoses control programme, whose coordinating centre is located in Athens. Cooperation in other areas is being maintained with Norway, Sweden, the United Kingdom and the United States of America. We are sure that in the near future cooperative programmes will also be developed with Spain. Regarding cooperation, I am glad to inform you that we are developing very close contacts in different fields with some of the Portuguese-speaking African countries. Some programmes are already under way.

Concerning the control and prevention of noncommunicable diseases, I may mention that the first population-based cancer registries have been established in our country. In this very month Portugal will host the annual meeting of cancer registries of francophone countries, in cooperation with the International Agency for Research on Cancer. For some years now we have also been participating in several WHO cardiovascular disease control programmes, mainly in relation to the community control of these diseases and hypertension. I may add that, in accordance with the recommendations of the Expert Committee on Hypertension, a research centre for preventive cardiology has been created.

In conclusion I would like to mention that we have just started an interministerial project for a national nutrition survey, whose results will contribute to the formulation of a national nutrition policy aiming at the improvement of the nutrition status of the population.

All the aspects which have been briefly summarized correspond to some of the areas in which we are striving towards health for all by the year 2000.

Mr GESTSSON (Iceland): 1

Mr President, distinguished delegates, may I in the beginning, pay my deepest condolences to the Yugoslav delegation on the death of Marshal Josip Broz-Tito. I will then cordially congratulate the President and the Vice-Presidents. I would also like to thank Dr Mahler and his staff for their outstanding work and the comprehensive Report. Let me assure you that Iceland fully agrees with the resolution proposed by the Executive Board that WHO's activities during the next two decades should be geared to the achievement of health for all people by the year 2000, and we welcome the Technical Discussions on "The contribution of health to the New International Economic Order".

As I will respect the time-limits, I will now refer to my home scene. Our country has long enjoyed peace and, during the last decades, a relatively high standard of living, and consequently we have some rather impressive vital statistics. Only half a century ago,

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1 The text that follows was submitted by the delegation of Iceland for inclusion in the verbatim record in accordance with resolution WHA20.2.
The PRESIDENT (translation from the Arabic):

We have our share of problems and, as in other developed countries, the main causes of death are coronary disease and stroke, malignant diseases and accidents. Fortunately we have not experienced drug problems of the same magnitude as some other countries in Western Europe, but we certainly have our share of alcoholism. In the fight against self-induced diseases we have recently passed new legislation on prevention of smoking, which follows the trend set some years ago when advertising of tobacco was prohibited.

The cost of health care has more than doubled during the last two decades, having reached 7.5% of the gross national product in 1978. Three-quarters of this is spent on hospitals and we do not expect this cost to level off in the foreseeable future. On the contrary, this is expected to rise steadily with increased services and the use of expensive technology, for instance in the diagnosis and treatment of malignant diseases. A decade ago we launched a programme of strengthening primary health care. This, on the one hand, was focused on increased preventive work. On the other hand, it was hoped that this might aid us in containing the health care cost. As indicated, this has not happened.

Primary health care is universally available in Iceland and rural areas have been given priority; there is a general agreement that the programme has been a success. Primary health care is a changing concept and there are differences between nations, even among the Nordic countries. The Nordic Ministers of Health and of Social Affairs meet annually and the theme for the discussion this summer will be "Primary health care". We believe that such discussions among developed countries are important. We feel that WHO should give guidance on how to plan and implement innovations in countries with advanced health care and educational systems and even more important is the task of recording the mistakes we may be making so that others may avoid them.

Mr President, let me repeat our support for WHO's endeavour to aid all people to attain the highest possible level of health in the shortest time possible, thus contributing to social justice and peace throughout the world. And let us go to that work with a sense of purpose, urgency and unity, as the Director-General said in his opening speech. With these principles as guidelines we will have the WHO the world deserves in the new century which opens its door in only 20 years.

The meeting was suspended at 11h25 and resumed at 11h35.

3. PRESENTATION OF THE LÉON BERNARD FOUNDATION MEDAL AND PRIZE

The PRESIDENT (translation from the Arabic):

In the name of God, the Gracious, the Merciful, the meeting is resumed. We shall now take up agenda item 15, Presentation of the Léon Bernard Foundation Medal and Prize. I would like to point out that the Executive Board at its sixty-fifth session, having considered the reports of the Léon Bernard Foundation Committee, approved the award of the Medal and Prize for 1980 to Professor Samuel Halter for his outstanding contribution in the field of social medicine.

Distinguished delegates, it gives me particular pleasure to welcome Professor Samuel Halter as this year's recipient of the Léon Bernard award. He is known to all of you here, personally or by reputation, as an outstanding figure in social medicine and an indefatigable worker in the cause of international cooperation for health.

Dr Léon Bernard, whose memory we honour by making this award, was not only a distinguished public health leader and a pioneer in the field of social medicine, but also an internationalist and one of the founders of the Health Organization of the League of Nations. The award thus admirably fits this year's recipient.

Many of the distinguished delegates will recall Professor Halter's close association with the work of our Organization. He has served WHO as an expert consultant since 1955 and
carried out many missions. Since 1970 he has attended every single session of the World Health Assembly as head of his country's delegation. He presided with great distinction over the Twenty-eighth World Health Assembly in 1975.

In the health establishment of his own country, Professor Halter has occupied eminent positions. During the Second World War, he fled occupied Belgium, was imprisoned, then escaped to join the Belgian forces in Great Britain where he was appointed Chief of the Medical Service of the Belgian Navy. In 1945, when the war was over, he started his career in the Belgian Ministry of Health as Public Health Inspector. Within two years he became Chief of Hospital Services, a position he held for 10 years. This was followed by 12 years of distinguished service as Director-General of Public Health from 1957 to 1969. Since 1969, he has been at the helm of his country's health affairs in his capacity as Secretary-General to the Ministry of Health.

As part of his responsibilities at the Ministry of Health he drew up regulations relating to hygiene, social medicine and public health in Belgium. He laid stress on environmental pollution as an important aspect of social medicine. Many of his ideas in these areas are available to other health workers through his published work.

Simultaneously with his duties in the Ministry of Health, he continued to pursue an academic career at the Free University of Brussels. Joining as anatomy and physiology assistant in 1945, he rose to be a lecturer in many disciplines, and eventually in 1967 became full professor in charge of the departments of public health, radiation protection and occupational physiopathology.

Professor Halter's services as an expert have been utilized not only by WHO but by the Council of Europe, the European Atomic Energy Community, and the International Hospital Federation.

Professor Halter's published works cover a wide range of medical and health disciplines including public health, hospitals, health planning, environmental pollution, and protection against atomic radiation.

It gives me great pleasure to award the Léon Bernard Medal and Prize to Professor Samuel Halter.

Amid applause, the President handed the Léon Bernard Foundation Medal and Prize to Professor Halter.

The PRESIDENT (translated from the Arabic):

I now give the floor to Professor Halter.

Professor HALTER (translation from the French):

Mr President, the delight I felt when, some time ago, I was informed that I had been awarded the Léon Bernard Foundation Medal and Prize was greatly enhanced when I learned that the prize would be handed to me by you, Mr President. The friendship and fellow-feeling I have for you, and which I believe is shared, originated long ago in the course of the relations which grew up between us in the World Health Organization, and I should like to commence the traditional address which those awarded the prize have to deliver before the World Health Assembly by expressing that delight.

It is a heavy responsibility to have to deliver a message to such an important Assembly, consisting mainly of the highest health authorities of the different countries. Need I say that the pleasure a prize-winner feels on the announcement of the award of a prize is tempered by the fact that he is expected to make a speech to the Assembly - a hard task indeed. I feel, however, that the honour done me is so great that I cannot break with this tradition.

At the time in a man's life when he receives distinctions of this type, certain questions come to mind. Why have I received this prize? Have I really done something which justifies my being singled out from among so many colleagues whose merits seem comparable with if not greater than mine? I could not help asking myself these questions and, as a first reaction, noting that this is the second time that the prize has been awarded to a Belgian. You are, of course, aware that the first prize was assigned in 1951 to my late and regretted master, René Sand, and you can well imagine, my dear colleagues, the pride that a pupil can feel on following in the footsteps of his master. A second reaction was to note how many famous health workers have figured in the list of prize-winners of the Foundation. It would be too long to cite them all, but certain names stand out, such as Fransen, Parisot, Stamper, Sir John Charles, Robert Debré, Carl Evang, Mudaliar, Aujaleu, Sir George Godber,
Candau, Petrovskij and finally, last year, our colleague Rexed. I must apologize to those I have not mentioned but they are all present in my thoughts together with the others. For us they are all enlightened guides.

I felt, therefore, that the decision must have been based both on some merits and on the feelings of congeniality and friendship which have grown up over the long years of international cooperation with so many of you.

I must thank the World Health Assembly for agreeing that the prize be handed to me before it and for thus sanctioning the award. I must thank the Executive Board for approving the proposals of the Léon Bernard Foundation Committee. Finally, I should like to thank the Chairman of the Committee, Professor Doğramaci, and the members who decided to select me. I cannot fail to acknowledge in particular the friendship of Professor Aujaleu whose example and spirit have inspired me during many years of joint work in the field of social medicine and public health. The sentiments conveyed to me by the Director-General, Dr Mahler, and the Regional Director for Europe, Dr Kaprio, also witness to their kindness and fellow feeling towards me.

The Léon Bernard Foundation, as most of you know, was created before the last world war in memory of a scientist, a health worker and a forerunner in the fight against disease and the struggle for health. Léon Bernard was born in Paris on 19 June 1872 and died suddenly on 19 August 1934. His career as a physician, a research worker, a teacher and a fighter for the health of the peoples is marked above all by the ruthless war he waged against one of the most destructive scourges of his time: tuberculosis. It was through fighting tuberculosis that he took the various steps leading to international action and it still remains today just as important and valuable to remember his work. His sudden death in 1934 dismayed all his friends and some of them pointed out with great tact combined with firmness all the steps in his career and especially the unending fight he felt it his duty to carry on in the framework of the League of Nations and more particularly in the Health Committee, the Cancer Commission, the Commission on Education in Hygiene and in the commissions on matters relating to tuberculosis control. The Foundation which bears his name was taken over already by the First World Health Assembly and it was during the fourth Assembly that the prize was awarded for the first time after the war, to Professor Sand.

The World Health Organization, the heir of the traditions of the League of Nations Health Committee, broadened from the outset its field of activities by introducing into its very Constitution the concepts of social and mental health. I feel it necessary to point out straight away that the World Health Organization has, for more than 30 years, been able to act as a platform and meeting place for all the peoples of the world and I believe that there are grounds for rejoicing in observing that, whatever the crises that spring up in various parts of the globe, the Organization and its world Assembly remain places where it is always possible to carry on a dialogue between peoples and communities. The World Health Organization is also the body which, more than any other in the world, is able to mobilize and bring together the most competent experts in all fields of health, and to do so - and I would stress this aspect - on a voluntary basis, for each of them is aware of the importance of the tasks the Organization may ask him to carry out. During the past decades the World Health Organization has also proved to be a crucible where information of all kinds has amalgamated and combined to give rise to noble concepts and fruitful activities in the promotion of health.

As concerns myself personally, I feel that I have been privileged in learning from WHO and I often tell those around me that the most suitable place for learning what public health really is and how to promote it is WHO, its regional offices, and its meetings of all kinds where the participants do not hesitate to make what they know available to their colleagues, thus ensuring a permanent enrichment of knowledge. At this moment, therefore, when the World Health Assembly has been kind enough to attribute some merits to me, I must stress all the gratitude I feel towards the Organization which has helped me acquire them. In the course of my career I have changed direction several times. During my studies I thought of research and I wanted to become a surgeon. It was the events of the 1940-1945 War which decided otherwise by bringing me, almost unawares, to public health administration in which I became gradually more and more involved until it absorbed me completely.

Just after the war I commenced with my Director-General, Dr van de Calseyde - whom many of you knew as Regional Director for Europe - to develop the programme for hospital reorganization in my country. Later on I dealt with problems concerning the control of environmental nuisances, pollution, and radiation protection. I was also immersed in problems of health planning and finally had, as chief of the public health administration, to survey all aspects of health promotion, and I am daily grateful that through my academic
activities I have been able to pass on to my students the knowledge I have gleaned in my national activities and, above all, in my international work.

I should like to recognize here the enormous advantage which I have enjoyed of a family environment unceasingly concerned with my problems and ready to help me resolve them. To my dear wife, all my grateful thanks.

The changes in health problems and ideas in the field of social medicine during recent decades present particularly interesting aspects and I should like, Mr President, to take advantage of my presence on this rostrum to remind our colleagues of certain features in the historical development of health since the beginning of the century. At a time when health for all by the year 2000, the aim enunciated by Dr Mahler a few years ago, is becoming a more and more widely used slogan, it is interesting to remember that at the beginning of the century the main and essential causes of mortality throughout the world were the communicable diseases as well as poverty and famine. Thanks to the great victories of medicine and hygiene the communicable diseases have been pushed back to a lower place on the list of causes of death, to be replaced unfortunately by degenerative diseases such as the cardiovascular diseases and cancer which now constitute by far the main causes of death in the industrialized countries.

However, death by starvation has not yet been vanquished all over the world. Regrettably, there is still famine in many parts of the globe and we have to admit that large numbers of children are suffering and dying from hunger at the present time. Owing to the trend in the world population, which the United Nations is following with great attention, the efforts being made, in particular by FAO, to increase the quantity of available food cannot solve the problems of famine. The world population explosion is now a source of more and more urgent concern. We are told that the world population at present exceeds 4500 million and that it will be 6000 million by the year 2000. We are also told that whereas 20 years ago some hundreds of millions died as a result of famine all over the world, their numbers could increase to well above 1000 million and perhaps to a third of the world population by the year 2000. We are, of course, all fully aware of this situation and I do not believe that there is in this Assembly a single voice that would be raised in disagreement as regards the imperative need to take exceptional measures at the world political level so as, on the one hand, to control the trend of the world population and, on the other, actively to develop the production of foods suited to the specific needs of the different populations and their constituent groups. The time has gone by when the size of population of the globe was controlled by major epidemics.

It is thanks to advances in medicine and hygiene that the situation has changed and the World Health Organization has greatly contributed thereto since it has succeeded in the extraordinary achievement of bringing about the disappearance from the face of the earth of a disease which, over the course of time, has been responsible for millions upon millions of deaths. I have great pleasure in associating myself with the decision to announce the eradication of smallpox. In so doing, however, I would wish to add the names of Dr Candau and Dr Henderson to those who in recent times were the artisans of that success.

But this achievement should make us reflect, for all problems are far from having been resolved and health for all by the year 2000 is becoming more and more problematic. I am quite aware of the quality of the work carried out so far by WHO under the impetus and with the enthusiastic support of Dr Mahler and the Regional Directors and I congratulate them on the excellence of the documents which will be discussed during this Assembly. When one faces up to the facts and when one notes the difficulty of mobilizing the political currents which are essential if man is to have any hope of developing in all the different parts of the world with all his specific characteristics and in a state of health in conformity with our principles, then one is inclined to despair.

We are obliged to note that while, during the first years of this century and until the Second World War, the main orientation was the control of communicable diseases and the development of surgical techniques, as well as the implementation of environmental sanitation programmes, in the industrialized countries for the most part, just after the war programmes in most countries were directed towards the development of sophisticated facilities for curative medicine but neglected a number of essential aspects, particularly preservation of the quality of life. The rich countries have become still richer, but the countries which have been decolonized have hardly profited from their new situation and for the most part their populations have remained in a state of want.

As is well known, the first decade of the life of the World Health Organization was characterized by the control of communicable diseases, as I already said, and by the development of health care mainly within the context of hospital treatment. It was then
believed that the hospitals would be the solution for the health problems of the peoples, but this has today proved incorrect, even in the industrialized countries. We also know that the second decade of the World Health Organization, namely the 1960s, saw the growth of programmes in the field of environmental protection directed against the many and varied factors harmful to health that men themselves have introduced into their environment as a result of more and more of their activities which, however, are uncontrolled as concerns the waste they produce and the substances they discharge. This second decade also debouched on the creation, at the instance of the United Nations, of the Nairobi secretariat for the United Nations Environment Programme and we had to await the third decade to see the growth of ideas which finally took definite form and were expressed at the Alma-Ata Conference on Primary Health Care. Their development was the outcome of a process of trial and error, so that it became possible to affirm at Alma-Ata that primary health care constituted the only way open to us for achieving health for all by the year 2000. It is therefore urgent to ensure that the decade which has just commenced will really see substantial efforts in education of the public and health protection and promotion, the undertaking of large-scale activities to feed normally the peoples of the world and, finally, the achievement of a new socioeconomic balance which is essential if mankind in the year 2000 is not to be one enormous amalgam of poverty, hunger and distress.

"Health for all by the year 2000." I have had the opportunity on various occasions of telling the Director-General how noble and at the same time optimistic his slogan seemed to me. I do not in any way wish to be pessimistic and to dampen the enthusiasm of those who have taken up this challenge, but we must keep our eyes open and note the essential facts so that the activities in which we engage are realistic and not Utopian. Allow me to say, dear colleagues, that to my mind primary health care represents a series of initiatives, activities and investments which it is urgent to undertake not only in the developing countries but also, and perhaps above all, in the industrialized ones. For many years I have been able to follow the trend of health problems not only in my country but also in various other industrialized countries working within the European Economic Community, the Council of Europe and the Regional Office of the World Health Organization, which brings together what may be called the "eastern" and "western" tendencies and thus permits a continuous dialogue, and I am obliged to observe that everywhere there has been a surrender to pressures which in some degree offered an easy way out and which in effect flattered the vanity of a large number of politicians. As an example, I shall mention solely the unfortunate results of a well-meaning campaign for the democratization of access to university studies which, because of lack of planning, has now led to an excess of physicians, nurses, kinesitherapists and other members of the health team that is causing, especially in hospitals - themselves too numerous, badly distributed and often unilaterally over-equipped - situations where the financial efforts required of the communities become enormous or even unbearable - and that without any corresponding benefits from the considerable investments made being discernible by means of appropriate examinations among the population or by means of health indicators.

All the countries of the European Economic Community are confronted with similar problems and during this same period, cancer mortality and morbidity have continually increased. The incidence of cardiovascular and other degenerative diseases has continued to rise despite all the efforts made. The validity of the policies followed in the industrialized countries during recent decades may therefore be seriously questioned, policies whose aim was - through social insurance or indeed national health systems - to make available to all citizens reasonable facilities for treating diseases and promoting health. Nutritional surveys carried out in my own country reveal extraordinary deficiencies at the same time as over-consumption just as remarkable, and show that obesity occurs side by side with deficiency states, indicating how badly nutritional problems are being tackled and solved, even in countries regarded as affluent. The number of mental illnesses and psychological disorders is constantly increasing. Abuse of drugs, narcotics, alcohol and tobacco are all situations that we observe but have no means of correcting. The confusion and distress of the young is expressed in contestation, the calling into question of society, rejection of the concept of the family and, finally, in delinquency and in violence, often gratuitous. It is, however, essential for the governments to pull themselves together and to consider ways in which they can re-establish communication with the members of the public so that citizens will cease to suffer from their present anxieties and will also cease to contribute, by their thoughtless behaviour, to the deterioration of their health.

What can be done? The scale of the problem is such that it is unrealistic to imagine that immediate solutions can be found. I feel, however, that health development and
planning all over the world should follow two paths which I deem essential. The first concerns the family: the reconstruction and rehabilitation of the family. Maternal and child protection is indispensable. Mothers must be able to decide on the number of their children and it is essential for them to be healthy enough to feed their babies naturally and thus give them the best chance of a well-balanced development. The frightful spectacle of emaciated women endeavouring, despite everything, to feed their children by sacrificing their last reserves must disappear once and for all. The family spirit must be built up again and the division between children and parents must disappear - a division which is particularly noticeable in industrialized communities and urban centres and which is one of the basic factors giving rise first to emotional and then to mental disturbances. The rejection of the aged, so distressing to see in our countries, must end and give way to the grouping of successive generations, as before.

The second path is that of education. I cannot help feeling that our educational methods and the content of the instruction given, especially in early childhood, no longer include the elements necessary to mould a child, then an adolescent, and finally an adult capable of behaving, more particularly in the field of health, in his own best interests and in those of the community to which he belongs. I remember that the infant school and primary instruction given to me included 20%-30% of information on personal hygiene, and that this keenly interested the children. Today I find that children are taught many things but that health accounts for only 1% or 2% of the time spent in school, leading to an unforgivable ignorance among adolescents in matters of health. Need we, then, be surprised at the confusion and distress of our young people and the readiness with which they turn to contestation and destructive violence? Possibly WHO in conjunction with UNESCO might consider health educational activities, for we know that the instillation of these ideas into young children is decisive for the remainder of their lives. If the United Nations proceeds with its project for the Year of the Elderly, perhaps WHO could play an important part by extolling the family spirit rather than by developing institutional facilities (homes for the elderly) which too many countries have agreed to provide, thus favouring the egoism of the young.

Mr President, dear colleagues, it is very easy to say that this or that must be done, and we are surrounded by a great number of eminent philosophers and sociologists who criticize what is happening, what actually exists, and formulate opinions concerning what should exist to ensure the happiness of the peoples. During 35 years' service in a Ministry of Public Health responsible for providing the population with the care it deserves, I have had ample experience of the often unbridgeable gap that has to be crossed between advice and recommendations and implementation, especially when such advice ignores many realities. I have had occasion to familiarize myself with the principles and methods of health planning and the obstacles which arise all the time when planning has to be put into action. I have been able to take part in numerous investigations and studies of existing situations, not only in my own country but also in other parts of the world, and I have become convinced of the great difficulties encountered whenever theorizing stops and the realization of a venture commences, no matter how noble its aims may be.

That is why I feel obliged at this moment to make certain suggestions, and first of all to propose a slight amendment to the slogan "health for all by the year 2000". For "health for all" seems to me too remote a vision, for health can only result from a set of integrated activities and undertakings, the implementation of which, even if it is rapid, would affect only future generations. Apart from the fact that it seems to me difficult to impose health on those who do not want it (and there are such people!), I think it is indispensible for us to consider the possibility of lowering our sights to the idea of making available, to all citizens of the world, such facilities and care as will help them attain the best possible state of health. I believe that, even so, mankind would have taken an enormous step forward. Do you not feel, Mr President, dear colleagues, that the slogan "health care for all by the year 2000" is closer to the reality attainable 20 years from now? The road is so long, the undertaking so full of difficulties and the means so limited in comparison with the real needs, that we cannot run the risk of seeing our children accuse us of deceiving them by holding out hopes which, by then, will have proved to be vain. In setting our sights on a more realistic objective, would we not increase our chances of achieving it? Even now, in many fields, we know what health care we can make accessible to the peoples. Furthermore, I believe that a decision to make a greater effort to define the means and methods to be employed for achieving health aims is indispensible.

We must learn how to arouse awareness and orient activities in the political field. Of course, if this is to be done, we shall have to induce, among politicians, an understanding of
the real interests of the people and thus bring about the emergence of a new political will. The importance of health care, and the part that decision-makers can play in revising priorities for worldwide action are considerable. If these methods are not developed and this awareness of health problems not aroused, both in the public and among politicians, I greatly fear that when the year 2000 arrives it will not be a year of health for all but, on the contrary, a year of increased distress all over the world. That is why I feel it my duty, in concluding, to make this appeal to this world Assembly on the occasion of this ceremony which should be one of rejoicing for me but during which I cannot help feeling an anxiety that I would ask you to share.

May our efforts be combined to ensure the success at last of all that we must undertake between now and the year 2000 if the hope of a true human fraternity is to become a reality.

(Applause)

The PRESIDENT (translation from the Arabic):

I thank the distinguished Professor Halter for his kind and eloquent speech. I am sure you share my opinion as to his wisdom and poise. It was a pleasure to listen to him on this occasion. Now we come to the end of this meeting. The meeting is adjourned.

The meeting rose at 12h25.
TENTH PLENARY MEETING

Monday, 12 May 1980, at 14h40

Acting President: Dr H. GARCÍA BARRIOS (Venezuela)
later

Acting President: Dr P. MOCUMBI (Mozambique)


The ACTING PRESIDENT (translation from the Spanish):

Good afternoon. I declare this afternoon's meeting open. First I should like to thank our President, Dr Al-Awadi, for honouring us with this opportunity of directing the proceedings during this part of the Assembly.

We shall continue with the general discussion on items 9 and 10 of the agenda. The distinguished delegates of Uganda and Zambia are invited to come to the rostrum.

Professor SEBUWUFU (Uganda):

Mr President, the Director-General of the World Health Organization, the Regional Director, honourable ministers, distinguished guests and delegates, ladies and gentlemen, while uncertainty hangs in the air the Uganda delegation would like to join the previous distinguished speakers in congratulating the President and his colleagues upon their well deserved election to these high positions of the Thirty-third World Health Assembly. This indeed is a reflection of the confidence the delegates have placed in them. May I also express our heartfelt appreciation to the outgoing President of the Thirty-second World Health Assembly for his wise leadership and the responsible and dignified manner in which he and his colleagues have performed that noble duty so efficiently. I would like to convey to Dr Mahler, the Director-General, and members of the Executive Board our respectful sentiments of gratitude and appreciation for their high sense of duty and dedication to the cause of peace, liberty, and wellbeing of all the people of the world. I also pay special tribute to Dr Quenum, the Regional Director for the African Region, whose unfailing sense of duty and sympathy for the problems have enhanced the Organization's activities in the African Region.

My delegation would like to put on record our warmest thanks and highest appreciation of the well-prepared report of the Director-General. This comprehensive in-depth review of the work of the Organization has guided and will continue to guide us during our deliberations in this Assembly, and indeed will remain a reference dossier for all our future activities. We note with satisfaction that during the last decade many tasks were accomplished in spite of the worldwide economic deterioration and social disturbances. Such selfless exemplary endeavours by the Organization reflect its determination to promote the welfare of mankind and to continue representing a real hope for humanity.

Mr President, during the last decade my country slumped into one of the worst kinds of socioeconomic stagnation and political disturbance the world has ever witnessed. The excesses of the diabolical Fascist regime ousted by the Uganda National Liberation Front had reduced the economy to the level of utter collapse and chaos. The war of liberation was but the beginning of the arduous task of reconstruction and rehabilitation which has to be undertaken and maintained in order to improve and promote the wellbeing of our people under the wise leadership of His Excellency President Binaisa. The people of Uganda are determined and have indeed embarked on a serious programme of reconstruction and rehabilitation of all major sectors that contribute to and affect the totality of health and welfare of our people. Until all our hospitals, our roads, our factories, schools, etc. are put right and improved we shall never
rest. Onward ever, backward never, such is the spirit of the slogan, distinguished delegates. It is therefore not surprising that the events of the last decade have led to an escalation of preventable diseases and shortage of all manner of goods. An outbreak of cholera affected the western and northern borders last year, but prompt action from our national staff and assistance from WHO and from friendly countries and agencies have virtually contained the situation. Nevertheless, constant surveillance will be maintained to ensure that the disease permanently keeps away from our borders.

Again in the field of communicable disease control the general decline and neglect during Amin's regime facilitated the steady and alarming increase in the number of new cases of human trypanosomiasis. We are most grateful to WHO, the West German Government, and other agencies which have so far provided us with the necessary drugs and logistics for the initial stabilization of this serious problem. The expanded programme on immunization, which was briefly interrupted by the war, is receiving active attention and will prevent diseases like measles, poliomyelitis, tuberculosis, tetanus, whooping-cough, diphtheria, you name it; the ultimate goal will be to increase considerably the coverage rate to at least more than 80% of the specified target age group. In order to improve the wellbeing of the people, the Government of the Uganda National Liberation Front is convinced of the need to take promotive, curative, and rehabilitative services to the underserved rural population and to the whole population more than ever before. Immediate steps have already been taken to rehabilitate the rural health facilities, including existing primary health care projects within the country. Active community participation in the delivery of social activities and effective delivery of primary health care had already been initiated through mass mobilization of the people at all levels. Last October the Government organized a high-level multidisciplinary and multisectoral seminar on primary health care towards a joint strategy for the attainment of an acceptable level of health for all the people in Uganda. Already the ordinary people have shown considerable interest in participating in activities that promote and improve their health and general welfare. Soon democratically elected hospital and district health committees will be deeply involved to some extent in ensuring and creating favourable health conditions within their local areas. The Government has also established a planning unit with assistance from UNDP, which essential step will greatly improve the formulation of strategies and scheduling of priorities and the delivery of total health care. The National Health Advisory Council which is being established will further support and promote the planning process. During the internal national water decade the Government is determined to improve and promote safe and wholesome drinking-water in both urban and rural areas in the country. We are most grateful to UNICEF who have already started rehabilitating our broken-down boreholes. May I also add that the water and sewerage master plan for Greater Kampala, which had been left in abeyance, will be completed during the period, together with water supplies to six other big country towns. In the field of manpower development, the training of medical and paramedical personnel, which had been adversely affected, is being rehabilitated at all levels. Efforts are being made towards the improvement of undergraduate and post-graduate courses at Makerere University. This year the university passed out 55 doctors in the various fields of medicine.

Mr President, the medical problems in my country are enormous, and it is not possible to cover all areas of human endeavour in this direction within this short time. Let me seize this opportunity to acknowledge with thanks the assistance so far offered to us from WHO and our friends. Once again I would like to appeal to the world community for sympathy and extra support and assistance to us in this big task, which has to be undertaken in order to restore the dignity of man in my country.

Mr KUNDA (Zambia):

Mr President, the Director-General Dr Mahler, the Deputy Director-General Dr Lambo, your excellencies, distinguished delegates, ladies and gentlemen, my delegation is pleased to attend this Assembly in this delightful city. I have brought to this distinguished gathering greetings and best wishes from my President, Dr K. D. Kaunda, the Party and the Government and the people of Zambia. My delegation would like to associate itself with the congratulatory remarks expressed by distinguished delegates who have spoken before me, on the President's election to high office together with the Vice-Presidents and Chairmen of committees.

At the Thirty-second World Health Assembly I expressed concern over the political and economic problems my country was experiencing, resulting from the intensified struggle in Southern Africa. I am happy that today the situation is different; the attainment of independence by the people of Zimbabwe is yet another dream come true. We salute the people
of Zimbabwe for this wonderful achievement. The important and the historical development in Zimbabwe has brought tremendous joy to the people of Zambia and all the progressive people of the world. We are pleased to see Zimbabwe occupy her place in this Assembly. The developments in Zimbabwe have relevance to Zambia's future programme of work; independence in Zimbabwe will indeed facilitate the exchange of ideas and experiences in the field of health. However, the health status of blacks in Namibia and Southern Africa still remains a major concern in view of the inferior health services offered to them by the racist regimes. The struggle shall therefore continue until the whole of Africa is liberated, in keeping with our cherished goal of health for all by the year 2000.

Mr President, may I inform the august Assembly through you that in April leaders and representatives of the independent countries in the southern region met in Lusaka to discuss technical cooperation in our part of the region. They approved a programme of action related to technical cooperation in several fields. The steps taken by our leaders are significant and clearly indicate the need for coordinating efforts. The adoption by the United Nations of a resolution emphasizing the role of health in development is yet another step forward in our social and humane endeavours.

Mr President, I wish to give a brief résumé of our progress in developing strategies for the successful implementation of primary health care in my country. From 1979 seminars have been held in each of our nine provinces. The recommendations submitted by seminar participants and their working document formed the basis for a national primary health care conference which was convened in April 1980. Participants at the conference were drawn from the Party, related government ministries, private agencies, friendly governments, and international agencies. Traditional healers were also represented. It was inspiring to note the enthusiasm with which political leaders participated in the conference. Their enthusiasm underlined the fact that, ideologically, the concept of primary health care is consistent with our philosophy of humanism. The conference enabled the representatives to reach a common agreement on how best to implement and expand the programme. Conference recommendations will be submitted for endorsement to the United National Independence Party Council, which is the highest political organ in the country. The political will exists, therefore the ground is fertile for the implementation of a programme. Zambians at various levels have shown a keen interest in facilitating the successful implementation of the health programme.

The outbreak of cholera in October 1978 in the northern part of the country along Lake Tanganyika has been a source of concern. Luckily the problem has been localized. We are grateful to WHO for the technical and material support we have continued to receive to combat this problem. But there is need for greater cooperation among neighbouring countries; cooperation is essential if we are to wipe out the disease from the Region.

We were privileged to host a WHO-sponsored management course on the Expanded Programme of Immunization. The course was attended by nurse educators and public health nurses. We are grateful to the Regional Office and headquarters for their support.

The World Health Day celebrations which stretched from 7 to 12 April 1980, were very positive. The activities included the production of five anti-smoking pamphlets, and intensive radio and television campaigns; and political leaders addressed various gatherings on the ills of smoking. Following the celebration, smoking in all health institutions has been banned. Two reports have been submitted to Government for consideration. The first report deals with appropriate legislation and the second report is related to the tobacco industry in Zambia.

My Government is indebted to the Director-General, Dr Mahler, and his deputy Dr Lambo and all the members of the Secretariat at WHO headquarters for the excellent report and the cooperation we have continued to enjoy. We are equally indebted to the Regional Director, Dr Quenum, and his staff for responding to our needs sympathetically and speedily. Our gratitude also goes to the WHO programme coordinator, Dr Sehgal, for his keen interest and willingness to participate in various programmes. We also recall with gratitude the adoption of resolutions WHA32.20, WHA32.21 and WHA32.22 of the Thirty-second World Health Assembly, which requested the Director-General to lend special support to Zambia during the raids by racist regimes. The financial support was used to rehabilitate the victims of the raids.

Finally, Mr President, may I express, on behalf of my country and my delegation, our deep sorrow at the death of President Tito. May I take this opportunity to convey to the Yugoslav delegation, the President's family, and the people of Yugoslavia our sympathies on their sad loss. Zambia had cherished the path the late President followed in pursuing the destiny of his country. We have lost a great statesman, founder and leader of the non-aligned movement.

Mr President, your excellencies, distinguished guests, I thank you for your attention and wish this Assembly every success.
Mr THIOUNN THOEUN (Democratic Kampuchea) (translation from the French):

Mr President, excellencies, distinguished delegates, on behalf of the delegation of Democratic Kampuchea I should like first of all to present to Dr Al-Awadi my warmest congratulations on his election as President of our session. My delegation is sure that under his able guidance our proceedings will meet with the success they deserve. We also take the opportunity to bid a warm welcome to the Republic of Zimbabwe and the Republic of San Marino.

My delegation listened with great attention to the important introductory remarks made by the Director-General, Dr Mahler. We are highly appreciative of his work and congratulate him on his choice of the four questions with which he frankly faces our governments and our countries. We entirely support the noble objective of health for all by the year 2000 and the new direction he wishes to give to our Organization. It is, of course, vain to speak of social programmes and development if the basic human problem of health is not first solved.

Bearing this in mind, the Government of Democratic Kampuchea adopted and put into effect from 17 April 1975, the date on which it assumed responsibility for the country, up to 25 December 1978, the date of the criminal Vietnamese aggression against my country, a range of measures similar to those proposed by WHO in many of its reports. The purpose of the measures was to achieve total reform of the country's health organization, to make it capable of effective execution of the Government's policies and plans of action. The basis of the reform was the decentralization of responsibilities, previously held entirely by the central bodies, through creation of local health centres with responsibility for the level of the communes. Thanks to this scheme we obtained the active cooperation and participation of the population in the implementation of the health development plan throughout the country and were able to ensure that decisions of principle were translated into practice. The result of this reform was that cholera, which had reappeared after the war, was rapidly stamped out, that malaria, which was more difficult to deal with, was brought under control and 90% eradicated by 1978 and that routine health services were available on a daily basis to the population.

Unfortunately, all these results have been completely wiped out by the war of aggression now being waged in the most savage and barbarous manner on the people and the Government of Democratic Kampuchea by the Hanoi authorities. The painful experience which my people have paid for with their blood is that nothing lasting can be built without peace. The basic problem the solution of which is the key to success in the objective we are discussing today is not merely a matter of reforms but also the problem of peace: peace in the regions and peace in the world in the face of the expansionists. For since the Vietnamese troops of aggression, now some 250 000 strong, heavily backed by the Soviet Union, attacked Democratic Kampuchea on 25 December 1978, bringing death and devastation to the whole country, an enormous step has been taken towards a general conflagration. At the time the world did not see the implications of this historic event. It was not until the invasion of Afghanistan by the great expansionist power which protects Viet Nam that the gravity of the situation started to be understood. Détenente is dead, but the aggressors who were caught red-handed nevertheless continue to brandish the word already devoid of all meaning. Peace- and justice-loving people and nations realize today that the invasion of Democratic Kampuchea and of Afghanistan are part of one and the same plan, one and the same global strategy, designed to make its author master of the world. The invasion of Kampuchea is directed beyond Kampuchea at all of South-East Asia and the strategically important Malacca Straits; the invasion of Afghanistan is directed at the Persian Gulf and, beyond its oil wealth, at the whole of Europe. In both cases the aggression was perpetrated in flagrant violation of the United Nations Charter and the principles of non-alignment. In both cases also, the only language used is that of force and cynicism. The only policy followed is not one of respect for the will of the people but that of the fait accompli.

The war now ravaging Kampuchea is not an ordinary war of aggression but a special war of racial extermination. Finding themselves unable to overcome the people's resistance, the Hanoi authorities are attacking the very source of that resistance, that is, the people of Kampuchea, by creation of a systematic famine throughout the country in order to destroy their physical resistance and force them to submit through hunger. The weapon of famine no doubt proving inadequate, the Hanoi authorities have since the last wet season of 1979 been using vile chemical weapons. Talk of chemical warfare in this human context, in this country with its traditions of peace, seems unreal; it appears so inconceivable that nations belonging to the world of the twentieth century should resort to such tactics. This is, however, the tragic truth. In 16 months more than two million people have died as a result of this
genocidal war, and each passing day sees death spread its ravages in the population through the effects of this prohibited chemical warfare. The world can scarcely believe that such barbarity exists, but the historical facts are there to back up present facts. The ambition of the Hanoi authorities has always been to overrun the fertile lands of Kampuchea and to turn them into a colony for settlers from Viet Nam.

Our international community has successfully combated and finally eradicated smallpox from the planet. But for one-and-a-half years now a new, even more grave danger has emerged in South-East Asia and is threatening not only the life and independence of the peoples of that region but also world peace itself. I refer to Vietnamese regional expansionism. Our objective of health for all by the year 2000 is seriously menaced in that part of the world as long as the regime pursues its expansionist ambitions and tramples on the United Nations Charter and the people's right to independence and sovereignty. Only the withdrawal of Vietnamese troops from Kampuchea will make it possible to deal radically with the problems in Kampuchea and to bring back the peace and stability so necessary to the population of that part of the world.

Mr FADIL (Somalia) (translation from the Arabic):

Mr President, Mr Director-General, distinguished delegates, allow me, Mr President, on behalf of the delegation of the Somali Democratic Republic, to congratulate you on your election to high office. We are confident that your wisdom in presiding over this session will ensure its full success. With the same wisdom you will be watching over the activities of our Organization during the year of your presidency. Our congratulations are extended also to your Vice-Presidents and the Chairmen of the committees. Our delegation welcomes wholeheartedly the admission of the new Member States, Zimbabwe, San Marino and Seychelles.

Our delegation has examined the Director-General's report on the past two years, which pays particular attention to two important topics: primary health care and health for all by the year 2000, thus reflecting the wishes and aspirations of all WHO Member States. For the first time in the history of the Organization the Director-General declares the global eradication of smallpox, a disease which has threatened mankind for centuries. We earnestly hope that this disease will never reappear. As you all know, the last case of smallpox in Somalia was in 1977. I take this opportunity to express our sincere gratitude and appreciation to the Organization and all the States which contributed generously to our struggle against smallpox and for its ultimate eradication.

We congratulate the Director-General on his comprehensive report on the activities of the Organization, and look forward to further achievements in health, in close collaboration among all Member States and the Organization.

Reflecting our belief that today's child is the pillar of the future, the International Year of the Child witnessed many activities and manifestations in our country. We cannot pretend to have found the solution to all the problems facing our children, but we were able to draw the attention of a large segment of society to the child's basic needs and to forms of care which will have a great influence on the health of today's children, tomorrow's adults.

We are fully satisfied with the close cooperation between our country and the WHO Regional Office for the Eastern Mediterranean, which is increasingly helping to achieve better health conditions for our people. We are proud of the successful outcome of the joint projects undertaken with WHO, such as the expanded programme on immunization against the six childhood diseases, health manpower development, the malaria, schistosomiasis and tuberculosis control programmes, maternal and child health care, family planning, health and vital statistics services. We welcome the visits from many regional officials and WHO experts in various fields for continued consultation with national officials in order to evaluate and develop current health projects directed towards the established goals, and to study health problems and appropriate projects in line with our health plans. Among such visits we mention those by the regional adviser on workers' health, the regional adviser on mental health, a delegation from WHO and the international drug industry, and the regional adviser on environmental health.

Primary health care absorbs a great deal of interest, as we consider it the key to health for all by the year 2000. We have developed short- and long-term plans to put this concept into practice. With the full cooperation of many experts from the Regional Office for the Eastern Mediterranean we have finalized our five-year health plan, which constitutes an essential component of the national five-year economic and social development plan. Moreover, we have formulated our health plan for the coming two decades in full accordance with the Declaration of Alma-Ata, to which we all subscribed. It is no secret that the estimated cost
of implementing these plans is beyond our means and limited resources. A team of experts from the drug industry and WHO recently visited our country to study our drug utilization. Following discussions an agreement was reached, within the framework of the action programme on essential drugs, between the Somali Government and Consolidated Pharmax Industrial Pharmaceuticals in Italy.

As one of the least developed countries we need a greater amount of financial support and increased cooperation from the Organization and the whole international community. We call upon the Organization to play its vanguard role in urging the international community and the affluent States to mobilize all resources for the attainment of the lofty aims we endorsed together, working hand in hand to achieve health for all by the year 2000. We are proud that our capital, Mogadishu, hosted a meeting of six States in the Region last February to discuss the formulation of strategies for health for all by the year 2000. It was a successful meeting at which opinions were exchanged and discussions took place among participants and WHO experts. Somalia also acted as host for a regional conference on leprosy towards the end of February, which led to the development of an efficient strategy to control this disease.

Somalia has been very keen to make good use of the resources made available for the smallpox eradication project. With the full cooperation of the WHO Regional Office and UNDP, it has initiated the project for the epidemiological surveillance and control of communicable diseases, the first stage of which is due to begin next month. The Organization is contributing, together with UNDP, to a project to study eye diseases leading to blindness and to train nationals in this field. This project is to begin soon.

In primary health care we are implementing a project in four governorates in cooperation with USAID, and in another governorate in cooperation with WHO. As regards safe drinking-water and environmental health, we are cooperating with the Organization, through facilities being offered by the Federal Republic of Germany, to implement the proposed projects during the coming 10 years. I take this opportunity to express our full thanks and appreciation to Dr Taba, the Regional Director, who gives our health problems every attention, to the WHO programme coordinator in our country, and to the WHO field experts working side by side with national experts in Somalia's health programmes in the most difficult field conditions. We constantly hope for further and closer cooperation with the Organization. We extend our thanks to friendly and sister States who have provided us with health assistance, as well as to organizations in the United Nations system.

All the efforts we make towards health for all come up against occurrences, difficulties and problems prompted by others. You are all aware, of course, of what is happening in the Horn of Africa, where swarms of refugees flee their homes because of the inhuman practices inflicted upon them. We have managed to meet the basic humanitarian needs of these unfortunate people from our limited resources, but only at the expense of our development programmes. The international organizations and friendly and sister States have stood by us in this ordeal, yet the situation has now reached a point where the available resources are no longer sufficient to meet the basic needs of refugees and provide them with the necessary food and social and health services. The number of refugees in accommodation centres has now reached more than 840,000, with a daily influx of around 2000, while those refugees staying with relatives or friends number about half a million. Of these refugees, 61% are children, 31% are women and 8% are disabled; all of them need constant health care. I must not omit to express our thanks to the international organizations, and to the sister and friendly States which have offered assistance to these refugees. We call upon the international community and the international organizations to increase their aid in the form of food, medicaments and housing so that we can face the new situation and meet the basic needs of the refugees. We appeal to the international community to support our sustained efforts to find a just solution to this human calamity.

Professor AZIM (Afghanistan):

Mr President, Director-General, honourable ministers, distinguished delegates, ladies and gentlemen, the delegation of the Democratic Republic of Afghanistan is pleased to see Dr Al-Awadi presiding over the deliberations of the Thirty-third World Health Assembly. We are confident that his long experience in the field of health and his personal dedication to the cause of peace and a world free from hunger and disease give us every assurance that the work of this Assembly will be successfully concluded. Similarly, I would like to extend the congratulations of the delegation of the Democratic Republic of Afghanistan to all the Vice-Presidents on their unanimous election. It is a great honour for me to extend my personal and my Government's sincere congratulations to the delegations of Zimbabwe and
San Marino on their attaining membership of WHO. The delegation of the Democratic Republic of Afghanistan takes pleasure in expressing its appreciation of the effective leadership the distinguished Director-General of our Organization, Dr Mahler, has provided in promoting international cooperation for the realization of the high objectives of this Organization.

Mr President, 32 years have elapsed since the World Health Organization came into being. During this period the Organization has made a great contribution to the cause of providing the necessary level of health for all without any discrimination. However, despite all these efforts, the main objective of the Organization, namely, the attainment by all people of the highest possible level of health, is yet to be realized. The continuation of the arms race and the excessive expenditure initiated by the anti-peace and warmonger circles on armaments, which have had adverse effects on efforts for world peace and on the broadening and deepening of the process of détente, are also hampering international efforts aimed at removing the alarming threat of poverty, hunger, disease, undernourishment, and malnutrition throughout the world, emanating primarily from social and economic inequalities, dependence, and exploitation.

Here at this juncture let me make an effort to remove the confusion of some representatives, of some delegations, about the Afghanistan situation. The limited aid provided by the Soviet Union was asked for the prevention of successive aggressions made by Afghanistan's external enemies, from the other side of its border. This is in accord with the United Nations Charter and, second, in accord with the treaty of friendship, of good neighbourliness, of 5 December 1978 between the Soviet Union and Afghanistan. So it was not an invasion of Afghanistan by the Soviet Union; it was for the safeguard of the national independence of our nation, which was in danger from invasion. It was that and good cooperation and good friendship, which have a long history of 60 years.

The non-aligned countries, including my own country, Afghanistan, in conformity with the basic principles of the non-aligned movement calling for peace, freedom, and justice, have widened their struggle to encompass the struggle for removing inequalities and exploitation and other causes of economic and social backwardness. They have launched, as you all are aware, a comprehensive action programme for economic cooperation, which includes cooperation between non-aligned and other developing countries in the field of public health. The non-aligned countries have decided to apply a number of priorities in the field of public health and further strengthen cooperation among them in this field. Some of these priorities are as follows: first, guaranteeing the population of our countries primary health care; second, establishing an adequate organization and monitoring for providing people with comprehensive health care in accordance with available human and maternal resources; third, encouraging community participation in health programmes, particularly in activities aimed at disease prevention; fourth, promoting the exchange of experience and advice in maternal and child health programmes; and fifth, promoting the exchange of experience and advisory services in communicable diseases control programmes.

These are some of the priority areas in the field of public health among non-aligned countries which, we believe, have set a good example in our common efforts for the realization of the main objective of WHO, which is the attainment by all people of the highest possible level of health.

In the view of the delegation of the Democratic Republic of Afghanistan, which is one of the coordinators of the non-aligned countries in the field of public health, WHO should extend all possible technical and financial assistance to such cooperative plans and approaches to the problems of public health, with particular attention to the least developed countries. As we focus our attention on technical cooperation among the developing countries, we see it as relevant to our continued concern for the development of primary health care as an overall concept directed towards improving total health and wellbeing and taking effective measures in terms of fast techniques and organization for the improved living conditions of individuals, families, and communities, especially in the rural underprivileged areas. In our experience of the delivery of comprehensive health care, we, along with other developing countries, have realized that the delivery of basic health services must not only be of curative services but should also include all relevant activities related to the promotion of health. In the prevention of communicable diseases, in family health care, in the extended immunization programme, the health sector alone cannot achieve the targets of health for all by the year 2000; overall socioeconomic development is an essential part of it. Therefore we believe that the primary health care package as recommended by the Alma-Ata Conference Declaration for the delivery of quality health and medical care should consist of programmes on health and nutrition education, communicable diseases control, the provision of an adequate safe water
supply, basic sanitation, maternal and child health including family planning, immunization against preventable diseases, the control of endemic diseases, appropriate curative services, the promotion of mental health, and the provision of essential drugs.

My country, like any other country in the developing world, is characterized by high fertility and high mortality and is confronted by many serious health problems. The majority of the population live in rural areas and many lead a nomadic life. The rural population, which is widely dispersed in some 22,000 villages throughout the country, has one of the highest infant mortality rates among the developing countries; infants, children, and women share a disproportionately large burden of sickness and death in rural areas, and more than one quarter of all deaths occur among children under five years of age, most of which are preventable, and among women in the late fertility period. The major contributing factors which are responsible for the high morbidity and mortality include infectious and respiratory diseases, poor nutrition, lack of a safe water supply, and poor environment and sanitation. Furthermore, the majority of the rural population do not have access to any sort of health care facilities because health care coverage by health care assistants is not sufficient to meet the health needs of the rural population, as the existing health facilities favour the urban population disproportionately.

The Government of the Democratic Republic of Afghanistan is committed to the principle of adopting primary health care as the cornerstone for the development of health services and for improving the quality of life. Therefore we have taken all the pertinent and relevant factors into account while formulating our health policy strategy and plan of action and have assumed full responsibility for the delivery of health care in the country, particularly for the rural majority. Thus in the first year top priority in socioeconomic development has been given to the extension and development of health care and to increasing the coverage and effectiveness of the basic health services in the rural areas. In this plan the various levels of health delivery care systems, which include village-based primary health centres and provincial as well as regional health institutions, will be further extended and developed with a well-planned referral system for the primary care level in the village to the secondary and tertiary health care system. In the meanwhile, thought has also been directed to further strengthening and developing the various supportive vertical programmes such as the tuberculosis and malaria control programmes, the extended programme for immunization, and the provision of rural water supply and environmental sanitation. The highest emphasis is being given to the great need for adequate and appropriate health manpower development through coordination, integration and redesigning of various training programmes. Another important step that the Democratic Government has embarked upon is the limitation of patent drugs and popularization of generic drugs, which are cheaper and more reliable.

In concluding my brief presentation, permit me once again to congratulate the President, the Vice-Presidents, Dr Mahler, Director-General of WHO, and also Dr Taba, our Regional Director, for their wholehearted support and sincere assistance in our endeavour for the extension and development of our health services.

Mr NYAM-OSOR (Mongolia) (translation from the Russian):

Mr President, distinguished delegates, ladies and gentlemen, the delegation of the Mongolian People's Republic would like to extend its profound sympathy to the Yugoslav delegation on the death of the President of the Socialist Federal Republic of Yugoslavia, Josip Broz Tito, the eminent leader of the Yugoslav people, a prominent figure in the international communist workers' movement and an indefatigable fighter for peace. Allow me to join with those delegates who have already congratulated the President. I should also like to compliment the Vice-Presidents and the Chairmen of the committees. Allow me, too, to congratulate the delegations of San Marino and Zimbabwe on their countries' admission to membership of WHO.

This is the second time we have received the new-style biennial report of the Director-General on the work of WHO. On reading this report one is struck by its comprehensiveness and attention to detail and by the conciseness of all its subsections, on which we congratulate the Director-General, Dr Mahler. Many sections of the report contain a number of theoretical concepts and ideas, which stimulate the reader to think about the best means of achieving our goal of health for all and developing international collaboration in health care. In the last few years a great many ideas have been proposed, thoughts expressed and targets set for international health care, all of which have been characterized by their progressive features and have emerged in the course of the gradual restructuring of WHO's activities. Many of the goals and proposals have already been adopted by the Executive Board and the World Health
Assembly and have also been approved by the General Assembly of the United Nations. We consider that the creation of an appropriate network of primary health care services will become the basis for attaining the goal of our era - health for all by the year 2000. In this connexion attention must be drawn to the special significance of the Declaration of Alma-Ata on primary health care. Much has already been said about the Conference's aim and the meaning of its Declaration. It now remains for us to work as hard as possible to attain the goals set out in the Declaration at the level of the Organization, of its regions and of individual countries.

We hope that future programme documents of WHO will always refer to this Declaration and that the Director-General's report will contain a special subsection summarizing the results of the work carried out towards achieving the aims and targets of the Alma-Ata Declaration. In order to attain health for all and make health an integral part of a nation's economic and social development, as stated in resolution 34/58 of the United Nations General Assembly, and to ensure that the bold ideas of WHO's Director-General are actually put into practice by the Member States of our Organization, the countries, and the developing ones in particular, must choose and introduce by stages the best possible health care system and form of primary health care. I should like to say that through socialist principles of health care, the theoretical bases of which were laid down by the great Lenin, and which were first put into practice in the Soviet Union and later in Mongolia and other socialist countries, it is possible to develop health care rapidly and effectively, and make it the property of each member of society. These principles provide that health care should be an essential and integral part of socioeconomic development and the concern of all State institutions and of the peoples themselves. Thus public health, as a matter of social hygiene, is closely interwoven with society's socioeconomic development. These ideas and principles have been fully vindicated not only in the country where they were born, but also in Mongolia, in the development of our public health services. We have established a basic network of free medical care services with qualified staff; this system is maintained in the proper working spirit. Thus in our country health care has become an integral part of economic development, and the health of our people is guaranteed by law.

The Soviet Union has lent Mongolia considerable support in the development of its public health services. With the direct participation of Soviet doctors and specialists we have set up our first medical centres, laid the foundations for a modern system of teaching medicine and established medical research institutes. Over a relatively short period we have had considerable success. To date we have 22 doctors and 75 junior medical assistants for every 10,000 inhabitants. Each year sees the creation of new preventive and curative centres and a constant increase in the development of the regional system of services, which is becoming the basis for the medical facilities serving the settled population. Great emphasis is laid on the strengthening of mobile medical units serving the rural population. 1979 was a year in which the economic impact of medical research was increased and advanced technology and skills in the practice of health care were introduced. All these successes will contribute to the attainment of WHO's goal of health for all and will serve as an example for those seeking methods of developing their country's health services rapidly and effectively. Resolution 34/58 of the General Assembly of the United Nations, entitled "Health as an integral part of development", is an important document of international significance. We are pleased that resolutions WHA30.43 and WHA32.30 of the World Health Assembly have met with the full approval of the United Nations General Assembly. We feel that in taking definite decisions the General Assembly has placed considerable obligations on us.

With skilful use of scientific and technical advances the expansion of WHO's biological and medical research activities will achieve even greater success, since the Organization has managed to develop scientifically based methodologies, carry out monitoring on scientific principles, and make the necessary evaluations. An example of this is the eradication of smallpox, an achievement which is a source of joy for all of us. Apart from the efforts of the Member States, the scientifically based methods used in the programme and its thorough planning were chiefly responsible for its success. This once again shows what an important part is played by the scientific side of the programmes conducted by WHO in collaboration with its Member States. In view of this, we should like to express our hope that WHO will not reduce the attention it has paid to scientific research, which is of worldwide significance. As an intergovernmental organization of collaborating Member States WHO must meticulously perform its directing and coordinating function in the field of international health care, and its structure must be one which is best adapted to its objective of ensuring health for all by the year 2000. Another extremely important and relatively new function of WHO will be to
define and put into effect the interdependence of health care and socioeconomic development so that health care becomes a vitally important and integral part of the development of every Member State of WHO. In evaluating WHO's work and further streamlining its functions and structure we must try to ensure the necessary balance between the centralized and decentralized aspects of its activities.

In conclusion I should like to stress the great significance for mankind of the victory over Hitlerian fascism, the thirty-fifth anniversary of which we are celebrating at this time. We medical workers, fighters for people's health and happiness, cannot stand aside from the struggle for peace and détente. We understand full well that our great goal of health for all by the year 2000 can be attained only if peace and tranquillity reign throughout the world.

Mr AL MADFA (United Arab Emirates) (translation from the Arabic):

In the name of God, the Gracious, the Merciful. Mr President, it gives me pleasure, on behalf of the delegation of the United Arab Emirates, to extend our most sincere congratulations on your election as President of the Thirty-third World Health Assembly. We know you for your sincerity and truthfulness in word and deed. This gives us every confidence in the success of this Assembly and the achievement of its objective. I also take pleasure in congratulating the Vice-Presidents and the Chairmen of Committees A and B on their election, wishing them every success in the important tasks entrusted to them in this Assembly. We hope that our work will be crowned with success, and that we shall achieve the noble objectives to which we aspire. I am very pleased, on behalf of the United Arab Emirates, to welcome San Marino and Zimbabwe as Members of the Organization.

My delegation has reviewed the report submitted by the Director-General on the work of WHO in 1978-1979, which reaffirms the judicious policy followed by the Organization to attain our noble objectives. We listened with interest to his excellent address, which provided confirmation of his wisdom and determination. We cannot but express our deep thanks to Dr Mahler and his staff for their devoted efforts, and wish them every success in their noble endeavours.

Dear colleagues, true cooperation and earnest perseverance are bound to produce great results. It is an event worthy of pride that WHO has achieved the final eradication of smallpox throughout the world. My delegation has taken note of document A33/3 concerning the report of the Global Commission for the Certification of Smallpox Eradication. We are proud of the colossal efforts made by our Organization to accomplish this great task. Let us not fail to extend our deep gratitude and appreciation to the members of the Global Commission for the Certification of Smallpox Eradication, and to the participants in the Consultation on Worldwide Certification of Smallpox Eradication. This great event is a practical example of fruitful cooperation within the world community which benefits mankind as a whole.

Document A33/2 on the study of WHO structures in the light of its functions states that, in order to provide the appropriate support to enable Member States to achieve their objectives, WHO should play a set of balanced social, political and technical roles. We all know that the Health Assembly, comprising the delegates of collaborating Member States, is the supreme policy organ of WHO; the attainment of the Organization's objectives in providing health for all therefore requires all of us to make a serious and sustained effort towards this end. We endorse the content of this document concerning the development of clear and specific strategies for health for all by the year 2000.

I would like to mention here very briefly the health policy implemented by the United Arab Emirates, in conformity with WHO objectives and within the framework of cooperation with WHO. This policy was laid down in Federal Act No. 1 of 1972, and aims at providing free health services for every citizen, in the conviction that health care is a sacred right of every human being. The last few years have witnessed many important achievements; the health services budget increased tenfold during the past eight years, in fulfilment of a comprehensive development plan. The doctor/population ratio in the Emirates is now one to 800. The plan aims at providing curative services in hospitals, with a ratio of one bed for every 200 inhabitants.

In the field of primary health care, we now have health centres and clinics, maternal and child health centres, and school health clinics, which cover most regions and remote areas in particular; they provide preventive and curative health services, and carry out expanded immunization programmes and the control of communicable diseases, in addition to health education, which has had a remarkable effect in reducing infant mortality. Moreover, the Ministry of Health, in collaboration with other authorities concerned, has initiated the development and implementation of environmental sanitation programmes. We shall continue to spare no effort to achieve our objective.
The principles enshrined in the WHO Constitution state that the health of all peoples is fundamental to the attainment of peace and security; the first paragraph of the Declaration of Alma-Ata, endorsed by the Thirty-second World Health Assembly and by the United Nations General Assembly at its thirty-fourth session, states that health, which is a state of complete physical, mental and social wellbeing, is a fundamental human right; these are the basic principles underlying the target of health for all by the year 2000. We wonder how this can be achieved as long as some States continue to practise colonialism, racial discrimination and social injustice. How can the objective be achieved while there are people living in squalid health, psychological and social conditions under colonialist regimes? We cannot attain this lofty objective while we have brothers living in the occupied Arab territories, including Palestine, enduring the worst kinds of health, psychological and social sufferings under the Israeli occupation authorities, who have ignored the many resolutions adopted by WHO in previous years. How can we achieve health for all when the Israeli occupation authorities are still evicting the native inhabitants from their homes, blowing up those homes to establish their own settlements, engaging in terrorist practices, and expelling mayors and religious dignitaries, not to mention arresting schoolchildren, which leaves deep psychological and social scarring. We are in duty bound, with courage and determination, to take all actions that will enable our Organization to achieve its objectives for the sake of humanity. In conclusion, I would like to reiterate our deep thanks to Dr Mahler and his staff, and to Dr Taba, the Regional Director for the Eastern Mediterranean and his staff, for their sincere efforts to promote health services in our Region.

Dr DOMINGOS PITRA (Angola) (translation from the French):

Mr President, distinguished delegates, ladies and gentlemen, allow me, on behalf of the People's Republic of Angola, to express our cordial greetings.

In the People's Republic of Angola the Workers' Party has defined health as a right of the people as a whole and as a factor of socioeconomic development, indicating precise guidelines for major health development activities. They are as follows: to give priority to preventive medicine and to intensify measures to control endemic diseases and social scourges until they are eradicated; to develop outpatient health services through the organization of health centres, particularly in rural areas; to organize health education campaigns; to step up training of health personnel capable of applying the Party's directives in the sector, in a spirit of self-denial and respect for the popular masses; to develop the network of hospitals in all provinces of the country; to organize a drug distribution network designed to meet the needs of the people; to protect the health of pregnant women, children and workers; to develop traditional medicine, drawing on its abundant resources and on the experience of the people in this field; and to set up a national pharmaceutical industry.

The qualitative and quantitative inadequacies in technical personnel, the illiteracy of 85% of the population and the lack of health structures catering for rural areas where 85% of the population lives, all major after-effects of Portuguese colonialism, still constitute great difficulties for the development of public health. To these must be added the destruction caused by the second war of liberation and the treacherous attacks constantly made on our country by the racist armed forces of South Africa, which are illegally occupying Namibia and oppressing, under the most inhuman of regimes, the people of Namibia and South Africa.

Aware of these difficulties and taking into account the need to make health accessible by any means possible to all the population, the People's Republic of Angola is endeavouring to identify the major health problems, establishing structures designed to bring the planning and management of health activities into a unified system and developing the information system to permit permanent evaluation of the health situation in the country. We reaffirm our commitment to the Declaration of Alma-Ata and consider primary health care to be the basis which will permit our people to lead socially and economically productive lives. As an African nation, the People's Republic of Angola has endorsed the Charter for Health Development in the African Region up to the year 2000 and also reaffirms its intention to contribute to the achievement of that social objective.

Our overall health objectives are as follows: to improve health coverage of the country, giving priority to rural areas; to step up both qualitatively and quantitatively the training of health personnel and to rationalize their use; to develop central planning, programming, management and evaluation structures for health activities; to strengthen multisectoral coordination with respect to health activities; to reduce maternal and child morbidity and
The confidence which you have shown of the WHO. Economic Order convey congratulating The Mr is task will The social late of should strengthen cooperation development resulting diseases. Finally, a careful study was made to assess the drug needs of the population, resulting in the drawing up of a national list of drugs.

Our participation in the Thirty-third World Health Assembly will be inspired by the principles of planned economy, integration of health programmes in national socioeconomic development plans, self-reliance, and multilateral or bilateral cooperation and technical cooperation among developing countries. At a time when it is hoped that a New International Economic Order can be established, we also feel that the Seventh General Programme of Work should strengthen the policies and principles laid down in the Declaration of Alma-Ata.

We take this opportunity to congratulate, in the person of its representative, the people of Zimbabwe on its victory in the struggle for independence, and to welcome its admission to WHO. We also congratulate the representatives of the Republic of San Marino.

Allow me, Mr President, to express our condolences to the delegation of Yugoslavia on the death of President Josip Broz Tito. Here I should like also to honour the memory of our late President, Dr Agostino Neto, founder of the Workers' Party and of the Angolan nation.

I shall conclude by thanking the Director-General, the Regional Directors and all members of the Organization's Secretariat for their efforts to help the Member States achieve the social objective they have set themselves: health for all by the year 2000.

The ACTING PRESIDENT (translation from the Spanish):

I thank the delegate of Angola. Before giving the floor to the next speaker I am going to ask Dr P. Mocumbi, Vice-President of the Assembly, if he will kindly take over the presidential chair.

Dr P. Mocumbi took the chair.

The ACTING PRESIDENT (translation from the French):

Mr Director-General, distinguished delegates, the President of the Thirty-third World Health Assembly has asked us to take his place in directing the proceedings of this meeting. The confidence which you have shown in our country and our people by entrusting us with this task will encourage us to accomplish it to the best of our ability. The delegate of Burma is invited to take the floor.

Mr WIN MAUNG (Burma):

Mr President, Director-General Dr Mahler, distinguished delegates, ladies and gentlemen. The delegation of the Socialist Republic of the Union of Burma has great pleasure in congratulating you, Mr President, on your election to the high office of President of this Assembly. May I also take this opportunity to congratulate the Vice-Presidents, and to convey to you, and through you to all the Members of the World Health Organization, the sincere greetings and warm felicitations which we bring from the people of Burma.

Our country's health plan, called the People's Health Plan, was developed within the framework of the overall national socioeconomic development plan, under the policy guidance
of the Burma Socialist Programme Party. One of the main objectives of the People's Health Plan is to provide comprehensive health care to the underserved rural population of the country. The Plan was drawn up by adopting the country health programming methodology, based on the concept of primary health care advocated in the Declaration of Alma-Ata. The main programmes identified in the country's health plan are in line with the main programme areas described in WHO's Sixth General Programme of Work. The implementation of the People's Health Plan started on 1 April 1978, and there are built-in mechanisms for monitoring and evaluating the progress, coverage, effectiveness, and impact of health activities in the country.

Burma is committed to formulating policies, strategies, and plans of action for the attainment of health for all by the year 2000, and an intersectoral meeting was held in April 1980 to formulate those policies, strategies, and plans of action, with intersectoral coordination and collaboration.

In order to provide primary health care to the entire population within the planned period, innovative approaches have been adopted in the delivery of health care at peripheral level. Volunteer workers have been introduced at grass-roots level, namely, community health workers for primary health care and sanitation, and auxiliary midwives for family health activities. Indigenous medicine is being extensively promoted, and it is envisaged that it should be utilized as an integral component of the health care delivery system. Traditional birth attendants are being given orientation training so that they can take part in family health activities. The provision of essential drugs is also considered an important component of the People's Health Plan, especially for catering to the needs and demands of the majority of the population in the rural areas.

Burma is very much interested in WHO's efforts in the area of disease control. Malaria is a high-priority public health problem in our country, and the vector-borne disease control programme, the intent of which is to control malaria as well as other vector-borne diseases, is also an important priority programme. Another important programme in the area of disease control is the expanded programme of immunization, whose objective is the prevention and control of communicable diseases in the country. At the present moment we are actively involved in intersectoral planning activities for the International Drinking-Water Supply and Sanitation Decade, which will contribute to the control and prevention of diarrhoeal diseases.

In development of health manpower, Burma has been collaborating with WHO, UNICEF, and UNDP, especially in the development of health workers at peripheral level.

Mr President, Burma, as a Member State of the World Health Organization, has collaborated actively in the implementation of health programmes with WHO. During 1979 Burma was host to a country study initiated by the Executive Board of WHO. We hope to continue our collaborative efforts with WHO in the future, for the attainment of health for all by the year 2000.

In conclusion, may I congratulate the Director-General on the presentation of his biennial report and express our support to him; and may I thank you for giving me the opportunity to address this august assembly.

The ACTING PRESIDENT (translation from the French):

Before inviting the delegate of Yugoslavia to take the floor I should like to ask the Deputy Director-General to make some explanatory remarks to the Assembly.

The DEPUTY DIRECTOR-GENERAL:

The delegate of Yugoslavia has asked to take the floor and speak in his national language. In accordance with Rule 89 of the Rules of Procedure of the Health Assembly, an interpreter provided by the delegation of Yugoslavia will simultaneously read the text of the speech in French.

Mr PEPOVSKI (Yugoslavia) (translation of the French interpretation from the Serbo-Croat): ¹

Mr President, Mr Director-General, distinguished colleagues and delegates, before proceeding to the part of my speech dealing with the matters on the agenda of this meeting of the World Health Assembly, allow me to thank you, on behalf of the Government and people of Yugoslavia, for the homage you have rendered the late President of the Socialist Federal Republic of Yugoslavia, Comrade Tito, and for the cordial words of gratitude expressed for his efforts on the national and international level to create a more equitable order for all

¹ In accordance with Rule 89 of the Rules of Procedure.
States and peoples of the world. You will be aware that President Tito, among his other preoccupations, took special interest in the activities of WHO, particularly the new trend in its programme budget aimed at developing health in the countries and regions of the world where the health status of the population is at greatest risk. I should like to take this opportunity to stress that Yugoslavia is still following the path traced by Tito and will continue to make a full contribution to the development of peaceful international cooperation and to the strengthening of the position and role of WHO. Our friends around the world will continue in the future to find us ready to speak and to fight for everything that is progressive in international affairs.

The delegation of Yugoslavia has made a careful study of the reports of the Executive Board and that of the Director-General on WHO activities during the period 1978-1979, together with the documents proposed for adoption by the Assembly. The reports are of high quality and their content is very relevant; and in our view the draft documents tend to strengthen the position and role of WHO, particularly in the execution of its objectives and programmes. We therefore give them our support, while reserving the right to make certain minor suggestions and comments during the discussions. We are sure that the majority of the delegations of Member States share our view and that we shall do our utmost to examine together, in a constructive working atmosphere, all the matters of importance to health development that are on the agenda of this meeting of the Assembly. In this way we shall make our contribution to the development of peaceful cooperation among all Members of our Organization. We have always expected health to be at the forefront in the development of peaceful cooperation and of the New International Economic Order, which is a basic requirement for future health promotion in developing countries.

We feel that all matters submitted for discussion by the Assembly should first and foremost contribute to the achievement of WHO's principal strategic objective, health for all by the year 2000, defined in the Declaration of Alma-Ata on primary health care and described by the Director-General in his report as the twentieth century Magna Carta for health. The Declaration was adopted by consensus and expresses the desire and firm resolution of all Member States, regardless of their different systems and commitments, to contribute to the achievement of an acceptable level of health protection for all the people of the world up to the end of this century.

The Declaration on primary health care has aroused great interest and strong approval on the part of health workers, the beneficiaries of health care and the relevant bodies and organizations in our country, which has quite a long tradition of primary health protection, inspired by Andrija Štampar, the eminent health worker and humanist. As we have mentioned several times, our conception of primary health protection was incorporated into our legislation over 10 years ago, and the level achieved is considerably higher than that envisaged by the Declaration. The basic principles of primary health care laid down in the Declaration are none the less applicable to my country. We are implementing them more extensively through our legislation, but also through the development of direct health protection in local communities and enterprises where the people live and work. Thus we are taking the most direct way to the prevention and rapid suppression of disease. Growing attention is being paid in my country to the protection of the environment in which people live and work, and the Assembly of the Socialist Federal Republic of Yugoslavia has adopted a resolution on the subject.

Among the health development objectives and tasks outlined in the programme and executed we should like to join the Director-General, Dr Mahler, in stressing the extraordinary success of the smallpox eradication programme, which confirms the importance of adequate planning and well-conducted international action in dealing with one of the most serious health problems in the world. The example of the epidemic resulting from cases of smallpox imported into my country in 1972 is conclusive proof that today protection against communicable diseases calls for a sharing of responsibilities and that it is in the interests of all countries to make a concerted effort to eradicate communicable diseases wherever they appear. The worldwide eradication of smallpox is the greatest success so far scored by our Organization. The results obtained encourage fresh common efforts aimed at solving other health problems in the world, especially malaria, whose eradication is also in the interests of all Member States.

The agenda for this meeting includes the question of WHO structures. In this extremely important matter we support the opinion of the Director-General, who stresses in his report that the essential objective of the Organization over the next two decades will be to bring to all peoples of the world a level of health protection permitting them to lead productive lives, in the social as well as the economic sense. For this the Organization must direct its activities to provide support for national, regional and world strategies. In his endeavour to ensure that WHO work begins and ends in the Member States, the Director-General makes
acceptable suggestions to promote the organization and methods of work, so that WHO will be better able to execute and implement the collectively adopted policy, while guaranteeing a permanent dialogue at all operational levels in a climate of respect for the plurality of interests. In this context the Director-General lays particular emphasis on the promotion of cooperation with developing countries, among developing countries and between developed and developing countries - in other words, on the importance of establishing true international cooperation consistent with the viewpoints, conceptions and needs of developing countries.

While supporting the main points expressed in the Director-General's report and in the draft resolution, concerning the promotion of organization and methods of work, we nevertheless favour some minor modifications. In our view, in parallel with the ministries in their capacity as planning and coordinating authorities, other bodies and organizations should be developed in accordance with the specific needs of each country. The specific characteristics of each of the various countries and regions should also be taken into account in the development of international cooperation in the planning field. The proposed modifications, especially in areas where they could create difficulties for the execution of the Organization's strategic objectives, should in our opinion be introduced by degrees and during the course of activities.

Our Assembly is meeting this year in a very unfavourable international political climate. The continuation of existing conflicts and the emergence of new ones, resulting in an alarming confrontation in relations between the major powers, are placing the efforts made in the health field at international level in serious jeopardy. The arms race uses up the already inadequate resources needed for social progress and the development of health protection. It also distracts attention from widely accepted objectives such as the promotion of health and its availability to all people of the world. As a non-aligned country Yugoslavia supports détente, coexistence and lasting peace and international cooperation. It has been observed more than once that health is a significant factor of peace. The United Nations resolution on health as an integral part of development placed equal stress on each element. We are convinced that this Assembly can and must contribute to reducing international tension.

In conclusion may I join previous speakers in congratulating the new Members of our Organization, the Republic of Zimbabwe and the Republic of San Marino, on their admission and wishing them every success in their work and cooperation in furtherance of our common task: the promotion of health in the world.

Mr DA COSTA (Guinea-Bissau) (translation from the French):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, allow me first to congratulate the President and Vice-Presidents on their election to the difficult responsibilities of directing our proceedings. We assure them that the delegation of Guinea-Bissau is ready to participate in the discussions of this Assembly and thus to contribute to the taking of appropriate decisions with a view to solving the serious health problems still affecting, to an unacceptable degree, the great majority of the people of the world.

We have been asked to make comments during these plenary meetings on Dr Mahler's report on the work of WHO. Our Director-General's remarkable style and dedication are familiar to us. The thorough analysis contained in his report and the stirring way in which on the rostrum he presented the major headings show his profound involvement in the search for better solutions for the problems that bring us together here each year and concern us all, in our regions and in our respective countries.

One day a distinguished professor said to me: "I don't know whether you are aware by primary health care; you must still guarantee a satisfactory level in your country's hospitals."

On another occasion, during an international meeting, a colleague said to me: "Don't you think that there is still a lot of confusion about the concept of primary health care?"

In my opinion these remarks show how necessary and how valuable our discussions and meetings are, and demonstrate the pressing need for study of the problems arising from working relations within complex structures such as our Organization, so that the latter can play the useful role destined for it in providing a satisfactory level of health for all the world's population in the next 20 years.

If there is so much talk of primary health care today, it is because we have not yet found the ways and means of making it accessible to all. As for secondary care - I refer to hospital services - the alternatives are there and the choices relatively easy to make; it is a matter of financial resources, adequate training of staff and programming corresponding to the real needs of the population. In my country, we must determine the number of hospital
beds needed on the national, regional and sectoral levels; the type of physicians and
specialists with which we can or wish to staff our hospitals; the categories and numbers of
paramedical staff to be trained; and so on. Although financial difficulties are often
insuperable, the choices have been made and are clear. We are convinced - and the experience
of other countries has confirmed - that neither hospitals alone nor physicians and nurses
trained in conventional schools will ever enable us to guarantee an improvement in the level
of health of our people or alter the morbidity and mortality figures characteristic of our
developing countries. We are sure that a rational and concerted effort to improve the three
key elements of the human condition in our countries, that is, food, safe drinking-water and
housing, can do more for the health of our people than hospitals and drugs.

We have been convinced for some years now that raising the level of health depends to a
great extent on the effort that the country can make towards harmonious development capable of
guaranteeing an improvement in the quality of life of our people; and we are no less
convinced that such an effort must involve the willing participation of the populations
concerned, and that the first step is to win them over to this idea. Our options are in fact
conditioned by this principle, but the difficulty lies in the choice of the means to be
employed to gain the confidence and arouse the interest of the communities, particularly in
rural areas. If we do not see the objective of health for all as limited to the general
availability and accessibility of institutional services but rather as the achievement of an
acceptable level of health for all, we must be prepared to overcome resistance, obstacles and
discouraging difficulties.

In Guinea-Bissau we felt that the best way of involving the population would be to set up
in the villages themselves multidisciplinary health development and health education teams,
charged with the delicate task of mobilizing the rural masses in an intelligent manner, so that
they could understand and support the efforts made to improve the quality of life in the rural
environment, starting with an improvement in health status. With this aim in view a community
development project was set up four years ago in the villages of two pilot zones. The project
uses multidisciplinary teams comprising a nurse, a polyvalent social worker, a midwife and,
where possible, an agricultural adviser. The teams live in the villages for three to five
months, the time necessary for on-the-spot training of a similar team capable of contributing
to the progress of the project and of guaranteeing the self-reliance of the village population
in the fields of health, maternal and child care, environmental health and appropriate
improvements in diet. Once training is completed, the team moves into the health centre for
the section or specified group of villages. The centres permit development of the dynamic
relationships of supervision, support and referral between the rural areas and health services
on the national level.

This, however, is not such an easy matter. It calls for a great deal of patience, time
and intelligence and also for trained personnel. Polyvalent teams have to be set up,
composed of individuals who are convinced of the sound basis of the scheme and are prepared to
spend the necessary time in the most isolated and underprivileged communities. The young
team members, almost all from the towns, attend courses on theoretical matters in Bissau
during the rains and go to the villages for the dry season, the only period when the farmers
are accessible and free to engage in the dialogue described. The conduct of this dialogue is a
difficult art: a true exchange of ideas calls for an open mind, that is, a conscious
readiness to give and take, to inform and be informed, to teach and to learn with the masses.
The result of the exchange depends on its quality: it can open the door to constructive
cooperation with the villagers or raise a wall of resolute cultural resistance. The major
difficulty in Guinea-Bissau is to create as many teams as possible to cover all 3600 villages
in the country in the foreseeable future.

What role can WHO play in all this? What can a country like Guinea-Bissau expect from
the Organization? We believe that the structures of WHO are basically sound, and that the
degree of decentralization achieved is exemplary among the organizations of the United Nations
family. Our Organization enjoys great prestige and authority because of the valuable
services it renders to humanity. Discussions on health problems and international cooperation
in the health field are much more meaningful and constructive when they take place in the
framework of WHO. It has fulfilled an important function in providing guidance and indicating
the principles which will lead to achievement of the objective of improving and protecting the
health of all peoples of the world. On a more concrete level, WHO must be credited with the
success of the smallpox eradication programme and the establishment of that most valuable
instrument for developing countries, the list of essential drugs. It can, however, play an
even more important role in the field of the exchange and dissemination of information relating
to health. A vast body of information, studies, expert reports and bibliographies exists but these are often inaccessible either because they are scattered over a number of places or because the people who need them most to help them make a more rational and appropriate use of resources are unaware of their existence.

The working relationships between the different organs of WHO obviously need to be reviewed, to avoid the many problems which have prompted us to question the Organization’s structures in the light of the functions laid down in the Constitution, and which we support. There is more, however. It cannot be said too often that WHO is what we, the Member States, want it to be and that it could be even better if we put in a little more of our lucidity and our sense of responsibility and solidarity among men. Since the World Health Assembly is the supreme decision-making organ of our Organization, it is up to the Member States to choose their delegations carefully, ensuring in this way that the resolutions we pass are a democratic reflection of the will of the greatest number. In this connexion the Executive Board should be reminded that the draft agenda for the Assembly needs to be studied in a different perspective, to ensure that the most important matters and those calling for a political stance are discussed at the appropriate time, that is, when the greatest possible number of delegations of the Member States, and particularly ministers of health, are present. We should like to see the structure of our Organization modified in favour of a dynamic balance between its various components, to guarantee increasing efficiency in its work for health.

In conclusion, I should like to express our sympathy to the delegation of Yugoslavia for the passing of the great fighter, President Tito. Allow me also to say how much we welcome the admission of the Republic of San Marino and the Republic of Zimbabwe. To the latter we wish all the success earned by the heroic way in which the people of Zimbabwe won the right to make their own history.

Mr GUILLAUM MURILLO (Ecuador) (translation from the Spanish):

Mr President, Vice-Presidents, Ministers, Mr Director-General, distinguished delegates, ladies and gentlemen, it is a true honour for the delegation of Ecuador to have the opportunity of participating in the Thirty-third World Health Assembly and of presenting, on behalf of the Government and people, the programmes and ideas which will associate us more closely with those countries wishing to bring about improvements in the health conditions of the community as a whole. We bring greetings to all the delegations of Member States and a special greeting to the Director-General, who was in our country 31 years ago when he was beginning his specialized professional activities as an international adviser. He is still remembered in Ecuador. We are also pleased to welcome the admission of San Marino and Zimbabwe as Member States of the Organization. We share the grief felt by the people of Yugoslavia on the loss of a man who fought for peace and progress in his country.

May we congratulate the President and the Vice-Presidents on their election to direct the proceedings of the Assembly? We wish to congratulate the Director-General on his well-planned report with its clear guidelines for the direction of world health policies and its study, based on reality and optimism, of ways of attaining our goals by the year 2000 if we apply ourselves seriously to our task. We feel that the report constitutes a brave and resolute expression of clear and concrete criteria which, on analysis, call for reflection.

The delegation of Ecuador is aware of the great responsibility assumed by the Organization and is ready to join the other distinguished delegates in analysing the problems that arise and the contributions we must make to attain wellbeing for all in a better world.

We are pleased to report that with the sound democratic position achieved by Ecuador from 10 August 1979, after a long process of transition from dictatorship to freedom, our President is mobilizing all the resources of the State to ensure that the economic and social development of the country proceeds without any backsliding, giving high priority to social justice and with complete respect for human rights during this period of change. A carefully prepared five-year plan is being implemented in an orderly and methodical way; this will provide a frame of reference for the execution of programmes designed to improve the level of health of our people, which was previously very low. The State of Ecuador recognizes in its present Constitution that health is a right of the individual and must be provided in an integral form. Our plan of action includes attainable goals establishing a true balance between needs and resources and a well-structured scale of priorities.

A National Health Council with coordinating and evaluating functions has been set up under the Ministry, bringing together all bodies concerned with the health sector, as the first stage in establishment of the national health system. The Ministry of Public Health is the governing body which determines health policy and the strategy to be followed, supervises and
evaluates activities and coordinates and delegates the execution of specific functions. This is the first step in the organization of the national health network, permitting the regionalization of health services. The Ministry considered that the extension of coverage through the primary health care strategy, concentrating on isolated rural areas and marginal periurban zones, was the top priority.

The national development plan is designed to improve conditions of life and health, especially in the human groups which are most at risk and have remained cut off from basic social services because of their lack of opportunities to participate in political decision-making.

The infrastructure of services has been considerably extended. At the same time, the active participation of the community has been achieved through use of community members to make services accessible to larger numbers of human groups, mobilizing all available resources to ensure smooth progress and preserving those aspects of traditional medicine capable of contributing to the solution of certain health problems. It is understood that the health sector alone cannot achieve the desired improvements in health, which must result from an integrated development process involving other sectors of the economy, sanitation and protection of the environment, education, manpower development, housing, food production, etc. This implies that health workers of all levels must actively contribute to the efforts of other members of the national community in bringing about the changes that the country needs.

A specialized body, the Ecuador Institute of Sanitary Works, has been set up and provided with the appropriate resources to deal with safe drinking-water supplies and sanitation. Technical, financial and administrative reorganization of the health sector has been completed, so that all necessary action can be taken to ensure that our objectives do not remain at the planning stage.

Our country has undergone unpleasant experiences with regard to the exploitation of material resources to the detriment of our financial resources. It is no mean task to reorganize the existing infrastructure so as to rationalize the use of resources which, due to commercial pressures, have been very ineffectively used. We are firmly convinced that with a policy of austerity, with methodical and well-planned work and with an honest and sincere attitude we shall attain our objectives. We must incorporate into our activities the desire for austerity and controlled expenditure which inspires the thoughts of President Jaime Roldós Aguilera, as can be seen from these remarks made at a meeting of Latin American ministers of foreign affairs held in Quito: "Experience gained up to now can be summed up by the gloomy collection of failed negotiations, whether political or economic. This should lead the people of Latin America to reflect upon the present reorganization of the international community and its interinstitutional mechanisms, which are inadequate and incapable of solving the basic problems of the majority of the community. These problems are not only social and political; as such they constitute a threat to peace. We also feel that we must not sink into inertia, weaving a Penelope's web while a majority increases its power at the expense of our necessities, even by the sophisticated methods used by the international consortiums, resulting in the emergence of a new global ruling class."

We are aware that in developing its health programmes the country needs the technical cooperation and professional experience of organizations like WHO and PAHO, which are playing an active part in the planning and execution of our schemes.

The delegation of Ecuador wishes this Assembly every success in its deliberations. We are sure that when we analyse the present situation with which the world is at grips, the necessary adjustments will be made to bring about a levelling in status and an improvement in the quality of life. The World Health Organization has a very important role to play in this context, as long as we choose the appropriate strategies and achieve the planned cooperation which has been lacking so far, in order to attain the general wellbeing which the population of the world so much needs and desires.

Mr SAHLU (Ethiopia):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, I have the honour to bring to you, Mr President and distinguished delegates of the Thirty-third World Health Assembly, the greetings of the Government and people of Socialist Ethiopia. The delegation of Socialist Ethiopia associates itself with previous speakers in congratulating you on your election to this high office. It also extends its congratulations to the Vice-Presidents and the other officers.

Health care being an integral part of my country's overall development programme, our approach to health problems will be multisectoral and will include the active participation
and involvement of the community at large. In view of this concept, my delegation is
honoured to report on the progress made in implementing the objectives of primary health care
in the spirit and direction of providing health services for all by the year 2000.

The control of communicable diseases comprises 75% of the health problems of the country.
In this regard, programmes such as the expanded programme on immunization (which is being
launched nationwide), the surveillance of communicable diseases, and control of diarrhoeal
diseases, are being developed. As smallpox is eradicated from Ethiopia, the manpower from
the smallpox project is being converted and utilized for implementing the above and other
disease control programmes.

Mothers and children constitute the great majority of the country's population - likewise
it is they who suffer the most from the prevalent diseases. Hence, in giving priority to this
area, Socialist Ethiopia has established a policy for the development of national maternal and
child health services. A multidisciplinary mission recently visited Ethiopia and has produced
a document in line with the Government's policy, which will enhance further the implementation
of the programme.

Regarding the health services delivery system, my country has taken a major step towards
building 200 health stations and 20 health centres a year, by which it is expected that health
services can be extended to about 80% of the population within the next 10 years. Hospitals
will be expanded and the necessary health manpower will be deployed to these institutions.
The training of the necessary health manpower will be undertaken. For the provision of
health services at grass-roots level, the training of community health agents and traditional
birth attendants will be pursued.

Malnutrition and deficient nutritional status are prevalent in almost all communities and
constitute one of the three major health problems, which are communicable diseases, malnutri-
tion, and lack of basic sanitation and personal hygiene. The Ethiopian Nutrition Institute,
established long ago, is engaged in the development of food supplements for children and
conducts research work on the major nutritional problems of the country, with a view to
increasing the quantity of food and improving the quality of nutrition as well as carrying out
intervention programmes.

As in all developing countries, one of the major health problems in Ethiopia is
communicable diseases. Among the measures to be taken to alleviate the situation is the
intensification of environmental health services, to both the rural and the urban population.
The on-going Ethiopian Revolution has provided suitable conditions, such as redistribution of
land to the masses, the building of extra houses under government control, resettlement
schemes, and formation of people's associations, to facilitate the acceptance of instructions
on environmental health and active community participation in environmental health activities.
In keeping with the declaration of WHO on the attainment of health for all by the year 2000,
alternative strategies are being formulated which include proper waste disposal and provision
of a safe water supply, particularly to rural and urban fringe areas.

The procurement, control and distribution of essential drugs is of utmost importance.
To this end, Socialist Ethiopia has prepared a list of essential drugs and drug distribution
centres, so that essential drugs will reach rural areas. Emphasis is also being placed on
developing traditional medicine along with pharmaceuticals.

As the health sector programme is part-and-parcel of the whole socioeconomic development
process of the country, the realization of the above-listed programmes, particularly the
objective of health for all by the year 2000, will not be achieved in isolation. In this
connexion, the steps taken by the Revolutionary Government of Ethiopia after the February 1974
upheaval have created a highly favourable political and socioeconomic milieu for the achieve-
ment of that target.

To mention some concrete examples:

(1) The Declaration of the National Democratic Revolutionary Programme, which
articulated economic and social development along the socialist path, broke the chain of
exploitation of man by man and set a new horizon for social revolution.
(2) The nationalization of all rural and urban land and its distribution to the
oppressed and landless peasantry has boosted production, thereby contributing to improve-
ment of the health status of the people generally.
(3) The organization of the Ethiopian masses into farmers, urban dwellers, youth, and
the Women's Association has opened the way for active participation of the people in all
social affairs, including the health sector.
(4) The establishment of the National Revolutionary Development Campaign and Central
Planning Commission paved the way for a planned, coordinated and accelerated development
of the economic and social sector, in which health care is given the highest priority.
The first and second phases had been dedicated also to communicable diseases control measures. It is worth noting that in the first phase of the literacy campaign, launched in August 1979, over 3,500,000 illiterates participated in the course, whereas the planned attendance had been 1,500,000.

At present, in the second phase of the campaign, six million people are attending the literacy course, including those who are continuing their education from the first phase. The first and second phases of the campaign were aimed at the population residing in urban centres and small towns. However, the third phase, which is being launched in May 1980, is planned to cover one million of the peasant masses in the rural areas. It is envisaged that this programme should be carried out yearly for seven consecutive years, by which time illiteracy will be stamped out of Ethiopia.

Personal hygiene, health education, basic sanitation, and elementary concepts of nutrition are some of the major components of the functional literacy programme. The course contents also include communicable diseases control measures.

My delegation believes that the above-mentioned health and other development programmes, of which the list is not exhaustive, will accelerate the achievement of the objective of health for all by the year 2000.

Finally, I would like to take this opportunity to bring to your attention that currently Ethiopia is facing natural and man-made disasters, the former being caused by the drought and the latter, which has resulted in the displacement of thousands of innocent Ethiopians, by a naked war of aggression. For these two reasons, a number of people are now in need of food, clothing, shelter, and medical care. Although the Revolutionary Government of Socialist Ethiopia is sparing no effort in combating these problems, the magnitude of the hazards cannot be met by Ethiopia's resources alone. In this regard, it is the feeling of my delegation that by now the international community has fully realized the extent of this catastrophe, and that an emergency support and coordinated assistance programme is needed.

In conclusion, my delegation welcomes the admission to membership of WHO of Zimbabwe and San Marino. It also wishes to thank our dynamic Director-General, Dr Mahler, and his dedicated staff for the numerous concrete achievements they have scored in 1978-1979 and for the precious comprehensive report submitted to us.

Dr MALHAS (Jordan) (translation from the Arabic):

In the name of God, the Gracious, the Merciful, I am very sorry that the hour is late, and I thank those who have been patient until now. I shall be brief and confine myself to a few points. Mr President, distinguished delegates, on behalf of the delegation of the Hashemite Kingdom of Jordan I wish to congratulate the President, Dr Abdul Rahman Al-Awadi, and his Vice-Presidents, on their election to direct this Thirty-third World Health Assembly. I wish also to thank the Director-General, Dr Mahler, and his staff for their laudable efforts in preparing for this meeting. Our cordial congratulations go to the States of Zimbabwe and San Marino on their admission to the Organization.

We are meeting here to discuss together what is beneficial for man in terms of prevention, care and cure. In different tongues we speak one language comprehensible to all, the language of love, altruism and concern for the benefit of the individual and the community. As we do so, many areas of the world are overcast with ominous black clouds, puffing poison here and there, upheld by falsehood fraudulently wearing the garments of truth, driven by the destructive interests of the war industry in the two hemispheres, undermining man's right to a life free from hatred, spite and illness, transforming the economy of many nations into a tool of destruction rather than construction. We in the Hashemite Kingdom of Jordan stand firmly and faithfully against all pressures and constraints, earnestly proclaiming the objectives of this Organization: concern with the physical and mental health of man. Yet we have brothers in Palestine subjugated by a hideous occupation, their health conditions consistently deteriorating, their rights trampled underfoot despite the appeals of international bodies to the occupation authorities, who reject these appeals and continue to violate people's sanctities. These authorities are backed up by major powers which move heaven and earth to ensure that human rights are violated in different parts of the world, and feign amnesia and blindness when it comes to the rights of Palestinian Arabs in their occupied homeland, thus encouraging the exile and diaspora of the rightful inhabitants and replacing them by the forces of invasion and colonization.
The call of WHO for health for all by the year 2000 will meet with no response unless the responsible world fulfils its duty to impose and enforce what is more important than health alone, and more significant in life, namely the right of peoples to self-determination. None are more entitled to this right than the Arab people of Palestine. Once that right is acquired, this people will join our ranks, answering the call of this esteemed Organization.

In our agenda we have already dealt with the certification of smallpox eradication. We have still to take up infant and young child feeding, the development of biomedical and health services research, the family health programme, mental health, smoking hazards, health assistance to refugees and displaced persons in Cyprus, etc. Yet Palestinian refugees and displaced persons suffer in camps for years and years. UNRWA curtails or cuts out the assistance they receive. Their health suffers from miserable housing, lack of clean water and a lack of sewage disposal facilities. Their roads are of mud, their roofs of tin. . . Are they not entitled to some of our time, some of our study, and an effort to include them in our future programmes?

As we fight the many epidemics and diseases, I cannot help thinking of an epidemic which has begun to invade the Third World, killing thousands of its people. The developed world, although still suffering from it, has developed rules and regulations, courts and punishments, to keep it under control. This epidemic is traffic accidents, which have begun to erode the urgently needed capacity and potential of nations, not to mention environmental pollution in all its forms which affect all human senses. No doubt these will be among our priority problems in the near future.

In the Hashemite Kingdom of Jordan we are planning for a national policy to meet the real needs of the people, starting from the principle that the individual is the main pillar of society. Hence we are guided by the WHO objectives of making services accessible to all citizens wherever they are. We have therefore adopted the principle of primary health care for the prevention and early detection of disease, the improvement of maternal and child care, school health, completion of the national programme of immunization against communicable diseases, and strict control of clean water supplies. Thus the network of health services covers every city and town in the Kingdom. Our plan is oriented towards the development of health centres so as to make them complementary and more comprehensive.

The Ministry of Health, in collaboration with other national institutions, is developing a health insurance system to cover all citizens; the present system covers civil servants and workers only. As for environmental sanitation and the strengthening of the environmental health division, there is a joint plan with other ministries concerned to develop specifications for environmental health and pollution agents, to delimit industrial zones and to formulate a joint central plan to provide drinking-water throughout the Kingdom, particularly in the Jordan Valley where the local authority is making good progress in this direction.

Last but not least, we shall at this session be discussing the transfer of the Regional Office for the Eastern Mediterranean from its present location to another country. The decision of the Arab States was not a capricious or emotional one, but rather a decision affirming our solidarity with justice and our feeling that it is high time for the world to establish the right framework for our co-existence. Just as we rejected the Zionist occupation of our West Bank and the Gaza Strip, we likewise reject the consecration of this occupation and the way it is being made a fait accompli imposed upon us if we want to go on living. At a time when we are witnessing and hearing accusations and moves from all corners of the world to prevent participation in the Olympic Games, we cannot but persist in our determination and faith that our right not to meet in the present location is even stronger and more justifiable, as it is in keeping with the right of each State to lay down its policy consistently with its identity and conscience. Once again I salute this august assembly and its President, and thank the distinguished delegates for their kind attention.

Dr AL-ASBAHI (Yemen) (translation from the Arabic)

In the name of God, the Gracious, the Merciful. Mr President, Mr Director-General, distinguished delegates. I have the pleasure to extend to you, Mr President, on behalf of my delegation, our most cordial congratulations on your election, and on the election of the Vice-Presidents and the Chairmen of the main committees, who have earned the confidence of this Assembly. We wish you all every success. I take this opportunity to express my deep thanks to the Director-General, Dr Mahler, for his report, which contains many clarifications of the Organization's policy and sets out WHO's achievements within the numerous health programmes and projects in the four corners of the world during the past year.
The Government of the Yemen Arab Republic commends the existing cooperation with WHO and the support provided by the Organization in the form of assistance and expertise, which have contributed and are still contributing to our national health plan, through the Regional Office for the Eastern Mediterranean and its Director, Dr Taba, who has spared no effort to meet our requests for the promotion of our various health programmes and projects. We owe him and his staff our fullest appreciation, affection and esteem.

The sole aim of our meetings here is to render service to mankind as a whole, through closer cooperation and persistent coordination between the Organization and the world community in our struggle against many diseases to attain our common goal of health for all.

World Health Day this year touched upon a most serious matter affecting the health of man, that is, smoking. The Yemen Arab Republic celebrated the day by launching an intensive information campaign to warn citizens against the hazards of smoking. I feel proud that the Council of Arab Ministers of Health has already highlighted the seriousness of the issue and the impending danger to the health of citizens, particularly in the developing world, where the tendency towards smoking is growing spectacularly, by adopting a resolution urging all Arab States to collaborate in smoking control.

The first five-year plan in the Yemen Arab Republic is drawing to a close. The Ministry of Health, whose programmes form part of the plan, is to carry out a complete evaluation to see how far the planned objectives have been achieved. In the light of this evaluation we shall cooperate with WHO in preparing our second five-year health plan, in accordance with the economic and social aspects of the overall national plan. I must not omit to mention in this context our active participation in the subregional meeting held in Mogadishu on the strategy of our Region for attaining health for all by the year 2000. We shall strive to ensure that the next plan is fully oriented, in its spirit, letter and future application, towards the attainment of this goal. I am pleased to point out that we have made some progress in preparing our strategy in this direction. We have made a start on formulating a plan for the implementation of a primary health care project, cosponsored by the Government, WHO, UNICEF, and Yemeni national cooperation agencies, which have begun to play an active role in this field.

My delegation is particularly pleased at the declaration of the global eradication of smallpox, as this disease used to be a dreadful scourge in Yemen. My country was among the first to eradicate it, as no case has occurred since 1969. I wish to congratulate with all my heart the unknown soldiers who for many years have fought in the battlefields of health all over the world to achieve the eradication of this disease. My gratitude goes also to the WHO administrators and technicians who led the eradication campaign, at headquarters or the regional offices, and who together displayed the high value of international unity which transforms the impossible into reality.

The news of oppression, deprivation, blowing-up of homes and expulsion of the peaceful population in the occupied Arab territories is still being reported by international mass media. These acts are carried out by the outrageous Israeli occupation authorities, whose leaders scorn all human values, and all resolutions of the United Nations and other international organizations, not least the WHO resolutions which call upon the said authorities to refrain from their inhuman acts. At this humanitarian assembly we appeal to the world conscience to display its solidarity by safeguarding the health and integrity of Arab citizens in the occupied territories and to impose stringent sanctions on the Israeli aggressors.

Before I end my statement I feel in duty bound to express my gratitude to all brotherly and friendly States and international and private health agencies for the contributions they have made in our beloved Yemen to health assistance and health promotion throughout the Republic. I join my colleague, the Jordanian Minister of Health, in extending my thanks to all of you for your kind attention despite the temptations of such a lovely day.

Dr MPITA BAKANA (Burundi) (translation from the French):

Mr President, the delegation of Burundi welcomes the Assembly's wise choice of that eminent personage Dr Al-Awadi to direct our proceedings and adds its warmest congratulations to those already expressed from this rostrum. We earnestly hope that under his guidance we shall make concrete and realistic decisions permitting us to pursue the course which, through health, will lead to world social and economic development.

Distinguished delegates, the Assembly meets each year to review the work accomplished and to draw up plans for future activities designed to promote and protect human life and health and to consolidate peace and the people's well-being. The task to which our
Organization has been dedicated since its creation over 30 years ago is to bring all peoples to the highest possible level of health. In spite of the efforts made to improve the health status of the populations of the world, their situation in terms of poverty, undernourishment, poor health conditions and the economic dependence of developing countries on richer countries has continued to deteriorate. This is why the world in general and WHO in particular are increasing the call for social justice.

In this connexion I should like to convey my Government's congratulations and encouragement to our Director-General, Dr Mahler, for the way in which he runs our Organization. It is thanks to his courage, determination and tenacity that WHO can truly be considered today as a major force for peace and social justice.

The decisions taken by different international organizations concerning, for example, primary health care, the International Year of the Child, the International Drinking-Water Supply and Sanitation Decade, the International Year for Disabled Persons, etc., form one body of strategies and one sum of efforts to be deployed in every sector of life, in order to bring all peoples of the world to a socially and economically acceptable level of life by the year 2000. For our part, our Organization is gratified by the General Assembly's proclamation of the ultimate objective, that is, health for all by the year 2000. We must now decide how to formulate and clearly define plans for practical activities which will translate this noble objective into reality.

Alma-Ata has provided us with the instrument for its execution, by helping us to define and crystallize our ideas and to set them on the right course leading to health for all by the year 2000. The principles of primary health care are universal; they merely need to be adapted to the needs of each country, in accordance with the political will of the governments.

In Burundi, the establishment of primary health care services is accorded considerable importance. In providing health services corresponding to the ten basic principles defined and adopted by the African Region, therefore, we intend to avoid any improvisation and to make careful preparations for each stage. No great progress has been made so far, but the plan of campaign for the organization of primary health care in Burundi has already been established. Health coverage will be achieved by degrees, starting with the creation of pilot zones. The main features of our plan of campaign are firm will at the national level, an objective study of the country's health problems, precise definition of the objectives to be pursued and a programme to deal with priority needs: feeding and nutrition, safe drinking-water and environmental health, the expanded programme on immunization, maternal and child health and, finally, basic education.

Another feature - and not an unimportant one - of our organization of primary health care services will be the strict application of rules concerning the allocation of resources. The final stage will be implementation of the measures recommended.

As far as the programme of priority needs is concerned, I must make it clear that the decision has already been taken at national level, that is, by the National Health Council, on which the highest authorities of the different sectors of national life are represented.

In Burundi political commitment is taken for granted. While on this very specific subject, allow me to quote from some of the resolutions of the First National Congress of the Party, held in Bujumbura from 26 to 29 December 1979: "The satisfaction of the essential needs of the masses presupposes an improvement in the living conditions of the population and the transformation of society through involvement of the population in the organized fight against illiteracy, disease, hunger, poverty and unhealthy living conditions".

In the same resolutions the First National Congress showed its concern with the satisfaction of the basic needs of the popular masses in these terms: "In general, the essential needs of the population are food and safe drinking-water, work and housing, health needs and education, transport, clothing and leisure".

At the same time the First National Congress of the Party placed social justice high on its agenda, in view of its capital importance for the future of the country. "Without social justice", the Congress concluded, "there can never be talk of progress and even less of true revolution for the people; and social justice exists in a country when that country makes an effort to satisfy the needs of the whole population without any discrimination."

My delegation can therefore assert without false modesty that such statements taken from resolutions passed at the highest political level cannot help but encourage our health services, seeing the importance of political support in making decisions on health matters.

In an effort to integrate health into the national economic sector, the Second Republic of Burundi is determined to use all possible means of organizing the population in rural areas, including resettlement of the people in villages and the establishment of social
infrastructures for their reception (health centres, schools, safe drinking-water, etc.), to meet their basic needs. Thus the political commitment of the State of the Second Republic of Burundi is one of the most important advantages, which the health services may welcome.

Before concluding this statement I should like to draw the attention of the distinguished delegates attending the Thirty-third World Health Assembly to two matters which, in the view of my delegation, are closely bound up with social and economic development and are indeed a prerequisite for the improvement of living conditions, particularly health conditions.

I refer in the first place to energy. The saving of energy, which merits growing attention, does not seem to have attracted sufficient notice on the part of our assemblies, knowing as we do that for a number of developing countries oil imports are a serious source of financial difficulties. My delegation mentions this problem because in many of our countries with the depletion of supplies of wood for heating and other traditional sources of energy, it is beginning to be serious. Deforestation not only leads to deterioration of the soil and a decrease in agricultural production; it also turns land into desert and can cause flooding.

My delegation feels that there is an urgent need to consider this matter, so critical for some developing countries, and to find new sources of energy which are economically sound and reasonable in cost to help them deal with their many problems. In the framework of the New International Economic Order, the main aim of the agencies giving assistance should be to help the poorest populations, principally those living in rural areas, by meeting their basic needs, augmenting their income through increased productivity, increasing opportunities for employment and facilitating their access to the goods and services that go with improved living conditions. Energy is acknowledged to be a key factor for the promotion of these objectives, and new lines of research should quickly develop new sources of energy appropriate for domestic and industrial use, and technology designed to meet the needs of developing countries, producing systems requiring little maintenance and suitable for use by the population in rural areas.

My second concern is water. Of all the factors that support life on earth, water is certainly one of the most important. Without water nothing can survive. Mankind should recognize and appreciate its value and avoid wasting this vital resource; but it is man's lack of consideration for and abuse of water that is now facing him with an urgent problem. At the United Nations conference held at Mar del Plata, Argentina, in March 1977 the discussions centred on economic and physical interdependence among nations, and on coordination of efforts to contain the problem and arrive at an accurate assessment of amounts of surface and ground water available. It was recognized that the access of all men to adequate supplies of safe drinking-water was a universal right and that international cooperation on a global level was essential to achieve this. The participants at the Conference, representing countries all over the world, also acknowledged that the least developed countries should be able to take advantage of any technology capable of improving their situation.

I shall not go into the many uses of water for domestic purposes, agriculture, fish-breeding, public works, transport and navigation, etc. My point is a fundamental one: the correlation between water and energy, for, as I mentioned previously, the price of oil is a serious problem for our developing countries. The countries most affected by price increases are poor, landlocked ones which are in danger of seeing all their economic progress nullified. These countries simply have to find alternative sources of energy; and in the African continent hydroelectricity will be of first importance because of the enormous potential contained in its rivers.

These rivers cross several States and thus the problem assumes another dimension which is not negligible for cooperation among the countries through which they flow. Here international cooperation must play its part: first, to do everything necessary to avert the crisis imminent in regard to safe water supplies; secondly, to help the population of each community to ensure that every person has access to an adequate supply of water; and, finally, to help developing countries to use water as a source of energy for social and economic development.

Thus, at a time when all countries of the world are preparing to implement a new international development strategy, it is vital that this aspect of the problem be taken into account. As for ourselves, we are convinced that the unity achieved through mastery of water power will affect not only the future of Africa but the unity of the world as a whole.
Before I conclude, Mr President, I should like to say how warmly the Government of Burundi welcomed the nomination of Dr Quenum for a further term at the head of the WHO African Region. His vision, dynamism and authority are a guarantee of progress in the struggle for health carried on by the people of Africa. May the spirit of our ancestors continue to guide and protect him for many years to come, for the benefit of the health of Africa and all humanity.

I end with a wish that the work of this august assembly may once again provide an example of international understanding and cooperation and that through the efforts of all the countries represented here we may one day create a world in which men will know peace, health and prosperity against a background of social justice.

Dr BARKER (New Zealand):

Mr President, your excellencies, distinguished delegates, ladies and gentlemen, it is with pleasure that I join with the other delegation leaders in conveying to the President and the Vice-Presidents my sincere congratulations on your election to guide our deliberations. I am also pleased to pay a tribute to the outstanding leadership of Dr Mahler, who has been one of the most important influences in the continuing success of the World Health Organization.

The Minister of Health of New Zealand, in addressing the Thirty-second World Health Assembly, gave an assurance of the full support of the Government and people of New Zealand for the objective of health for all by the year 2000 and for the emphasis on primary health care embodied in the Declaration of Alma-Ata. The road to this desirable objective will be different in each country and often in different parts of the same country. Its meaning will often defy definition, because it will initially mean different things to different communities - and one of our duties in reaching our objective will be to enable communities to find their own expression of this goal.

New Zealand is a small young island country that has endeavoured to solve problems in delivering health services similar to those that our neighbours in the South Pacific and other island territories are facing today. Perhaps they may be able to learn from our experience, or at least not to repeat the mistakes that we have made.

Health services have developed in New Zealand over the last 150 years in four main areas: first, a hospital service controlled by locally elected hospital boards sited during the last century mostly on rivers and harbours, to meet the needs of communities linked predominantly by water transport; secondly, in the Department of Health with its district offices, which was established to deal with epidemics of communicable diseases; thirdly, private family doctors who provided episodic care; and fourthly, nongovernmental organizations that identified gaps in the service and endeavoured to fill them. To a great extent, each of these groups acted independently, and each can claim to have succeeded reasonably well in its own area; but deficiencies in services have become apparent owing to the lack of coordination of efforts between the groups, and to lack of flexibility in meeting new needs. As a result, an unduly large share of resources has been channelled into hospitals, with insufficient emphasis on health promotion and disease prevention.

Although New Zealand can claim to have done well when measured by such statistics as expectation of life or maternal and infant mortality, the pattern of services which enabled us to conquer the old epidemics is not well suited to dealing with the new epidemics of heart disease, hypertension, road accidents, neoplastic disease and alcoholism. Being aware of these shortcomings, the New Zealand Government appointed a committee comprising senior members of the health and allied professions to advise it on the future pattern of health services. The committee recommended that the health services in each region should be the responsibility of a health board; the board would be responsible for providing all services in the public sector and for coordinating the efforts of the public, private, and nongovernmental sectors. The committee recommended only a broad structure for the new service and the setting up of pilot schemes in two regions, one a predominantly rural area and one a metropolitan area. We prefer this method, they said, so that the new patterns of organization can be shaped by those who work in them, and the resulting problems can be identified and solved before the new system is more widely adopted. The local input would then result in variations between regions, and within regions, to meet the particular needs of the regions.

The key figures in the development of the new service are the service development groups. These are multidisciplinary groups whose members are drawn from wide geographical areas, are representative of the public service, the private sector, and nongovernmental organizations, and are actively engaged in the delivery of health care. There is one service development group to represent each major service: for example, child health, the health of the elderly, dental
health, health protection, and environmental control. The titles indicate that the accent will be on the promotion of health rather than on the treatment of disease.

Each service development group covers the whole field of health relating to its particular sector and is aware of other organizations whose activities are related to the promotion of health. They review existing services and facilities, assess needs, and identify areas where needs are not being met. They recommend to the health board the services that need to be provided, and they submit plans for meeting those needs, with recommendations for an order of priority. Last but not least, they involve community groups and individuals in discussions to determine which approach is most appropriate for a wide range of problems. The success of this approach has exceeded all expectations. A groundswell of interest has arisen, and even small communities of 50 to 100 people are forming groups and putting forward views on what health services they need.

In planning health services, particularly in the areas of institutional care and of environmental control, it is sometimes difficult to remember that we are planning for the benefit of the individual. It is difficult to group people's needs and at the same time preserve a sense of their individuality. In no group is this more clearly seen than in the elderly. There is a regrettable public attitude that the elderly are a homogeneous group about whom nothing can be done, and the only response to whose need is an increasing supply of institutional beds. In those countries with a high expectation of life, the numbers of the elderly have increased to a level where their health status has become a matter of great importance, and the practice of medicine is increasingly becoming the medicine of old age. New Zealand was therefore delighted to learn of the preparations for the World Assembly on the Elderly in 1982. The solutions we will look for are those that will preserve the individuality of the aged and provide a system to maintain their independence for as long as possible in their own homes.

Finally, Mr President, may I extend the congratulations and best wishes of New Zealand to Zimbabwe and San Marino on their admission to the World Health Organization. In mentioning Zimbabwe first, I have reversed the order in which the States were admitted. However, I would remind you that Zimbabwe is a member of our Commonwealth family, and I am sure the distinguished delegates of San Marino will forgive me for putting family before friends.

Dr LISBOA RAMOS (Cape Verde) (translation from the French):

On behalf of the delegation of Cape Verde, may I congratulate the President, the Vice-Presidents and the other officers on their election to the posts they occupy during this Assembly, and assure them of our conviction that under their guidance the Thirty-third World Health Assembly will achieve the high objectives it has set itself. My delegation would also like to address its condolences to the delegation of Yugoslavia for the sad loss of its country's President, Marshal Josip Broz Tito, who was a symbol of human dignity and a great fighter for the freedom of his people and his country. I take this opportunity of welcoming the delegations of the Seychelles, San Marino and Zimbabwe, with special congratulations to Zimbabwe on its recent accession to independence after a very hard struggle for national liberation. Finally, I congratulate the Director-General on the report he has presented and on the enthusiasm with which he addressed the Assembly. My delegation also thanks the representative of the Executive Board for his clear and comprehensive report on the last two sessions of the Board.

The Government of the Republic of Cape Verde takes a great interest in our Organization and WHO programmes. Attainment of the social objective of health for all by the year 2000 is one of our major concerns. Although specific circumstances linked to the lack of qualified personnel, our geographical configuration and the inadequacy of existing infrastructures have prevented us from organizing and coordinating certain activities in a single programme, primary health care is a fact; the maternal and child health programme is operating satisfactorily and being developed daily; malaria control is proving effective; leprosy control is continuing at an encouraging level; vaccination campaigns are being carried out as part of the WHO Expanded Programme on Immunization, with some difficulties which we are doing our best to overcome, connected with lack of vaccines, inadequate cold storage and transport facilities, poor organization, etc.; food supplies and the nutritional status of the population is a constant concern; the health services, in which we are endeavouring to involve the community, are in the process of being decentralized. While continuing to improve the structure and operation of hospitals by renovating them and providing them with good quality equipment, we are also building more basic units and taking steps to improve the quality of staff of all grades, thus working both at the periphery and at the centre to bring
our people to the highest possible level of physical, mental and social well-being, according to the definition of health given in the Constitution of our Organization. We are also taking steps to improve housing conditions, supplies of safe drinking-water, sanitation, agricultural production, education, etc.

Following this general outline of health activities in my country I should like to draw the attention of the distinguished delegates to some aspects of the Director-General’s report, particularly the sections dealing with nutrition, family health and essential drugs. Our reasons for bringing up these three subjects are obvious. The importance of problems of nutrition for the health of the people cannot be denied, especially in underdeveloped countries and those, like ours, that are affected by cyclical droughts, with devastating effects on agriculture. Equally critical are maternal and child health, for perinatal morbidity and mortality and infant mortality are still too high, and the problem of supplies of essential drugs, including vaccines and diagnostic substances. In this connexion I should mention that we have already drawn up a national list of drugs, that the use of nonproprietary names has been adopted and that production and quality control of drugs will begin shortly. The surmounting of difficulties in these and other fields is a prerequisite for the attainment of health for all, and the delegation of Cape Verde supports WHO programmes devised for this purpose.

During the presentation of his report the Director-General, Dr Mahler, asked us what kind of WHO we wanted. The delegation of Cape Verde agrees with the reply he himself gave: we must participate actively and in a spirit of self-reliance in the making of decisions and ensure that they are implemented. The Organization has a very important role to play in the battle for health, and solidarity among countries is essential.

In conclusion, the delegation of Cape Verde wishes to express its satisfaction at the eradication of smallpox, which was solemnly declared at this Assembly and should stand as an example in the struggle against other diseases. We also thank the World Health Organization, through the Director-General, Dr Mahler, and the Regional Director for Africa, Dr Quenum, for the assistance we have received in our fight against underdevelopment, and wish success to the Organization for the achievement of peace in the world, for the happiness of our peoples and for the health of all - if possible before the year 2000.

Mr VO ANH TUAN (Viet Nam) (translation from the French):

Mr President, distinguished delegates, the delegation of Viet Nam is honoured to convey to the President our warm congratulations on his election to preside over our Assembly and wish him every success in guiding our proceedings. Our congratulations go also to the Vice-Presidents and the other officers of the Assembly.

We should like to express sincere thanks to Dr Mahler, the Director-General of WHO, for the prolific and fruitful activities in which he has constantly been engaged since our last Assembly and for the comprehensive report which he has presented to this meeting.

We are especially pleased to see independent Zimbabwe become a Member of our Organization. We bid it welcome and wish it every success in the work of national reconstruction. We also welcome another new Member of our Organization, the Republic of San Marino. We extend cordial greetings to national liberation movements represented here, in particular the African National Congress, SWAPO and the Palestine Liberation Organization.

Mr President, in response to the appeal of the Alma-Ata International Conference on Primary Health Care, our Government entirely supports the text of the Declaration of Alma-Ata. Consequently, in 1979 our Government launched a large-scale national movement to promote child health and promulgated a decree to this effect. With the same aim in view a nation-wide anti-smoking campaign was organized in 1980.

The Government of Viet Nam has attached great importance for over two decades to the rural health network, particularly at the basic level (that is, communal health posts and health posts on State farms and in factories), in order to provide care to the entire population without discrimination.

The basic level and the district level together form a coherent system called the "health practice network". With this, which is an integral part of the country's general health network, we try to meet the needs of 85% of the total population.

The role assigned to the communal health post is as follows:

(1) Environmental sanitation designed to solve problems of water and solid wastes, and the extermination of vectors of disease, particularly flies, mosquitoes and rats;

(2) Epidemiological activities: early detection of epidemic diseases to ensure immediate isolation and suppression; expanded immunization of various population groups;
(3) Maternal and child health, with maximum emphasis on family planning;
(4) Curative activities: first aid in peace time and in case of major disasters; care for cases of occupational poisoning and accidents; itinerant care for patients suffering from common disorders, whether acute or chronic, including communicable diseases such as malaria and tuberculosis; care using methods of traditional medicine and acupuncture;
(5) Distribution of common drugs, giving priority to traditional medicines;
(6) Cultivation of medicinal plants by health workers, at health posts and by the population;
(7) Systematic health surveys carried out in stages and according to possibilities;
(8) Mass health education;
(9) At district level, preparation of monthly reports on activities following a standard model: routine - in peace time - or extraordinary - in case of disaster. Health work at village level is essentially preventive in nature, comprising clinical activities backed up by some basic laboratory tests.

Thus the communal health post cares for the health of each individual and at the same time of the community as a whole. Curative and, more particularly, preventive measures must cover both common disorders and communicable diseases.

Health posts in works, factories and State farms have functions similar to those of the communal health posts with, in addition, activities connected with workers' health, preventive measures and care for patients suffering from occupational disorders.

Each group of five to 10 communes has an intercommunal polyclinic offering consultations with specialists, and a small local laboratory. The polyclinic provides support for the routine activities of the communal health posts, especially with regard to communicable diseases, family planning, health surveys, etc.

The organization and operation of the "health practice network" can proceed normally only in a peaceful atmosphere. The results of our efforts will be strongly affected by the military operations of armies of aggression, as was the case during the war of destruction waged by the imperialists in North Viet Nam and the invasion in February 1979 of our northern frontier provinces by the expansionists.

Experience in Viet Nam has shown that the cost of each health unit, each basic health post, intercommunal polyclinic and district health organization is not high; one might say that it is absurdly low in comparison with the cost of one missile or warplane. Health services budgets are modest compared with those of ministries of defence, especially in countries involved in the arms race and wishing to use force to impose their hegemony in international relations.

This should remind us of the Declaration of Alma-Ata, which states in Article X:

"An acceptable level of health for all the people of the world by the year 2000 can be attained through a fuller and better use of the world's resources, a considerable part of which is now spent on armaments and military conflicts. A genuine policy of independence, peace, détente and disarmament could and should release additional resources that could well be devoted to peaceful aims and in particular to the acceleration of social and economic development of which primary health care, as an essential part, should be allotted its proper share."

At this time all humanity is celebrating the thirty-fifth anniversary of the victory over fascism. This serves as a reminder of the horrors of fascism and at the same time prompts the peoples' awareness of these urgent tasks: to bar the way at all costs to neo-fascists and warmongers, so that humanity can focus its efforts and resources on the improvement of conditions of life and health for present and future generations.

We physicians are at all times hard at work treating the war wounds inflicted on the population, on children, women and the elderly of the Earth, by the war machines of the imperialists and their allies. I therefore feel that we should join with the millions of partisans of peace all over the world to avert a return to the cold war and the threat of a "hot war" and to demand from bellicose governments a policy of peace, international cooperation, friendship and brotherhood among men. There is no lack of work for people of good will.

Dr M'BARINDI (Central African Republic) (translation from the French).1

Mr President, Mr Director-General, Mr Deputy Director-General, distinguished delegates, ladies and gentlemen, the delegation which I have the honour of leading is pleased to bring

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1 The text that follows was submitted by the delegation of the Central African Republic for inclusion in the verbatim record in accordance with resolution WHA20.2.
to the participants in this august assembly the cordial and brotherly greetings of the people and Government of the Central African Republic. We wish to congratulate the President of this Thirty-third World Health Assembly on his brilliant election and wish him every success in fulfilling the onerous duties awaiting him. Our congratulations are extended to the Vice-Presidents, who are to assist him in his mission.

My delegation also wishes to thank the outgoing President, who has accomplished his delicate mandate to the satisfaction of all.

In spite of the vicissitudes of its history the Central African Republic has never failed to express through the head of its delegation at every World Health Assembly the special gratitude and pride it feels for our Regional Director for Africa, Dr Comlan A. Alfred Quenum, whose ability, authority and devotion to Africa are well known. I am particularly pleased to have the opportunity today of confirming these sentiments and of expressing, on behalf of my country and my delegation, my warmest congratulations and my satisfaction on his election for a fourth consecutive term as head of the Regional Office for Africa.

The subjects of the general discussions are, first, the review and approval of the reports of the Executive Board on its sixty-fourth and sixty-fifth sessions - may I say at once that we entirely endorse these reports - and, secondly, an examination of the report of the Director-General on the work of WHO in 1978-1979. Here I should like to convey the enthusiastic and sincere congratulations of my delegation and myself to Dr Mahler and his team on this report, which reveals the remarkable progress achieved by our Organization.

Dr Mahler's dynamism, his sense of responsibility and social justice and his wide-ranging, universal and composite view of health problems are without doubt the driving force that has made this progress possible. We have noted with particular satisfaction that the Declaration of Alma-Ata, with its objective of using primary health care to bring all the people of the world to a level of health permitting them to lead socially and economically productive lives, has undeniably begun to impose on the national and international community the necessity of cooperation among countries and between national social and economic sectors, traditionally in opposition. There are still many obstacles to overcome, both on the international level where the New International Economic Order is slow in coming, and on the national level. We feel, however, that this revolution is irreversible and that with immediate and sustained efforts there is hope of attaining the objective of health for all.

The second major achievement mentioned in the report is the eradication of smallpox, which has just been solemnly declared by the Thirty-third World Health Assembly. This historic victory won by our Organization can be attributed to international solidarity and cooperation, together with the dedication and active participation of those involved in the field. It was made possible, as we have learned, by the biological characteristics of the smallpox virus, so we should take care not to think too soon of similar historic victories over the other scourges which threaten or affect us daily. Nevertheless, new and revolutionary control measures may emerge and we in the developing countries may perhaps already dream of the day when malaria, diarrhoeal diseases, cholera, schistosomiasis or onchocerciasis are no more than a bad memory.

We also note with unqualified approval the importance attached to medical and health research, particularly on subjects such as diarrhoeal diseases, cholera, nutrition, essential drugs, appropriate technology and technical cooperation among developing countries.

I should now like to outline the progress achieved in the Central African Republic in formulating strategies for health for all by the year 2000, as requested by the Director-General.

In this initial phase, our strategy for health for all is geared to our possibilities. Its aims are twofold: first, to carry out activities designed to win the support of the country's new political authorities and the other economic development sectors, while making intensive efforts to obtain active community participation; and, secondly, to concentrate on the solution of the priority problems of the population, using primary health care, while taking steps to improve the existing infrastructure.

On a more tangible level, the Government of the Central African Republic demonstrated its political commitment to the objective of health for all by the signing, on 19 February 1980, of the Charter for Health Development in the African Region up to the year 2000, by the Minister of State responsible for the plan and international cooperation, representing the Prime Minister, and assisted by all his principal colleagues, during a solemn ceremony in the presence of the Minister of Public Health and Social Affairs and
the WHO national programme coordinator. This top-level recognition will facilitate early implementation of the other reforms essential to achievement of the objective, including multisectoral administrative reforms involving the health sector and other socioeconomic development sectors. It will also encourage the efforts that have been directed over several years towards community involvement.

The creation is being envisaged of a National Health Council, bringing together the authorities of the country's political, economic and health sectors, and the WHO national coordinator. Its main functions will be identification of national priorities, formulation of appropriate health policies and intersectoral strategies and promotion of technical cooperation. Similar structures are planned for the provincial level.

A national community development service is already in existence, with responsibility for training community development agents to promote and assist in the establishment of village committees for integrated development, with a view to encouraging self-reliance and participation in all stages of the activities directed towards the community's own well-being. There have been some positive results so far, mainly in the improvement of housing, the construction or improvement of water sources and latrines, the establishment of village drug stores, agricultural activities and the construction of pools for fish-breeding. At present there are 130 of these village committees and the figure should be tripled over the next two years.

Family health is one of the Government's top priorities. Infant mortality now stands at 190 per 1000 and exceptional efforts are called for to bring this figure down to a level in keeping with the country's enormous needs in human resources. External aid plays a predominant role in this field at the moment, with UNFPA, UNICEF and WHO participating in the maternal and child health programme together with the Fonds d'Aide et de Coopération (aid supplied by France through the major endemic disease services).

Activities centre on: vaccination of children with BCG, with the triple diphtheria/pertussis/tetanus vaccine, and against poliomyelitis and measles; vaccination of mothers against tetanus; health and nutrition education for mothers; measures to combat sterility; the spacing of births; improvement of the health statistics and information systems; training and refresher training of staff (midwives, delivery assistants, social workers and traditional birth attendants). Two seminars were held in 1979 and early 1980, and a third is planned for next June.

The expanded programme on immunization is proceeding in Bangui as part of the maternal and child health project, and in the provinces it is gradually being extended to the level of the health centres, thanks to the mobile teams of the endemic diseases service. It must unfortunately be said that the programme has been seriously impeded by the disastrous shortage of fuel and oil which has affected the country over the last two years, and which has led the Government to make the critical decision this year to reduce by half its original request for vaccines from UNICEF and USAID, which had been made on the basis of real needs.

Problems of nutrition are one of the Government's concerns. Nutrition education is included in maternal and child health activities and is also carried out by the health education service for the population in general, to encourage increased production of desirable foods, develop appropriate technology to improve storage methods, and promote better eating habits. A national service for nutrition, dietetics and metabolic diseases has just been set up under the Ministry of Health. During this initial phase it will carry out surveys to determine all aspects of the problem, in close cooperation with other sectors, particularly agriculture and stock-raising. The World Food Programme is giving assistance at three levels: preschool feeding and community development; rural development and agricultural training; and feeding of patients in hospital. Thanks to WHO our national nutritionist has attended several seminars on his subject and is making an effective contribution to the definition of the problem and the working-out of possible solutions.

The control of communicable diseases, which is a major concern for the country, is carried out on a permanent basis. International aid and bilateral assistance from some private bodies are received for this work, together with technical cooperation from regional organizations such as the Organization for Coordination in the Control of Endemic Diseases in Central Africa (OCEAC). The Fonds d'Aide et de Coopération (through the survey and vaccination teams of the Endemic Diseases Service), WHO (through the intercountry project for control of sexually transmitted diseases and endemic treponematoses such as yaws), Emmaüs Suisse (for leprosy) and other organizations are helping us to deal with this grave problem. The situation, however, is still causing concern. Malaria, for which control measures are limited to the maternal and child health programme, diarrhoeal diseases and schistosomiasis still take a heavy toll.
In the framework of the International Drinking-Water Supply and Sanitation Decade the rural water supply programme, comprising the improvement and protection of wells, and basic sanitation activities such as the construction of latrines were carried out by community development agents with considerable aid from UNDP, UNICEF, WHO and USAID. These activities were in operation in some parts of the former Central African Empire and were to be extended to cover the whole country. Unfortunately they had to be suspended due to material difficulties and the political climate then prevailing. The present public welfare Government has undertaken to restore the environmental sanitation programme in its preparatory phase. Over the last few months five meetings have been held between agencies of the United Nations system and other bodies, coordinated by UNDP, to assist the Government to prepare a plan of action rapidly and make a study of the technical and financial support it will need. A consultant sanitary engineer recruited by WHO and financed by UNDP is due to spend the month of June 1980 in Bangui, to draw up a report on the current situation in the sector and determine the resources that need to be mobilized at the national level to achieve the objectives of the Decade.

The Central African Republic has approved the list of essential drugs proposed by WHO, with some modifications in keeping with its own situation, and last year a list of 171 essential drugs taken from the Organization's list was adopted. We also endorsed the principle of bulk purchase of drugs. My country would, however, like to see WHO taking more positive action to encourage the establishment of national facilities for the production or packaging of some basic preparations at a much more reasonable cost to the community, and a more intensive campaign to interest the large manufacturers in on-the-spot production of the preparations, drugs and sera that are essential for the needs of primary health care.

The improvement and reorganization of existing health structures, particularly at the periphery, to enable them to provide support and assistance for primary health care, is proceeding slowly due to the limited resources available. Two requests for external financing have been submitted to the European Economic Community (EEC) and a nongovernmental Dutch body for $ 600,000 and to the United Nations Equipment Fund for $ 2,000,000, for renovation of health centres and of 70 sub-centres respectively, with systematic construction or improvement of wells and latrines.

A national laboratory of public health and human biology is being built in Bangui by the European Development Fund.

Finally, the training of enough staff of all categories and their preparation for the tasks awaiting them in the field has always been the top priority for the Ministry of Health. Here we should like to express special thanks to our Organization, which provides considerable aid in this domain. At the moment, in line with our strategy of primary health care, training programmes are being given a new slant in some sectors, either at the Faculty of Health Sciences or in seminars providing refresher training. At the same time, training of community development agents and traditional birth attendants, and retraining of the latter, are being stepped up.

Mr President, I conclude my speech by expressing brotherly greetings and warmest congratulations to Zimbabwe and San Marino, which have just been admitted as Member States of our Organization.

The ACTING PRESIDENT (translation from the French):

The next plenary meeting will take place on Wednesday at 9h00. The meeting is adjourned.

The meeting rose at 18h00.
ELEVENTH PLENARY MEETING

Wednesday, 14 May 1980, at 9h10

President: Dr A. R. AL-AWADI (Kuwait)

1. SECOND REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the Arabic):

In the name of God, the Merciful, the Compassionate, the meeting is called to order. We shall start with the reading of the second report of the Committee on Credentials, which yesterday held its second meeting. I invite Dr Bjarnason to present the report on behalf of the Committee; would he please take the floor.

Dr Bjarnason (Iceland), Rapporteur of the Committee on Credentials, read out the second report of that Committee (see page 340).

The PRESIDENT (translation from the Arabic):

Thank you, Dr Bjarnason. Are there any comments on the second report of the Committee? I see none; the report is adopted.

2. FIRST REPORT OF COMMITTEE A

The PRESIDENT (translation from the Arabic):

We shall now consider the first report of Committee A, contained in document A33/44, which includes one resolution. I wish to call on the Assembly to adopt it. Does the Assembly approve the adoption of the resolution entitled: "Global smallpox eradication"? As there is no objection, the proposal is approved and the report is adopted.1

3. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD

The PRESIDENT (translation from the Arabic):

We move now to item 14: Election of Members entitled to designate a person to serve on the Executive Board. Document A33/43, distributed more than 24 hours before this meeting, comprises the General Committee’s report1 which contains a list of 12 Member States, drawn up in accordance with Rule 102 of the Rules of Procedure of the Health Assembly. In accordance with the same Rule, the Committee recommended 10 Members which, in the opinion of the Committee, would provide, if elected, a balanced distribution on the Board as a whole. I would like to remind you of the 10 Members whose terms of office are expiring: in the African Region - Angola and Botswana; in the Americas - Bolivia, Cuba and the United States of America; in the Eastern Mediterranean Region - the Libyan Arab Jamahiriya and Tunisia; in the European Region - the German Democratic Republic and Portugal; in the South-East Asia Region - India. In the Western Pacific Region there is no outgoing Member.

1 See p. 342.
I would like to inform the Assembly that, in accordance with Rule 102, the delegates of Maldives and Nicaragua have notified me that they withdraw the candidature of their countries from the list of 12 Member States proposed by the General Committee. Their withdrawal has been published in the Journal. Are there any comments? I see no observations or comments.

I would like to draw your attention to the present situation. We have a list of 10 Member States which, in the opinion of the General Committee, would provide, if elected, a balanced distribution on the Board as a whole. These Members are: Brazil, Canada, Gabon, Gambia, Guatemala, Kuwait, Mongolia, Romania, United Kingdom of Great Britain and Northern Ireland, and Yemen. As there is no objection, may I consider, in accordance with Rule 80 of the Rules of Procedure, that the Health Assembly approves the list of 10 Members proposed by the Committee? This would enable the Assembly to decide the election of candidates without a vote by secret ballot, as at the Thirty-first World Health Assembly. Do you agree to this principle? There is no objection; it is so decided. I declare the election of the following Member States entitled to designate a person to serve on the Executive Board: Brazil, Canada, Gabon, Gambia, Guatemala, Kuwait, Mongolia, Romania, United Kingdom of Great Britain and Northern Ireland, and Yemen.

This election will be recorded in the proceedings of the Assembly. I would take the opportunity to remind Member States that they should observe the provisions of Article 24 of the Constitution, when designating a member to serve on the Board. I hope that this concludes this item, which used to take a long time. This, of course, does credit to you, for you have saved the Assembly time in a way that enables us to proceed with our work.


The PRESIDENT (translation from the Arabic):

We shall now continue the general discussion on items 9 and 10. The first two speakers on the list before me are the delegates of Cyprus and Gabon, whom I invite to the rostrum. I give the floor to the delegate of Cyprus.

Mr VAKIS (Cyprus):

Mr President, on behalf of the Cyprus delegation and myself I would like to join previous speakers in congratulating you on your well-deserved election as President of the Thirty-third World Health Assembly and to congratulate also the Vice-Presidents, Chairmen and Rapporteurs of the various committees who have been elected to assist you in conducting the deliberations of this Assembly. We are confident that the decisions to be taken will constitute a further step towards the achievement of our common goals.

The Government of Cyprus, in spite of the many problems faced, has adopted the goals set in 1977 - namely, the attainment of health for all by the year 2000 - and the Alma-Ata Declaration as one of its major instruments, and to this effect is presently modifying the existing health programmes and incorporating new ones in its development plans.

To attain the target, an appropriate substructure is necessary; for this reason we give emphasis to the improvement and enrichment of the existing machinery and means, benefiting from the experiences of other countries and from expert assistance requested and made available. The balanced distribution of health services among the different classes and sections of our population, as well as between urban and rural areas, is considered an essential and basic prerequisite.

The success of preventive medicine depends, among others, on the improvement of the general level of education and on an increased awareness, on the part of the citizen and of the State, of the need to create the necessary institutional machinery for community participation in health programmes. These we are earnestly pursuing.

A good road network, supply of fresh water to all households, provision of electricity, a good telecommunications system - all these areas have always been our focus of attention but are presently re-evaluated and improved to serve our goals. Personal self-care, and knowledge in food and dietary habits fall within the same field of activity.

But while prevention is emphasized, the curative side can neither be ignored nor neglected, because it constitutes an integral part of the action programme for the achievement of our
target. For this reason we are going ahead with the introduction of a general state health insurance scheme. For the introduction of this scheme changes and innovations need to be made both as regards services rendered by the private and the public sectors and as regards public and community involvement in health planning and policies, including financing. The effective implementation of the scheme necessitates, among other things, building new hospitals, extending and up-dating old ones, building rural health centres, and training or retraining personnel in both the medical and paramedical fields. I take this opportunity to express thanks to the Federal Republic of Germany for their assistance provided in the introduction of this scheme.

Within the scope of the aforementioned activities and objectives, the Government of the Republic of Cyprus is now promoting a bill on smoking, which is presently before the House of Representatives, and is launching an antismoking campaign; establishing a comprehensive occupational health programme; amending the legislation which relates to the import, production and sale of pharmaceuticals, to reduce the cost and improve the quality; and, finally, studying the problems and possible controls on advertisements of drugs and foodstuffs, as well as of other products inimical to health.

However, neither the will and the programmes of the Government of a Member State, nor the assistance of our Organization, is enough to meet the challenges of today and to achieve the national, regional or international targets promulgated. What we need most is, in our view, a feeling of world belonging and brotherhood, and collaborative action both in prevention and in treatment; and with this a respect of human dignity and of national sovereignty. Without this, not only cooperative efforts to prevent and combat disease will fail, but war, aggression and deprivation, which will emanate, will add to and increase human misery and disease.

In concluding, I would like to pledge my country's wholehearted support for the World Health Organization's global programme for health, and to express, once again, our deep appreciation to the Organization, and particularly to the Director-General for his devotion and constant efforts in promoting world health. We are also grateful to the Director-General and the Regional Director for the Eastern Mediterranean for their understanding and continued assistance and support.

Before I leave the floor, allow me, Mr President, to associate myself with previous speakers in congratulating the States of San Marino and Zimbabwe for their election as Members of WHO.

Dr ADANDÉ MENEST (Gabon) (translation from the French):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, allow me first of all to perform, on behalf of the delegation of Gabon, the pleasant duty of congratulating you, Mr President, on your election to preside over the Thirty-third World Health Assembly. Your experience and ability will, I am sure, guarantee the success of our proceedings. My congratulations go also to the Vice-Presidents, the committee Chairmen and all the other elected officers. We should like to express our appreciation to the Organization's Secretariat, particularly the Director-General, Dr Mahler, for the courage and perserverance they have shown over the past years. Thanks to their efforts, the World Health Organization has made remarkable progress towards better health for the peoples of the world, while arousing great interest everywhere in health as an essential component of socioeconomic development.

The Government of my country is convinced that man must be the central concern of any development process and has given its enthusiastic and formal support to the social objective of health for all by the year 2000. That is, it is committed to guaranteeing a satisfactory level of health for every citizen of Gabon, taking into account the human, financial and material resources of the country. Important moves have already been made in this direction, in fields such as preventive medicine, the development of infrastructures, the reorganization and development of services, training and research. In 1979 the proportion of the health budget allocated to preventive medicine was increased by 12%. The Franceville International Centre for Medical Research was inaugurated in December 1979. This establishment, with its ultra-modern equipment and full range of facilities, is open to men of science from all over the world who are working in biomedical research in general and on fertility studies in particular. Thus it will be one of the links in the chain of regional and world cooperation. The expanded programme on immunization was launched in November 1978; soon four of the nine provinces of the country will be covered. New health centres, which are a basic requirement for primary health care, have been opened and we are strengthening the staffing and equipment
of existing centres. The first class of physicians will graduate from the University Centre for Health Sciences at the end of this year.

Our health policy is directed essentially towards the following objectives: achieving population growth by reducing infant mortality rates, combating sterility, controlling communicable diseases and protecting the most vulnerable social and occupational groups; dealing with major problems such as alcoholism, drug dependence and juvenile delinquency; and integrating health development into the framework of socioeconomic development.

The principles on which our policy is based reject the dissipation of financial resources, establish a scale of priorities and seek to improve efficiency through continuous evaluation. In our social and cultural context, the success of an enterprise such as this calls for participation of the population in solving health problems.

Bearing this in mind, the Ministry of Health has launched a country-wide public information campaign. The campaign began in October 1979 with the first national symposium on the promotion of primary health care, confirming our adoption of this approach as the means of dealing as quickly as possible with mankind's worst enemies: disease, poverty, under-nourishment and malnutrition. The symposium, which was organized with the collaboration of WHO, was attended by representatives of the various development sectors, nongovernmental bodies, traditional healers, etc. The recommendations adopted at the close of the meeting served as guidelines for the elaboration of multisectoral plans of work, coordinated by the Ministry of Health, and for the formulation of terms of reference to permit thorough evaluation of the programme. The system will be headed and coordinated by the Superior Health Council. There are still many obstacles to be overcome in fields as diverse as staff training, appropriate technology, biomedical research, etc., and we shall be requesting help from the Organization in dealing with them.

This brings me to the role of the Organization, which obviously cannot be confined to that of a mere donor, supplying materials and equipment at the request of Member States, nor to that of a secretariat responsible for organizing health assemblies at world level or regional committees at regional level. Without going into detail, we would make the following points in regard to the study of the Organization's structures in the light of its functions:

- the functions of WHO as the directing and coordinating authority on international health work and those concerning technical cooperation between Member States, conferred on the Organization by the Constitution, must be safeguarded and strengthened;
- the Government of Gabon is opposed to the "politicization" of the Organization, which must at all costs retain its technical character;
- it is, however, undeniable that no true solution to health problems can be found without regard to political considerations;
- it is essential that the Director-General and Regional Directors be well informed as to world and regional politics and maintain contacts with the highest political authorities of the different States, at the highest levels of international or regional cooperation;
- on the other hand, we feel that it would not be appropriate at this time to adopt the proposals contained in document DG0/78.1, presented by the Director-General, concerning the use of elected representatives of the States, to work with the Regional Directors in particular; this procedure of designating elected advisers does not appear to offer the guarantees desirable for its operation within the Organization.

I cannot end my speech without extending cordial greetings, on behalf of His Excellency the President of the Republic of Gabon and Chief of our Government, to the new Members recently admitted to the Organization, the Republics of Zimbabwe and San Marino. May I wish the Organization every success in the future, in the interests of the health of mankind.

Professor RAHMALLI (Morocco) (translation from the French):

Mr President, Vice-Presidents, Mr Director-General, ladies and gentlemen, it is indeed an honour for me to take the rostrum for the third time in succession and speak for Morocco in presenting to you, Mr President, my warmest congratulations on your election. My compliments go also to the Director-General and his colleagues at all levels for the remarkable and dynamic impetus they are giving to the Organization's activities to bring about our ideal, health for all by the year 2000. To Zimbabwe and San Marino, our sister countries recently admitted to this distinguished Assembly, I wish every success and active participation in the important work of the World Health Organization. May I express our condolences to the people of Yugoslavia and to the non-aligned countries on the passing from the world stage of their great champion, Marshal Tito.
Distinguished delegates, in a world increasingly shaken by violence, it is reassuring to see that our Organization remains true to its humanitarian mandate and to its aim, which rises above national borders, racial considerations and selfish interests to bring health to a world where 80% of people have no access to any form of care. The task may seem an enormous one, in the order of a challenge, but we must think of the satisfaction of those who will, in the future, catch a glimpse of the wellbeing awaiting them in the year 2000. Such an undertaking must obviously involve all international, national and governmental efforts - not to forget the communities and physicians of whatever sector, for health concerns us all.

The health policy of Morocco has always been directed towards human wellbeing, even if our resources have not always been equal to this ambition. Some progress has been made, however, and the health component of the new draft five-year plan now under discussion takes into account the deliberations of this Assembly and of the Executive Board. Thus we have asserted our determination to provide health for all by 1990 and, a fortiori, by the year 2000. There is, in fact, reason to believe that if the infrastructure of itinerant services is fully developed, Morocco could satisfy the basic needs of all its inhabitants before the end of the decade. For this we must not only cover the country with a network of health services that is as dense and economical as possible; we must also ensure that the network is easily accessible and carries out planned activities which are carefully selected for their impact on mortality and morbidity. The programmes will give priority to vulnerable groups such as children, mothers, and rural and marginal urban inhabitants. All existing health resources, whether public or private, and including traditional medicine, will be mobilized to carry out priority programmes which will all have the same goal: the wellbeing of every person.

Moreover, health must be a precondition for social and economic development and must benefit from it. This principle is recognized both by economists and by physicians. More ambitious plans must therefore be formulated to prevent the gap between rich and poor from getting wider, at the level of the United Nations themselves and within each country. Although nature produces inequalities in the face of disease, we must work to eliminate inequalities in health and health care. This calls for an intensification of the search for rapid and effective solutions and for bold strategies on national, regional and global levels.

The World Health Organization must therefore bring about real changes in attitudes and structures, giving the regional offices a more important role. Thus we shall fulfill the noble ideas conceived by the Director-General in his endeavour to reduce the imbalances between countries which are developed in health matters and those which are less so, if only by sustained efforts in the fields of safe water supplies, environmental health, the control of pollution, alcoholism, tobacco smoking, drug dependence and abuse, the health of workers, both resident and migrant, and nutrition, without omitting basic care and control of epidemic and endemic diseases. These objectives also call for bureaucratic reforms through large-scale technical and administrative decentralization which will favour operations and strategies bringing together the authorities of several Member States. In the health field, the failure of one country to participate in a control campaign would nullify the efforts of the whole region, such is the speed of modern communications. Privileged cooperation between developed and developing States should therefore be stepped up to ensure smooth coordination and an efficient flow of information for the transfer of health technology which is essential to any integrated health policy.

Our country enjoys a privileged position in this respect since it is engaged in active cooperation with several other countries of the Region, as part of socioeconomic development which can only realize its full potential through cultivation of the individual and his health. This supports the principle that man must remain the gauge for assessing economic, political and social parameters. In our country, where 50% of the population is below the age of 20, the priority given to basic services with a preventive bias, concentrating particularly on the protection of mothers and children, making essential drugs available to everyone, is a guarantee that we shall reach our goal of health for all. Our country is open to the flow of scientific ideas and has reason to be proud of its record in the training of medical and paramedical staff and the search for original health strategy.

Health workers, whether physicians or paramedical staff, are susceptible to physical and mental suffering, and our Organization must look at the problem of medical ethics at a time when biogenetics are opening up new areas of knowledge, while human violence is producing thousands of dispossessed or displaced persons and refugees, among whom women, children and the elderly are the most vulnerable and exposed to disease. This leads us to call into question certain attitudes, in view of the value of human life which is, unfortunately, sometimes forgotten in our admiration for medical science. The need to strengthen moral values is even more evident in the pharmaceutical industry, where the virus of profitability must not be
allowed to exploit ill-health. For our part, we have established a dialogue with representatives of the pharmaceutical sector to persuade them to curb their ambitions and safeguard their interests without sacrificing those of the people. That is why we firmly believe in aid, exchange and peaceful cooperation between countries and men of good will. The message of health in all its aspects is by far the most effective contribution that man can make to the improvement of international relations.

Morocco, which is physically and at heart an African country, a crossroads for western and eastern thought, continues to pursue this course. The only evidence needed is the privileged place accorded to medicine in the multidisciplinary approach which reflects the spirit of Moroccan socioeconomic and cultural development. This noble conception is embodied in the first Moroccan Royal Academy, inaugurated last month by His Majesty the King, for it is a response to our commitment to the integration and fulfilment of the Moroccan citizen while preserving a place for great thinkers and researchers from abroad and giving equal prominence to medicine, poetry, astronomy, mathematics, economics and theology. This is only a natural progression from the centuries-old traditions of our ancestors, who sought to remain open to and tolerant of all knowledge and beliefs in the interests of human happiness.

The subject of our Technical Discussions - the contribution of health to the New International Economic Order - is directly in line with the principles which our Organization is attempting to establish as a prerequisite for attaining its objective, health for all by the year 2000. Many talks have taken place during the past decade on the New International Economic Order: dialogues between North and South and between developed and developing countries, tripartite discussions, talks between European and African countries and between Arab and African countries. We feel that the role of the Organization is to facilitate the progress of this international effort by improving health conditions, for health is no longer a variable in the development equation, it is an essential part of the solution to the development of the poorer countries.

Mr President, distinguished delegates, we place our trust in those who watch over our Organization's destiny from near or far, so that our contribution can measure up to the challenge and surmount the disturbances felt around the world at present, and that in these difficult times the less privileged may already have a glimpse of the better days ahead, bringing with them health for all by the year 2000.

Professor CANELLAS (Uruguay) (translation from the Spanish):

Mr President and officers of the Assembly, Mr Director-General, ministers of health, ladies and gentlemen: it is our intention to concentrate on the subject matter of items 9 and 10 of the agenda of this great Assembly, thus meeting the wishes of the President and the Director-General. But first allow us to endorse the expressions of condolence already offered collectively to the Yugoslav delegation and people upon the death of their valiant leader, Marshal Josip Broz Tito, a contemporary model of sincere patriotism.

The Government of the Eastern Republic of Uruguay wishes, through me, to confirm its unwavering commitment to the goal set by our world organization: health for all by the year 2000. To this end it has formulated the following strategic approaches, in the conviction that their content is not a mere expression of its intentions, but is identified with the acquisition of the effective means required in order to bring to completion the activities already initiated and fulfil one of its most inescapable and deeply felt obligations, which is to ensure that our people enjoy the highest possible level of health compatible with our actual economic and social possibilities.

Item 1 of the document states: "To consolidate the action of the State so as to ensure that the right to health is exercised by all the inhabitants of the Republic". This declaration complements what is already laid down in our country's Constitution to the effect that health care is a duty for all, thus giving rise to the concept of right-duty.

Item 2 reads: "To ensure effective coordination between the health sector and the other sectors involved inasmuch as the attainment of the desired level of wellbeing by the country requires action by each and every one of them". In this connexion it should be mentioned that one of the results achieved at this stage by the Ministry of Health has been to generate a positive intersectoral relationship which enables us to implement coordinated programmes with teaching bodies of all levels, local governments, and civil and military authorities able to support health activities, backed by conscious and unceasing cooperation from the community. This is a gain which absolutely must be maintained and developed in the future.

Item 3: "To strengthen and adapt the machinery by which the Ministry of Public Health fully and effectively exercises its powers and control over the institutions that make up the
health sector with a view to integrally carrying out the national health plan”. It is worth mentioning that, though these powers were written into the Organic Law of the Ministry as far back as 1934, in actual practice they had not prevented uncoordinated and heterogeneous sub-systems, differing in their size, activities and effectiveness, from growing up - a situation which is being remedied now that the Ministry is fully exercising its function as the sole governing, regulating and supervisory body for health activities in the country.

Item 4: "To consolidate and strengthen care of those population groups most at risk of illness or death, namely pregnant women, new-born infants and the elderly, as also care of those suffering from high-risk diseases".

Our small country, unquestionably a developing one, but with no ethnic, cultural or geographical problems, and only about 176,000 km² in area, has achieved a very good health status comparable to that of the developed countries, since in ours, too, the main causes of mortality are circulatory disorders, cancer and accidents. We have no endemic or epidemic disease problems; the population is protected in a proportion averaging 85% against those communicable diseases preventable by vaccination; immunization against German measles was recently included, not so much for epidemiological reasons as on social grounds. To give an idea of the degree of protection of the population, suffice it to say that, though rabies has been eradicated since 12 years ago, over 300,000 dogs were vaccinated last year to prevent any reintroduction of this terrible zoonosis. I shall not continue to cite such indices, but must point out that it is accordingly logical that we should be redoubling our efforts in the care of the most vulnerable groups and that we should be on the point of placing within the reach of the entire population - without discrimination on account of economic situation - sophisticated heart surgery, treatment of chronic kidney disorders, prostheses and transplants, for which purpose we already have at our disposal the national organ and tissue bank together with manpower and material resources which will enable us to fulfill the basic commitments established at this Assembly and the Alma-Ata Conference, pari passu with the progress and development of our health system to match the high standard of our medicine. Thus the finishing touches are being put to a completely institutionalized care system, which is contributing to the wellbeing of a population whose life expectancy at birth is now 72 years.

Item 5: "To intensify the analysis and adjustment of the health system, in pursuance of the national approach to primary health care determined by the country’s welfare profile, in order to facilitate the attainment of the proposed goal of health for all by the year 2000". We share the reservations of our Director-General, Dr Mahler, as to whether health in the terms in which it has been defined, namely a state of complete physical, mental and social wellbeing to be enjoyed in the year 2000 by all the inhabitants of the world, may not be well nigh unattainable. With all respect and humility we venture to state that we also do not think it feasible for the baseline below which no individual in any country must fall to be a level of health that permits individuals and communities to exploit their potential economic energies and derive the social satisfaction of being able to realize whatever intellectual, cultural and spiritual talents they have.

We, too, would like it to be so, but we think it would be a magnificent victory, as it is, if there were no-one hungry and maltreated, without health coverage, illiterate, unemployed or simply a victim of his situation. That would already constitute a solid platform for more ambitious undertakings according to the sociocultural characteristics and the manpower and material resources of each country.

Item 6: "To promote and participate in the intersectoral study of the manpower resources that the country requires with a view to the framing of a national policy on manpower resources for health in its broadest sense". In our country education is free, up to and including university, and there is freedom of choice as regards profession, craft or occupation; but a certain lack of balance is now becoming apparent in the availability of manpower, so that more concrete definition of such a policy is becoming necessary.

Item 7: "To encourage expensively trained manpower - medical and nursing staff - to remain in the country, inter alia by developing unconventional programmes for the utilization of existing manpower, and to press in the international agencies for measures to limit the excessive degree to which some countries attract away such manpower, exploiting the advantages conferred upon them by their larger economic potential". So clear is this objective that I shall confine myself to apologizing for my persistence in bringing it up, for since the 1977 meeting of ministers of health in Washington I have been reiterating it at every meeting of this kind.

As there is not enough time to comment upon them, I shall simply read out the remaining points set out in our strategy. They are as follows: Item 8 "To intensify the process of retrieval and adaptation of the resources allocated to the health area and replan their
utilization according to the size of the population served by each of the subsectors making up the system"; Item 9 "To develop the health education programme, with emphasis on the aspects relevant to the strategies laid down"; and Item 10 "To obtain sufficient sources of financing for the health sector to make possible the implementation of the aforementioned strategies while at the same time promoting rationalization of costs".

I shall now devote the short time remaining to responding succinctly to some of the major issues that the Director-General has put to us. As regards what kind of WHO we want, I should like to say that we are completely in agreement that it must possess the necessary capability for action to be able to define and apply health development strategies, but without prejudice to its also being able to provide technical excellence, administrative guidance and financial support, in order to define and, above all, apply development strategies we consider it essential to possess such possibilities. Of course, we also agree that the Organization should energetically support us with its health-promoting action, but we would prefer to designate such activities simply as its "health and social role" rather than "sociopolitical role", because we feel it is important that WHO should preserve its image as the international agency par excellence through which men and peoples can understand one another and arrive at solutions beneficial to all, transcending political or other differences. An illustration of this is the eradication of smallpox which we have just been celebrating, though during the period concerned international conflicts did not cease to exist.

We contend that health, as a concern and often a problem that touches and affects all of us without exception, must be dissociated from any and every type of political connotation such as might stem from an erroneous interpretation of the language in which the functions of its principal institution are identified. WHO must confine its political action to strengthening its influence and the positive pressures it exerts on national governments or international agencies in the cause of health, without this implying or being viewed as meaning that the Organization is becoming politicized.

To the four concrete questions that have been put to us we reply in the affirmative, on the understanding that what is proposed will not adversely affect national strategies if they are reasonable and, therefore, accepted.

Finally, referring to resolution EB65.R12 of the Executive Board, I suggest that in operative paragraph 1(2) of the resolution recommended for adoption by the Health Assembly, the verbs used in the respective clauses be interchanged and that the word "establish" be used with respect to "health as part of development" and the word "support" with respect to "the New International Economic Order", since this seems to us more in keeping with our real possibilities.

In thanking you all for the attention you have accorded me, I should like to offer to the President and other officers of the Assembly our congratulations on the deserved honour conferred upon them and my gratification at the successful way they have discharged their duties; I should also like to convey our congratulations to the peoples and Governments of San Marino and Zimbabwe on their admission to our Organization.

Mr AL-DABBAGH (Kuwait) (translation from the Arabic):

In the Name of God, the Merciful, the Compassionate, Mr Director-General, ladies and gentlemen, heads and members of delegations. May I, Mr President, start by extending heartfelt congratulations on your election as President of the Thirty-third World Health Assembly, which reflects the appreciation and great confidence bestowed by the Assembly on you personally, and is an honour for our country, Kuwait, which always supports all international organizations that work for the welfare of mankind. Personally, and on behalf of the Kuwaiti delegation, I offer you our sincere wishes for success. In view of what we know of your wisdom, capability and long experience with international and regional organizations, I am confident that you will most ably direct the scheduled work for this Assembly. I would also extend my sincere congratulations to the Vice-Presidents and the Chairmen of the main committees, wishing them every success and good luck. I congratulate the Republic of San Marino and the State of Zimbabwe on joining WHO, and wish them success in their contribution to the Organization.

My country's delegation received with grief the news of the death of President Josip Broz Tito. The late President was a great man in the full sense of the word. He helped to forge the history of our modern world and to consolidate the non-aligned movement. I extend to the delegation of Yugoslavia, and to the people of Yugoslavia, our deep condolences and consolation on their tragic bereavement.

We have examined the Director-General's report on the work of WHO during 1978-1979. This is a truly comprehensive report in which the Director-General reviews the activities carried
out by the Organization in the light of its responsibilities. I extend to him and all his staff our thanks and appreciation, wishing them continuing success in their work to achieve the Organization's objectives.

May I refer here to the main topics of our Assembly's agenda, and first of all to the historic event of signing the certification of the global eradication of smallpox; this disease killed millions of people and its mere name aroused terror, as it either exterminated its victim or spared him only after leaving its mark in the form of blindness, deformities or other incurable complications. Everyone in the international community rejoiced at this historic certification, symbolising the genuine cooperation and great efforts by all countries of the world, together with the World Health Organization, to free mankind of this disease. Countries cooperated sincerely and effectively in this field, mindful of the humanity of mankind, disregarding race, colour, sex, nationality, creed or religion, and defying all the imaginary geographical boundaries we ourselves have created. Our success in eradicating smallpox has proved that constructive collective action for the welfare and happiness of mankind can work wonders. As you said, Mr President, in your speech on the occasion of the certification of the global eradication of smallpox, physicians are used to signing death certificates for human beings but they are now signing the death certificate of a disease, which represents mankind's greatest victory in the history of his struggle against disease. We hope that our Organization will continue its efforts, in cooperation with all the countries of the world, for the eradication of many other diseases that threaten mankind at the present time. We hope our Organization will soon be signing the death certificates of other diseases. The peoples of the world will be greatly delighted if our next celebration, God willing, is for the certification of the global eradication of cancer. This is not an impossible dream, provided we act in the spirit of sincere collective collaboration and genuine determination.

Another subject worthy of consideration is the revolution which has started in the Organization, in order to combat routine and complications, by reviewing WHO's structures in the light of its new responsibilities so that WHO can fulfil them seriously and effectively. We are all happy that our Organization is determined to proceed with the practical application of the Alma-Ata Declaration and achieve the objective of health for all by the year 2000. The Director-General and his staff deserve all our appreciation and support for giving this issue special importance, convinced as they are that every individual in this world has the right to enjoy adequate primary health care enabling him to live a decent life. We all give the Organization our pledge that we shall spare no effort to achieve this noble objective.

The Director-General has asked us a definite question about the plans of Member States for achieving our objective of health for all by the year 2000. To start with, I can tell you that the State of Kuwait has gone a long way towards providing health services of all levels for all its inhabitants. There is no individual in Kuwait who is not covered by primary health care, for dispensaries and hospitals provide services for the whole population, with a fair geographical distribution in all parts of the country. Preventive services provided free of charge for the whole population include communicable disease control in the form of mass vaccinations, vaccination of children and school health services. We have thus made primary health care available free of charge to every individual without exception. In addition, two years ago the Ministry of Health established a special office for health planning, in cooperation with WHO and universities and institutions experienced in this field, with the aim of formulating a comprehensive plan for developing health services to the highest levels by the year 2000. The method we have followed in Kuwait to formulate this plan may differ from that used in other countries; our method was to involve all the staff of the Ministry of Health and other bodies concerned, such as the Ministry of Planning, the University, etc., so as to establish coordination and integration between the development and application of the plan, with emphasis on the training of planners and executives. The result is a comprehensive and coordinated plan that is relevant to the actual situation, ambitious and forward-looking. We hope that not only Kuwait but all who need it will benefit from this plan, as we always make our experiences and skills available to all, for the welfare of mankind at large.

I would like to remind you of an important topic on the agenda of this Assembly, the health conditions of the Arab population in the occupied Arab territories, including Palestine. Before us is the report of the three-member Committee which, we understand, has visited the occupied territories. We have seen clearly from the report that there is no alternative whatsoever to liberation and self-determination. It is in no way possible for a human being subjected to colonization and oppression, suffering from military occupation, to enjoy health at the same time, as health and military occupation are two opposites that never meet. I appeal to the World Health Organization, which was founded to give health and prosperity to every human being, and I appeal to you all, to stand by the Arab people whose sufferings are
greatest in their usurped land. We have to state bluntly and resoundingly that there is no alternative to ending the occupation and unconditionally restoring to the Arab population, in their usurped Arab land, all their legitimate rights. Any other course must be vigorously condemned by our Organization if we are to fulfil our human objectives for all mankind.

Before I conclude, I would like to thank the WHO Regional Director, Dr Abdel Hussein Tab, and his staff, hoping that they will make even greater efforts to raise the level of health in our Region. I also request the Assembly to take a decision expediting the transfer of the Regional Office from Alexandria to one of the other countries in the Region in keeping with the wishes of those countries, so that the Office can continue its services for the benefit of the Region.

In conclusion, I would like to thank you, Mr President, for your kindness, and I wish the Assembly every success in taking the decisions awaited by all the peoples of the world in order to achieve health and prosperity for all mankind.

Monsignor GÉRAUD (Observer for the Holy See) (translation from the French):

Mr President, the delegation of the Holy See adds its warm congratulations to those already expressed on your election and on the report on the progress made by WHO since the last Assembly.

In his introduction to the biennial report, the Director-General stresses the impetus given by the Declaration of Alma-Ata. He states, with a scientific modesty which does him honour, that there is not yet room for complacency. The work accomplished is, however, highly positive. It is the fruit of an intelligent strategy, putting national and regional teams into action to accomplish the medium-term programme of work for 1978-1983.

In two spheres particularly, those of childhood and the family, the basic unit of society, progress has undeniably been made: control of communicable and other diseases, control of alcoholism, aid to the elderly in the framework of the International Year for the Elderly which begins in 1982. The Organization's concern for humanity does it honour, and is a source of satisfaction to the delegation of the Holy See. Its supreme head, Pope John Paul II, is constantly calling for service to man, who is created in the image of God.

Forgive me if I do not return to the topic of specific collaboration between the Catholic Church and national and international health agencies in the field of primary health care. The delegation of the Holy See already had the opportunity of explaining its attitude on this matter at the Thirty-second World Health Assembly. On the one hand, we observe that there has been more progress in medicine in the last 30 years than perhaps in the previous thousand, but on the other hand awareness of the terrible inequalities between human beings has become more acute, bringing with it, fortunately, a stronger sense of solidarity. Thus the Holy See is concerned with two fundamental matters: life and the family. The basic question today is no longer "what are we capable of doing?" or "what are our capacities?" but rather a matter of choice and deciding on priorities so that technical expertise, instead of destroying man and society, helps make them more profoundly human in character. Only an ethical and global view of humanity can sustain an unselfish and beneficent struggle to improve health conditions for all. An unmotivated commitment based on the intangible value of each human being would run the risk of petering out or resulting in harmful projects. If we should succeed in improving the physical living conditions of people while at the same time making them lose the meaning of life, this would be a bad thing.

Many have expressed respect and appreciation of Christians' work with the sick, from our beginnings in early centuries, the hospices of the Middle Ages, to the many present-day undertakings in developing countries. While the Church continues to pursue this course it is engaged in a more fundamental task, one of whose fruits is precisely that commitment to serving the sick; the task is the education of consciences to respect and value life - one's own as well as that of others. As long as life is not considered as a unique and immutable value, the way of inertia in face of sickness and even the ways of suicide, murder, war and destruction will remain open. This is why the Church attaches so much importance to respect for and love of life, and wishes that everything possible be done not to destroy life when it is inconvenient but to protect and nurture it in an effort in which everyone, society, governments and individuals, has a part to play. This explains the attitude of the Church in its strong opposition to abortion.

Another matter which is of particular concern to my delegation is family health. The Director-General justly points out that: "Family health care emphasizes the participation of families in health promotion . . . . It reinforces self-care by the family . . . . it gives special attention to . . . . the promotion of . . . . self-reliance . . . .". The family has a
decisive influence on the education and health of its members and an indispensable role to
play in the organization of health services. It therefore needs special protection and
assistance which will enable it to meet its responsibilities within the community. Much
remains to be done in the field of policies concerning families, as can be seen from the
living conditions of the most needy families. The Synod of Bishops, due to meet next autumn
in Rome, will be discussing this matter. My delegation is pleased to note the increasing
interest shown by WHO in the family seen as the natural and most appropriate environment for
the development of its members; and not as a mere object of assistance but as an active and
conscious entity. In this context, my delegation would like to stress that the child cannot
be allowed to become a marginal being, excluded from society, a burden weighed against some
possession, when he is not eliminated in the first hours of his life. Today we see increasing
activity to conserve the natural environment, constantly threatened by the artificial. Far
more sustained measures should be taken to protect maternity so that it is welcomed by women
themselves, by men and by society as one of the most fortunate of natural occurrences.

One might ask whether contemporary society is organized in the interests of the family
or whether it favours its disintegration. The most valuable service that society can render
to the family is to help it to become aware of itself, to know its capacities and role and to
allow it to assume its responsibilities freely. Any contribution from outside will be
ineffective if it is not backed up by education of the family in this sense. The Holy See
welcomed - for many reasons, some of which I have already mentioned - the positive results of
studies carried out by WHO on "natural" methods of regulating births. It notes with some
concern, however, that there is a tendency to slow down this work, while so many parents are
awaiting developments which will give them freedom of choice. Of course, in the short term
and from the purely technical point of view such methods could be considered less efficient
than artificial methods. Why, then, does the Holy See advocate natural methods of birth
control? For two reasons: first, because these methods involve the understanding and
mastery of nature by natural means, thus avoiding the dangers of physical and chemical tech-
niques; but above all because natural methods call for the collaboration and education of man.
The colonial era is blamed for having treated man as a passive being, more suited to receiving
than giving. Those times are past and the delegation of the Holy See applauds this statement
taken from the biennial report: "People's own responsibility for the attainment of health can
be assumed only when individuals or families are educated, motivated, and psychologically
committed to making a reasoned choice from among the alternatives for health action and really
participating in such action". This declaration has my delegation's wholehearted support.

Mr LEHLLOENYA (Lesotho):

Mr President, honoured delegates, ladies and gentlemen, let me add to the millions of
words that have been said from this rostrum in congratulating you on your election to that
most elevated seat within this august Assembly. Let me also congratulate your Vice-
Presidents and all other elected officials at this the Thirty-third World Health Assembly.
Permit me also to say a word - "thank you, well done again" - to our beloved Dr Mahler.
I think you will all allow me to call him the Director-General you deserve. Along with
Dr Mahler I would like to congratulate Dr Quenum who has recently been elected to a
record fourth term as Regional Director for Africa.

1980 signalled the beginning of a new decade for Africa, but especially a new and
significant era for Africa, and particularly southern Africa, which has remained at the last a
desperate stand of a white minority racist regime. Ian Smith of Rhodesia said the black man
would run the affairs of Zimbabwe after 1000 years or over his dead body. It is not a
thousand years since he made that prophecy, nor is his dead body there; and yet the people of
Zimbabwe are justly proud to have declared the independent Republic of Zimbabwe. We now
would like this august Assembly to ask South Africa whether it also feels that without bloodshed,
it will not leave alone the people of Namibia to determine their own fate. Let us hope,
fellow delegates, that the Thirty-fourth World Health Assembly will see the authentic
representative of Namibia standing on this rostrum and seeking to occupy their rightful place
here which is so much overdue to them. We also congratulate San Marino on its accession to
full membership.

On a heavier note, we would like to take this opportunity to express our condolences to
the Government and people of Yugoslavia on the death of President Tito. As a non-aligned
country, we have lost a true leader and friend.

Lesotho, in response to resolution WHA30.43 of the Thirty-fourth World Health Assembly,
calling for all countries to work towards the achievement of the social goal of health for all
by the year 2000, has over the past years steadily, consistently and resolutely struggled for the achievement of this goal. The action committee on primary health care, at its meeting held in July 1979, requested the Government of Lesotho to declare the decade 1980-1990 as the primary health care decade in an attempt to launch a strategic onslaught aimed at realizing the goal of health for all in Lesotho at least a decade before the turn of the century. The message of primary health care, that had its epicentre in this Assembly and at the International Conference on Primary Health Care, held at Alma-Ata (USSR) in September 1978, has had a rippling effect which is now felt in our country and our Region. A cabinet minister of my Government recently said: "the subject of primary health care has been on the lips of all of us for a few years now; my colleagues and I are going to take a very keen interest in this matter as we feel that the health of this nation is of paramount importance". This statement leaves us in no doubt that the concept and principles of primary health care have now firmly taken root in our country and are regarded as part and parcel of our overall development strategy. Our achievement in primary health care over the past years, though modest, has been significant.

Rural health development project: the major thrust in our development is the rural sector, and the Government has given priority to rural development. The rural health development project, a major project in our health strategy, is geared to the provision of health facilities to rural development, ensuring the basic tenets of primary health care. Its long-term objectives include: (a) the strengthening and the expansion of health services in the rural areas of the country; (b) the strengthening of preventive and promotive health services.

Disease control programme: our country, though not ravaged by tropical diseases, still suffers from social diseases associated with national poverty and lack of a strong health resources base. Our people still suffer from tuberculosis, gastroenteritis, sexually transmitted diseases, traditional disorders, nutritional disorders, all of which can easily be eradicated by relatively simple and cheap technology and professional and management skills, provided that the strategies adopted are flexible enough and enlightened enough to respond to the philosophical conceptualization of primary health care. Our expanded programme of immunization, our national tuberculosis programme and out soon-to-be-started programme on the control of sexually transmitted diseases are among some programmes currently under implementation.

Health promotive activity: our priority groups include children; 39.5% of our population comprises children under 15 years of age and 14% are under five years of age. Women in their reproductive years constitute 47.2% of the population. Maternal and child health clinics continue to be given priority in our national health strategies. It is our goal to reduce our national infant mortality rate from the present rate of about 106 deaths per 1000 live births to about 50 deaths per 1000 live births in 10 years. It is the goal of my Government to reduce the national population growth rate from the present 2.2% per year to about 2.0% in 10 years. It is the goal of my Government to be able to immunize 85% of all children against the six main childhood killers by the year 1990.

Water and sanitation: cognizance has been taken of the real contribution to health by the traditionally known health centres. To this end, the national programmes on rural water supply and primary school sanitation are steadily forging ahead.

Community health education: this has been accorded a high priority, as community health education programmes are pivotal to our health strategies.

Our personnel training: we have continued to enjoy the support of others, especially within the African Region, in our training efforts in fields where we have no local facilities. But we are now embarking on an ambitious project of establishing our own faculty of health sciences, which we hope you will all want to support.

Drugs: Lesotho has now completed compilation of its essential list of drugs, and legislation is under preparation which will, among other things, prohibit importation of any drugs outside the list. A manufacturing process geared to these requirements has already started.

Technical cooperation among developing countries (TCDC): we shall play an active role in the promotion of TCDC, especially in the south African region. To us this is the only way to guarantee our survival as an independent national State.

That is but a summary of some of the activities presently ongoing in Lesotho.
It is our belief that the sum total of the successes of each of our health-related and developmental activities will spell the ultimate success of our stated goal of health for all by the year 2000.

Dr TAVIL (Papua New Guinea):

Mr President, Vice-Presidents, Director-General, Regional Director for the Western Pacific, distinguished delegates, ladies and gentlemen, on behalf of the Papua New Guinea
delegation I would like to congratulate the new President and his Vice-Presidents and wish you a successful year ahead of you. I would like to thank the outgoing President for the achievements of WHO. I would also like to thank the Regional Director for the Western Pacific, Dr Nakajima, for the valuable assistance given to the Papua New Guinea Government in the provision of technical expertise, both in planning and delivery of health care.

Papua New Guinea is a developing country and therefore its rural health services require upgrading or need to be developed in order that the health status of the whole population can be improved. The Papua New Guinea Government has adopted the recommendations and the Declaration of the 1978 Alma-Ata International Conference on Primary Health Care. As a matter of fact, the principle of primary health care has been practised in Papua New Guinea for the last 30 years. The national health programming steering committee has recently redefined the national health care system, with primary health care as its backbone. The list of health priorities also has ranked primary health care as the first health priority. It is fitting then that the Papua New Guinea Government has adopted the principle of primary health care, and this is much more so because the majority of the three million people of Papua New Guinea are rural dwellers and are continuous victims of tropical diseases, as well as communicable diseases. These diseases include upper respiratory infections, diphtheria, diarrhoeal diseases, malaria, whooping-cough, tetanus, poliomyelitis, tuberculosis, leprosy, as well as other public health problems. About 40% of children under the age of five years in some areas of the country suffer from malnutrition. There is also a lack of water supply, both in quality and quantity, in some rural areas. The absence of proper refuse and sewage disposal facilities in rural areas and in squatter settlements creates additional health problems.

It is also important to note that the Papua New Guinea Government has formulated a national development strategy since 1974. This national development strategy supports the aims of primary health care, which include decentralization of decision-making at provincial, intermediate and community level. The Health Department, as well as other government agencies in the country responsible for the delivery of socioeconomic services to the community, has categorized their various functions into provincial and national functions, thus giving more freedom to the rural population to participate in and determine their social services and in the implementation of economic policies in their own areas. The Government is also determined to equalize social and health services to different areas of the country, so that deprived areas of the country should not suffer from non-availability of health services.

In actual fact, the Government approved a total allocation of about US$ 3 million to sectoral programming for 1980 to 1984, and allocated more funds to the less developed provinces and less to the well developed provinces. The total national health budget last year represented, roughly, about 10% of the total national budget and the appropriation for 1980 still stands at about 10% of the national budget. The total cost per capita in 1979 is about US$ 21. In order for the Government to implement the above development strategies, the Papua New Guinea Government has developed a management tool, the national public expenditure plan. This system is organized around projects, so that money is allocated by purpose rather than to items. The national public expenditure plan then brings policy-making and expenditure decision together and thus serves as a more direct tool for the implementation of the socioeconomic policies of the Government rather than the traditional budgetary system.

Some health programmes are already included in the national public expenditure plan. These are the malaria programme, rural water project, expanded immunization programme, and family planning and nutrition programmes for the 1980-1983 plan period. In addition to the above health programmes, the Health Department also is responsible for the delivery of maternal and child health programmes, tuberculosis and leprosy programmes, a health education programme, an environmental health and sanitation programme, a vector control programme, aid post training medical research and, of course, curative services which are carried out in all health institutions from hospital to rural health units.

Despite these planned and organized health programmes, there are problems which impede the delivery of health care services to the population. These are: shortage of medical graduates, as well as other paramedical personnel; shortage of health trainers; and lack of practical, applied research for improvement or modification of the existing health measures.

The widespread of the malaria parasite developing resistance to the most popular drug - chloroquine - in the country has prompted the Health Department to look for alternative antimalarial drugs, which are very expensive on the world market.

Transport is another problem: lack of water and land transport is also a major constraint to both supervision and delivery of health programmes to the rural population where health care is needed most.
The Papua New Guinea Government's adoption of the recommendations and the Declaration of the International Conference on Primary Health Care, and the Government's own national development strategy for the decentralization of decision-making and equalization of socio-economic services to the various sections of the country, are in line with primary health care and the goal of health for all by the year 2000, when availability of health care may eventually reach the whole population.

The Papua New Guinea Government looks to WHO for future assistance in regard to training and research into control, or new health measures in the control of tropical diseases, as well as the continuous establishment of primary health care for the lives and health of the Papua New Guinea population.

Lastly, Mr President, on behalf of my Government, I would like to congratulate Zimbabwe and San Marino on their admission to this international health organization.

Dr AMATHILA (Namibia):

Mr President, Director-General, honourable delegates, ladies and gentlemen, on behalf of Namibia and of the South-West Africa People's Organisation (SWAPO), the sole legitimate representative of the Namibian people, may I take this opportunity to express our deep appreciation for this opportunity to attend the Thirty-third World Health Assembly. May I extend on behalf of SWAPO and the Namibian people our heartfelt condolence to the people of Yugoslavia for the loss of one of the outstanding world leaders, who also happened to be a great fighter for freedom and independence for his people, President Josip Broz Tito.

Namibia remains one of the last vestiges of foreign domination and colonialism on the African continent. The struggle for national liberation continues and victory is ours. The wishes expressed by the delegate of Lesotho will certainly be fulfilled, but I am not quite sure whether it will be next year. While engaging in an armed struggle, as the only option open to us, SWAPO has nevertheless embarked upon long-term projects and programmes for the future independent nation. In the field of health we undertook the country health programming exercise, designed to identify future needs in the field of health. In order to formulate strategy it was necessary to study the present health and health-related problems in Namibia. This part of the exercise was particularly difficult due to scanty and scattered data on health and health-related problems in Namibia and our inability, as liberation movements, to make on-the-spot surveys due to the known political constraints.

Every document published on Namibia refers to it as a "mineral-rich country", but during this exercise it was clear that these riches did not benefit the indigenous Namibians, for economic wealth is in the hands of the minority white settlers. According to the data available for 1973 the per capita income of the white settler is 3000 rand, while the per capita income of Africans is 230 rand, or 13 times less. A qualified African nurse earns the equivalent of a female white unskilled labourer's salary. This economic disparity has a direct bearing on the health system and health status of these two groups.

Health services in present-day Namibia are racially distributed and urban-oriented. This orientation is consistent with both the apartheid system and a colonial exploitative system. Adequately staffed and equipped hospitals and clinics are found in the urban areas, where most of the settlers live, and in the mining areas where healthy labourers are required during their term of contract in order to secure the production of minerals which will perpetuate the economic supremacy of the white settlers. The results of the differential accessibility to health services by different racial groups is illustrated by the difference in the health status of these groups. Data on infant mortality rates available for blacks and whites in Windhoek - the capital city - where Africans have relatively better health systems, are as follows. Twenty-one white infants per 1000 live births die before they reach the age of one year, contrasted to 164 African infants per 1000 live births who die before they reach the age of one year. It can be estimated on the basis of urban/rural differences in health services that infant mortality among the Africans living in rural areas is over 200 per 1000 live births. Mortality among children of one to five years of age is 60 per 1000 among Africans and 6 per 1000 among whites. Tuberculosis is rampant among the African population; at the moment, the prevalence is 500 per 100 000. As no attempt has been made so far to introduce basic health care services in the rural areas, where 80% of the African population live, the goal of health for all by the year 2000 will only be realized if the whole health policy is changed in order to benefit those in need and to redistribute wealth to the people, and indeed to change the whole political situation.

The health manpower situation has been studied and it is equally critical. Although it can be said that health status in Namibia is presently comparable with the one prevailing in
other African countries, it can be reasonably expected that the health situation will worsen during the first years of independence. This statement is drawn from the experience of other African countries which were under white domination and gained independence by bitter struggle. At present in Namibia the health system is controlled by settlers, who constitute 90%-100% of some specialized health categories. Serious health manpower problems will be created in the event of a high-level outflow of white health workers after independence. There is an urgent need to train manpower if the present health care level is to be maintained and if the primary health care system in the country is to be introduced and expanded.

The monetary resource requirement for health services has also been studied. The primary sector, which contributes over 50% to the gross domestic product (GDP), is owned and run by white skilled manpower and the multinational corporations and, in the event of absence or reduction of this skilled manpower, the GDP will drop, with the consequence that the health sector will suffer like all other sectors. The financing of health services, under the above-mentioned conditions, will require between US$ 12 million and US$ 75 million from external sources for the first three years after independence.

I will not subject you to a lengthy account of our miseries. I did not even touch upon the urgent problem SWAPO is facing at the moment with over 30,000 refugees from Namibia who need food, shelter and medication. I merely hope that some delegates may take interest in our problems and indicate the areas in which they could assist. There is an urgent need to train health manpower of all categories in order to avoid the total collapse of the health system in independent Namibia.

In conclusion, may I thank our Regional Director, who made it possible for us, as a liberation movement, to undertake the country health planning exercise which opened our eyes to the enormous problem awaiting us after the difficult war of national liberation. My thanks also go to all Member States of WHO that are contributing to this great Organization. My gratitude goes to Dr Mahler, under whose leadership it has been possible for us liberation movements to be represented. Last, but not least, my sincere congratulations go to my colleagues from Zimbabwe for their outright victory over the enemy and for their admission to WHO as a Member. Namibia will soon follow in the same path. I also congratulate San Marino for being admitted to the family of WHO.

Dr MfEELANG (Observer for the African National Congress):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, it is indeed an honour to be given the opportunity of addressing the Thirty-third World Health Assembly on behalf of the African National Congress of South Africa, the organization in the forefront of the struggle for the birthrights of the oppressed black South Africans - and "black" here means those who are not of European descent. We would also like to take this opportunity to congratulate His Excellency Dr Al-Awadi, Minister of Health of Kuwait, and his officers for election to these responsible posts of guiding this session of the Assembly through fruitful deliberations, and to wish them success in this difficult task.

We of the African National Congress of South Africa are very inspired by the dynamism and clarity of purpose contained in the Director-General's report and have confidence that health for all by the year 2000 can be translated into a reality. The acceptance of Zimbabwe as a fully-fledged Member of WHO is of special significance to us since only in November of last year the fate of the people of Zimbabwe was still hanging in the balance after a bitter and bloody war forced upon them by a stubborn regime purposely blind to the legitimate demands of the overwhelming majority of Zimbabweans.

Many a distinguished delegate has informed this august gathering of achievements in the health field, or what projects are in the offing to try and achieve health for all by the year 2000. Indeed we have heard how the whole structure of WHO is going to be geared to make this noble goal a reality. But we in the African National Congress of South Africa have what is seemingly an insurmountable task. If health for all involves all sectors of the government in a given country, then the task of achieving health for all by the year 2000 in apartheid South Africa can only be achieved after dismantling that system. Since apartheid means forced separation by law - the making of which did not involve the majority of the black population - vigorously enforced by a well-oiled police machinery and judiciary, the dismantling of this system does not necessarily mean forced integration, as the protagonists of this system apologetically proclaim.

I quote from a document prepared by an authoritative research group on the subject of "Health under apartheid":

The South African regime's policy of apartheid has profound effects on every aspect of life in South Africa. Under apartheid every South African is classified as belonging
to one of four race groups - white, coloured (mixed race), Indian or African. This classification determines where one is born, where one lives and works and where one is buried. Education and health services are segregated. Black people have to use separate buses, trains, beaches, restaurants, hotels, cinemas, toilets, sports grounds and even taxis and ambulances. In every case the services for blacks are inferior to those provided for whites.

White South Africans enjoy lives of wealth and privilege as they alone exercise economic and political power. Black South Africans live lives of extreme poverty and deprivation and are denied, by apartheid, the means to change their circumstances.

Health under apartheid

The real effects of apartheid can be seen in the health of South Africa's people. Blacks suffer and die on a massive scale from preventable disease, while whites enjoy a standard of health equal to that in other industrialized countries. Communicable diseases, such as tuberculosis, typhoid, tetanus, diphtheria, whooping-cough, measles are epidemic in the black population. Poverty, overcrowding and malnutrition lead directly to the high incidence of these diseases. In 1978 the following were the figures for reported cases of tuberculosis:

<table>
<thead>
<tr>
<th>Race</th>
<th>Whites</th>
<th>Indians</th>
<th>Coloureds</th>
<th>Africans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>592</td>
<td>605</td>
<td>7866</td>
<td>33,657</td>
</tr>
</tbody>
</table>

More children die from measles in three days in South Africa than in the United States in one year. The incidence of rheumatic heart disease in black schoolchildren in Soweto is the highest in the world.

The scale of malnutrition in South Africa, which exports huge quantities of food, approaches that of mass starvation. This is vividly illustrated by the infant mortality rate (IMR) for the different race groups:

<table>
<thead>
<tr>
<th>Race</th>
<th>Whites</th>
<th>Coloureds</th>
<th>Urban Africans</th>
<th>Rural Africans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12.0</td>
<td>38.1</td>
<td>68.7</td>
<td>240+</td>
</tr>
</tbody>
</table>

IMR per 1000 live births (1978)

Health care under apartheid

In a similar way the health care provided for blacks is always inferior to that for whites, often grossly so.

There is one white doctor for every 400 whites but one African doctor for every 4000 Africans; one white nurse for every 250 whites and one African nurse for every 1500 Africans. The new 2000-bed Johannesburg General Hospital for whites receives twice the annual budget of Baragwanath Hospital for blacks, although it has a bed occupancy rate of 69%. Baragwanath's 2300 beds have an occupancy rate of 105%, with patients having to sleep on the floor between beds.

A committee from the American Psychiatric Association recently visited mental institutions in South Africa, in response to an invitation from the Department of Health to investigate allegations by WHO of political abuse of psychiatry. The committee found evidence of "needless deaths among black patients", "substandard care", "abusive practices" and "grossly inadequate professional staff". The report states, "We found that apartheid has a destructive impact on the families, social institutions, and the mental health of black South Africans. We believe that these findings substantiate allegations of social and political abuse of psychiatry in South Africa".

Blood transfusion services

The South African Institute for Medical Research at Johannesburg operates a Blood Transfusion Service specifically to meet the needs of hospitals on the Witwatersrand controlled by the gold mines, and obtains its supplies from employees on the mines. Suppliers are paid by the South African Institute for Medical Research. In 1967 the rates were: Bantus (Africans), coloured and Asians one rand for each pint of blood; whites 4 rands for each pint of blood. Blood Transfusion Regulations, 1962. "... it is laid down that European and non-European blood-donors shall be organized so that: (a) European and non-European blood donors are bled on separate premises, or are bled on the same premises but are suitably separated; and (b) the records of European and non-European donors and of their blood donations are kept separate." All containers of human blood and blood products have to be labelled by 'racial origin'. (From Richard M. Titmuss, The gift relationship.)
The extent to which apartheid manifests itself in South Africa's health services is such that black and white South Africans are attributed different normal values in laboratory investigations.

Education under apartheid
Apartheid severely limits the training opportunities for health workers in South Africa. From the outset black children are at a disadvantage - education for white children is free and provided for all, but Africans have to pay for their uniforms, books and school fees. Nor are there enough schools or places in them for all African children. The following table gives the average amount spent on education by the authorities for each child at school per year:

<table>
<thead>
<tr>
<th></th>
<th>Whites</th>
<th>Indians</th>
<th>Coloureds</th>
<th>Africans</th>
</tr>
</thead>
<tbody>
<tr>
<td>£ per annum (1976)</td>
<td>398</td>
<td>113</td>
<td>100</td>
<td>26</td>
</tr>
</tbody>
</table>

The education system for African children, called "Bantu education", is deliberately designed to teach them their role in the apartheid system. Anger against this inferior education led to massive demonstrations by young people in South Africa which began in June 1976. The protests were met with massive force by the regime and hundreds of schoolchildren, students and workers were shot dead in the streets by the police.

Two in a hundred African children who attend school complete their secondary education. Once out of school a similar situation exists in the attainment of qualifications to work in the health system. Two of the seven medical schools in South Africa are for blacks and the authorities are currently phasing out African students from one of them - the University of Natal Medical School.

Restrictions on health workers under apartheid
Health workers, like everyone else in South Africa, are subject to the laws of apartheid. It is not surprising that there exist hundreds of laws to enforce the segregation which is necessary under the system of apartheid.

The Population Registration Act of 1950: Every South African is registered obligatorily as belonging to one of four racial categories - white, Indian, coloured, African.

The Group Areas Act No. 36 of 1966: Divides the whole of South Africa into areas of occupancy and residency according to race. It also prevents the entry of individuals of one race group into the demarcated race zones or group area of another.

The Reservation of Separate Amenities Act No. 49 of 1953: Provides for the exclusive use of facilities for persons belonging to a particular race or class. Such action cannot be ruled invalid on the grounds that provision had not been made for all races.

Proclamation R26 and R228 of 1973: Prevents "non-whites" from taking part in social events with people of other races without a special permit. (Once this permit is obtained another is needed to enable blacks to purchase or be given alcoholic drinks.)

Pass Laws: All Africans over the age of 16 have to carry a passbook (or identity document) at all times. In it is a permit showing which area the holder is allowed to live and work in. (If he or she travels to another area without premission he or she is breaking the law. Each day an average of over 1000 Africans are prosecuted for pass law offences.) Black health workers of all grades receive lower rates of pay than their white counterparts. Black health workers are also not permitted to work in white hospitals.

Previously very few blacks were admitted for medical studies in South Africa, because it was alleged that they did not qualify for university entrance and those who did, had a very high drop-out rate. Because of mounting criticisms of the racist regime by both national and international bodies, an all-African medical university is in an advanced stage of construction and has begun tuition (after legislation against admission of Africans at the Wernworth Medical School in Durban because the Government wants total separation in education amongst blacks even amongst their own ranks, the historically known divide and rule method). Suddenly comparatively large numbers of Africans will qualify for admission - here we can draw the inference that education and examination results have for long been manipulated in African schools to suit the interests of the ruling racist class.

Interesting facts on the subject of training of African doctors in South Africa are recorded by Professor V. Tobias, Chairman, Department of Anatomy, University of Witwatersrand in Johannesburg, in a document entitled "Apartheid and medical education: the training of black doctors in South Africa". (Copies of this document are available from the speaker on request.) This document, too long to quote here, has such startling revelations and devastating evidence against the apartheid regime in medical education for Africans in South
Africa that it should put paid to the allegations (often heard from different places) that the African National Congress is exaggerating matters for political expediency. To my knowledge Professor Tobias is not partisan to the African National Congress nor is he "communist"-inspired as is often said of people who point out the iniquities of the apartheid system.

The relation of violence to mental disturbances is well known. WHO has produced an informative document on mental disorders among blacks in South Africa and it was not well received by that State, to state it mildly. There is a rising number of the mentally disturbed among South African refugees who flee from persecution in South Africa to the relative safety of the neighbouring States. Violence is an inherent component of the system of apartheid. In fact violence has been the hallmark of that regime since its inception in 1948. Nay, serious students of the history of that country will tell you that there was violence in that part of the continent since the advent of the first colonialists in 1652. Successive generations of black South Africans know the truth of this statement. I leave it to the distinguished delegates to make their own conclusions on the prospects of mental stability of the black population under the apartheid regime.

There are other very disturbing factors in the dispensation of medical services to the black population in South Africa. Many people, including doctors, from different countries of the world are given the impression by various powerful South African propaganda media and specially selected people invited to tour that country that things are turning for the better in the land of apartheid. But the opposite is the truth. Of late many malpractices in the dispensation of health services to the black are appearing with increasing frequency in the local press. Some Government officials are so naive as to express "surprise", "shock" or "concern", as though they were not aware of conditions of blacks inside South Africa.

Black childhood tuberculosis, swept further under the carpet—we are familiar with the South African Government and health authorities' attempt to try to hide the true picture of kwashiorkor by making this scourge of black children no longer a notifiable condition, as far back as the 1960s. We also know the South African Government has tried other methods of evading its responsibilities in health areas by the scheme of cutting the "homelands" adrift from the Republic of South Africa—and so trying to trim off some of the shocking health statistics from the body of "South Africa proper". Now comes the announcement by the South African Health Department that the notification of all clearly-positive tuberculin skin tests up to the age of five years will also no longer be necessary. Again the motivation is clearly to remove embarrassing and shameful statistics from South Africa's health records. The callousness and cold disregard of the health and lives of black children is again very evident, especially if one realizes the implications and what the results of this move will be.

Of course, even before this move, the health of black children had been severely neglected in South Africa, both historically and including modern times. This is all the more shocking when one takes South Africa's wealth and the living standards of the whites into account. So even when clearly positive tuberculin skin tests up to the age of five had to be notified as cases of tuberculosis, that presupposes that all such potentially tuberculous children are skin-tested. However, this was not done in a routine or large-scale way among black infants and toddlers anywhere in South Africa because the expense of such a campaign was not considered worth the trouble as tuberculosis is not a problem among white children.

International cosmetics: the growing international criticism of apartheid and the increasing isolation of South Africa from the international community have forced the authorities to change some of the more glaring inequalities of apartheid which may offend overseas visitors. Thus black and white delegates attending international conferences in South Africa are accommodated in the same five-star hotels and are exempt from regulations restricting the mixing of races. However, special exemptions or permits must be obtained for such conferences and delegates are accommodated in five-star hotels because only five-star hotels have "international status", i.e., black and white guests are permitted to stay there and the selling of alcoholic drinks to blacks is allowed. The holding of international conferences in South Africa assumes great importance when viewed in the light of the deliberate attempts by the South African regime to counter the isolation of South Africa, and to win friends and respectability for apartheid. South Africa is still a member of numerous international organizations and through them gains acceptability and recognition for apartheid. There is an urgent need for the international community to speak out against the injustices of apartheid by calling for the exclusion of South Africa from these international organizations. Such action could contribute significantly towards bringing about the end of apartheid and the establishment of a new, equitable health service for all South Africans.

Taking into consideration the Declaration of Alma-Ata as a whole, and focusing upon Article II of this Declaration, which reads: "The existing gross inequality in the health
status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries", we of the African National Congress would like to draw your attention, Mr President, as well as the attention of the honourable delegates, to the facts that we have just laid bare to this Assembly the general health status of, and the delivery of health services to, the majority of the black population in South Africa. As an observer organization in WHO, which should enjoy the spirit and loyalty of the principles of WHO which lays down in its Constitution, among others, nondiscrimination in the delivery of health services, we would like to register through WHO our abhorrence and rejection of the way medical services are run for the majority of the black population in South Africa.

In this regard we request the Director-General of WHO and his staff as follows: (1) to study the document produced by Professor Tobias on "Apartheid and medical education: the training of black doctors in South Africa"; (2) to conduct thorough research on the training of black medical personnel of all categories in South Africa, their remuneration, working conditions and distribution of medical services in that country; (3) to look into the intended holding of the International Association of Medical Laboratory Technologists Conference in Durban, from 26 July to 1 August 1980; (4) to investigate the unethical conduct of the three doctors implicated in the torture and death of Steve Biko by the police whilst he was in custody, who were left scot free by the South African Medical and Dental Council despite overwhelming evidence that Steve Biko did not receive adequate medical attention as was indicated; (5) to investigate the returning of the Medical Association of South Africa to membership of the World Medical Association.

Mr President, in terminating we would like to thank WHO for the material and moral support they have accorded us and Dr Quenum and the staff of the African Region for all the cooperation he has given us. Thanks also go to member countries of OAU for their all-round support. The frontline States who have been physically attacked and pressurized by the racist regime for the support they give us are warmly thanked. We are looking forward to even more support, for ahead the road is still slippery and dangerous.

Dr ALDERETE (Paraguay) (translation from the Spanish):

Mr President of the Assembly, ministers and representatives, ladies and gentlemen: the delegation of Paraguay congratulates the delegation of Kuwait on having been accorded the honour of unanimous election to preside over this august Thirty-third World Health Assembly, which is proceeding so successfully and dynamically. At the same time, I should like to convey sincerely friendly and affectionate greetings from my people to WHO's brilliant and energetic guide and Director-General, Dr H. Mahler.

In our country, at the heart of South America, we are tirelessly striving to achieve the goal of "enjoyment by a healthy and vigorous people of the fruits of progress", in the words of the constitutional President of the Republic of Paraguay, General of the Army, Alfredo Stroessner.

The Republic of Paraguay has set as national health goal for the year 2000 the extension of the coverage of services to improve the level of health and living conditions of all the country's population. Basic services and essential minimum services will be developed in the rural and marginalized populations as an integral part of the process of economic development of the country, coordinating the health activities with those of the other sectors in order to increase life expectancy at birth, reduce the overall death rate, infant mortality, mortality among children aged from one to four years, and maternal mortality, and also reduce rates of morbidity and mortality from infectious and parasitic diseases, perinatal causes, complications of pregnancy, childbirth and the puerperium, accidents and nutritional disorders, priority attention being directed to those under 15 years old and, within that group, particularly to those under five years old, as well as to expectant mothers.

The basic services and essential minimum services to the outlying populations must systematically meet the fundamental requirements for individual and collective health of the entire population and, as a priority goal, those of the rural and outlying urban fringe sectors and of the population settlements, delivering locally, in an effective and efficient way and with the full acceptance and participation of the population, comprehensive health services through activities for health promotion and protection, basic sanitation, and health education, particular attention being devoted to the most frequent disease problems and commonest accidents. Auxiliary staff and unconventional categories of personnel, suitably trained and supervised, will take responsibility for providing care to small concentrations of population. Localities with less than 300 inhabitants will be looked after by voluntary health cooperators.
and those with less than 2000 will be provided with health posts staffed by auxiliary personnel of the institutional system. These minimum health services will ensure timely and sufficient access by the entire population to the most complex levels of care of the country's system of health services, which are support facilities complementing the primary level. Thus the health care of the population will be as comprehensive as possible, egalitarian and just.

In order to reach the national goal of health for all by the year 2000, it is considered necessary to promote food production at the family level in the rural areas and guarantee that an adequate diet is within the economic means of the entire population; to intensify basic sanitation and housing improvement activities so as to lessen the prevalence of unhealthy conditions; to reduce illiteracy to a minimum so as to attain an adequate average level of education; to promote industrialized farming by preferential measures and intensify land reform and settlement programmes so as to increase the purchasing power of the population; to improve and expand means of communication and transport so as to facilitate interchange of products and give increased possibilities of access to the health services; to train manpower so as to prepare the population for the requirements of national development and reduce the indices of underemployment and unemployment; and to promote improvement of people's organizations in the country so as to obtain their self-reliant participation in their own comprehensive development.

In order to attain the proposed goal, medium-term and long-term strategies have been established. In the medium term, so as to achieve the earliest possible extension of the coverage of the health services, it will be necessary to approve and implement at the highest political decision-making levels in the country activities to foster and support the development of primary health care; and to extend and develop basic and minimum health services as an integral part of the country's socioeconomic development process. Priority must be given to extending and developing the peripheral health services and promoting the development of primary health care with the participation of the beneficiary population itself.

The extension and development of the peripheral services is to be attained through strengthening and technical and administrative reorganization of the existing health posts and centres and establishment of such new posts as are required. The strengthening and technical and administrative reorganization of the higher echelons will be necessary in order to deliver support, advisory assistance and supervision to the peripheral services, and also to develop primary health care as the basis of the system and portal of entry for ensuring timely and sufficient access for the whole population to the different levels of care of the country's health services system. The work of supporting and developing primary health care is to be carried on from the different levels of the system of health services and is to consist in promoting the preparation of local development projects, with the collaboration right from the planning stage of the population and of all the interested sectors; in training manpower from the same population as voluntary health workers, empirical midwives and so forth; in providing the personnel thus trained with equipment, drugs, materials and other necessaries; in procuring and supplying basic materials for environmental sanitation; and in guiding, supervising and evaluating health activities.

In the long term, in order to improve the level of health and the living conditions of all the country's population, it will be necessary to organize and develop a national health system that plans and coordinates comprehensive health care, delivered through public and private bodies, according to the needs of the population; to ensure participation of the other sectors in fulfilling the responsibilities that rest with them in regard to health care; to support active participation by the population throughout the entire process of organization and development of the system; to increase the output of services and redirect their distribution towards priority groups in order to extend coverage and reduce disparities in the level of consumption of health services; to expand the coverage of services designed to promote and improve environmental conditions; to promote, through primary care, the participation of the population in determining their health needs and in the production of the basic services required to meet them; to regulate the production, distribution and consumption of preventive and restorative services according to the needs of the entire population; to encourage the administrative development and functional decentralization of the system; to increase the existing resources to a degree compatible with the possibilities of their enlistment and full utilization by the system; to put the available resources in the optimum position for utilization by improving their regional distribution in application of systems of health care levels; to incorporate into the sector the resources of the beneficiary populations themselves; to adapt the basic and further training of health
personnel to the country's present and future needs; to stimulate the country's basic industry and/or incorporate into the industry of countries of the southern triangle the manufacture of essential products for health care and ensure adequate control of drug prices; to reorient the production of basic drugs so as to ensure sound quality and an adequate supply for the needs of the population; to expand the physical infrastructure in accordance with the needs of the system and with regional priorities; to establish a system for maintenance of premises, installations and equipment that will work effectively at national, regional and local levels; to explore sources and methods of internal and external financing to fund the improvement and extension of the system; to promote scientific and technological research in health geared to creating a technology adapted to the country's needs; to orient and increase food production for adequate nourishment of the population and the enrichment of certain widely-consumed foodstuffs; and to ensure that international technical and economic cooperation is adapted to national policies and priorities, coordinating its activities and dovetailing the assistance it provides with the implementation of the health plans.

In Paraguay for more than two decades past there have been programmes under way in pursuance of the national government's policy aimed at coping with the health needs of the entire population, with priority for those of the underserved rural population. The Ministry of Public Health and Social Welfare, as the directing body for the sector, is taking part in such integrated rural development projects as those of the Northern Settlement Axis, the Eastern Axis, Alto Paraná, Itapúa, etc., and is actively participating in the work of the national council for social progress, the multisectoral body that directs these projects and is responsible for promoting the country's social development.

A number of measures have been adopted and several projects put into operation to increase the coverage of the health services. Among the most important we have the creation in 1973 of the department of rural health, whose functions include directing, controlling, supervising and evaluating programmes for extension of the minimum rural health services, organizing medical and social action campaigns, and participating on behalf of the Ministry of Public Health and Social Welfare in the rural development programmes of the national council for social progress; and the launching, in 1976, of the national health plan for the five-year period 1976-1980, among whose objectives is the extension of the coverage of the health services to all the country's population. In pursuance of this plan, and with the cooperation of the Inter-American Development Bank and the Pan American Health Organization, we have prepared the "Project for extension of the coverage of the rural public health services" with the aim of solving the problem of low health-service coverage, which mainly affects people living in localities with less than 2000 inhabitants and the scattered rural population, and of improving their health situation, which is considered to be still unsatisfactory.

The purpose of this project for extension of the coverage of the rural public health services will have been attained when 100% of the country's population is protected by health services of varying complexity, from basic or primary to specialized care, with emphasis on the rural populations and especially those without coverage. Priority will also be given to the utilization of unconventional manpower such as voluntary health collaborators who, with proper training, can provide primary care, simple and rudimentary, but useful to the rural population; to the strengthening of the intermediate health care levels so that the flow of patients from the primary levels can be adequately attended to; and to improving the system of supervision and enhancing the productivity of the resources employed.

On the strength of this project we have been able to obtain external financing: a loan agreement for several million United States dollars was signed with the Inter-American Development Bank in December 1978, and this, added to the national contribution of US$ 1.2 million, will make possible the implementation over a four-year period of the first stage of the project for extension of the coverage of the rural public health services, which serve four health regions in the eastern part of the country and which as of the present year, 1980, have under their responsibility 1 279 930 people, i.e., 41.8% of the total population of the country.

The project is made up of three clearly identifiable components. There is a subproject on development of the physical infrastructure for construction and equipment of the premises for 81 health posts, 7 six-bed health centres, 2 nine-bed health centres and one fifty-bed regional health centre; equipment will also be provided for six health posts already in existence and for the regional health centres at Concepción and Villarrica. Then there is a subproject on development of manpower for the implementation of the project which will train some 1183 staff of every category and, as a special feature, 2000 voluntary health collaborators and unconventional staff recruited from among the leaders of the rural
populations themselves. And lastly, there is an institutional development subproject which will be carried out with the cooperation of the Inter-American Development Bank and of PAHO and is designed to put the health services in a position to respond promptly, effectively and efficiently to whatever problems and demands result from the extension of services.

The project for extension of the coverage of the rural public health services of Paraguay is at the active implementation stage. The programme and supervision of the project activities are entrusted to an executing unit coming under the Directorate-General of Health of the Ministry of Public Health and Social Welfare, but the implementation of the activities is the responsibility of all the units of the Ministry's organization under the coordinating authority of the Director-General, who establishes the necessary machinery for that purpose.

The executing unit has prepared, as one of the tasks in preparation for the initiation of the project, all the documents relating to the construction and equipment component, together with the programme and organizational arrangements for the training of personnel of every category needed for the operation and maintenance of the services that are to be established and those which already exist. Similarly, the necessary documents have been prepared for obtaining the consultant services required for the programme of administrative development and for adapting the management systems of the Ministry to the requirements of the extension of the coverage of the health services.

The permits for the construction and equipment work are already being processed and for this purpose a programme for supervision of constructional works was prepared in due time with a view to ensuring a satisfactory standard of quality at a moderate cost and avoiding the creation of idle capacity.

The budget of the Ministry of Public Health and Social Welfare for the year 1980 includes the necessary counterpart funds for the planned construction works and for recruiting the personnel required to put into commission the establishments whose construction and equipment will be completed during the period concerned. Similarly, arrangements have been made to obtain the necessary financing for going ahead with the staff training activities and procuring the drugs and equipment which the units delivering care at the primary level will require for their functioning.

Special consideration has been accorded to expansion of the coverage of the services designed to promote and improve environmental conditions, and especially those concerned with basic rural sanitation. The Government of the Republic of Paraguay concluded to this end in December 1977 a loan agreement with the World Bank for the amount of US$ 6 million for a water supply and basic sanitation project to be implemented by the National Environmental Sanitation Service, an agency of the Ministry of Public Health and Social Welfare. The project has been assigned five million dollars contributed by the Government and by the populations concerned and will benefit approximately 95 000 people through the implementation, over four years, of about 48 water supply subprojects for localities with less than 4000 inhabitants. The systems being established, in addition to providing for the installation of public standpipes, include house connexions that will supply between 50% and 80% of the population of the locality. The project also provides for waste disposal through specific subprojects and for a pilot waste disposal programme which will provide individual solutions, and plans have already been made to construct approximately 45 000 drainage systems for 2000 health units.

Within the same project it is also planned to implement a programme of technical assistance of the National Environmental Sanitation Service with the cooperation of PAHO in order to strengthen the administrative, operational and financial-management sectors; this programme consists essentially in training of office and field personnel required for the implementation of the project. A basic educational and public health promotion project has also been provided for to train the members of the sanitation boards set up in the beneficiary populations themselves, so that they can cope effectively with the management and basic operation of the rural water supply systems constructed.

The project is 65% terminated, with the completion of the studies on two projects for 100% of the localities selected and the construction of the supply systems in 56% of the localities. About 45% of all the localities included in the project now have reservoirs and a network of house connexions.

The foregoing was a brief account of the progress achieved in Paraguay towards attaining health for all by the year 2000. There is indeed good reason to hope that, given the political will of the upper echelons of the national Government, translated into action by the technical planning secretariat of the office of the President of the Republic, and with the implementation of the sectoral health plans under the directing and coordinating authority of the Ministry of Public Health and Social Welfare, it will be possible to extend the coverage
of the health services to all the country's population so as to improve their level of health and their living conditions, thus attaining the national goal of health for all by the year 2000.

Dr RIFAI (Syrian Arab Republic) (translation from the Arabic):

Mr President, distinguished delegates, on this occasion I would like to congratulate you sincerely on the confidence displayed in you by the Assembly in electing you as its President. We have no doubt whatsoever that you will ably carry out this prestigious task. I also extend my congratulations to the Vice-Presidents and the Chairmen of the main committees, and hope that the work of the Thirty-third World Health Assembly will be entirely successful. I would like to take this opportunity to congratulate the Chairman and members of the Executive Board on the valuable reports they have presented and on their sincere efforts during the last two sessions of the Board.

We have listened with interest to the address by the Director-General, Dr Mahler, in which he summarized the work and activities of the Organization in all parts of the world during the past two years. I congratulate him and hope that the results we achieve through the intensive and technical discussions at this Assembly will help to consolidate our Organization's policy and objectives in general, and particularly its endeavour to achieve health for all by the year 2000, with emphasis on providing primary health care for those in the developing countries who need it but are deprived of it. We would welcome such steps towards more harmony and relevance to the actual needs of Member States and towards removing the disparities in health standards between the developed and developing countries. This in our opinion is a major activity, reflected by productive and effective collaboration between the countries of the world, which we all support, as we endeavour within our countries to improve the health standards of our people.

During the last few years, my Government has assigned major importance to health issues. A wide variety of health projects have been carried out and adequate health institutions established so as to provide a satisfactory level of health services for various population groups, particularly in the rural and deprived areas. The contributions and support of WHO have had a tangible effect. The health activities of the State are clearly reflected throughout the population by the drop in the infant mortality rate and by the control of many communicable and endemic diseases. We are now in the process of developing our five-year health plan for 1981-1985 within the context of the general five-year plan for socioeconomic development in our country. For the first time, all the components of the health plan are being integrated and coordinated. The plan is being developed within the concept of health for all by the year 2000. We are concentrating our efforts on the continuous consolidation of preventive services and health education of the public. I would like to point out the successful achievements of our national mass vaccination project, the efforts to make primary and basic health care activities more effective and comprehensive, particularly in rural areas, and the gradual introduction of health insurance to cover the entire population within the next 10 years, taking into account the integration and coordination of the health insurance services and the various forms of primary health care services.

Among the fundamental principles of WHO policy is the statement in our Constitution that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Health issues are clearly inseparable from political and social issues, as the Director-General, Dr Mahler, indicated in his latest speech. It is futile to imagine that it is feasible to attain a state of complete physical, mental and social well-being in an oppressed or occupied society. May I therefore remind you once again of your brothers in humanity, the Palestinian people, who are still under the tyrannical colonial occupation of the zionists, suffering daily from various forms of terrorism like the blowing-up of houses, expulsion of the population and suppression of liberties. The health conditions of these people, who face Israeli terrorism and violence, whether within the occupied territories or in the camps where they have sought refuge, are continuously deteriorating. We all believe that these inhuman practices and actions, categorically rejected by your Organization and international society, must be put to an end. This can be achieved only by terminating the occupation and by asserting the Palestinian people's legitimate rights to repatriation and self-determination.

Dr S. HASAN (Pakistan):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, before I comment upon the report of the Director-General for the biennium 1978-1979, I take this
opportunity on behalf of my country's delegation, my country's Government and the people of my country to pay sincere homage to the great international leader, President Tito, who gave his life in the cause of peace and liberty.

I would also like, Mr President, to join the previous speakers in congratulating you, on behalf of my country's delegation and on my own behalf, on your election to this post. And I wish to assure you that under your able guidance and leadership we are looking forward to useful and effective deliberations in the days ahead. At the same time I wish to congratulate the five Vice-Presidents, who similarly enjoy our confidence and regard.

Now, coming to the report of the Director-General, I would like to pay my personal regards to the Director-General and convey my delegation's appreciation for his excellent introductory observations, which clearly depict his inner conscience vibrating for health for all as early as at the end of this century.

It is true that the years 1978-1979 have been momentous in the history of the Organization. The Alma-Ata Declaration, invoking the need and urgency of primary health care; the resolution of the Assembly to achieve health for all by the year 2000; the eradication of the dreaded scourge of smallpox from the globe; the origin of "TCDC", the concept of technical cooperation among developing countries; the realization of health's being an integral part of overall socioeconomic development by the General Assembly of the United Nations, giving a fillip to the multisectoral approach to health which has so far remained isolated in national development, receiving low priority in national budget allocations - all these coming together make us bewildered in the context of disturbing political and economic conditions taking place around us with the same speed during the same period.

However, I am gratified to note that the Director-General, in his usual sincere dedication and devotion to his onerous duty, has tried to allay pessimism and has drawn the attention of Member countries to the goal which - if kept in mind and striven for - will circumvent most of the obstacles and vicissitudes. On behalf of my country's delegation I would like to endorse the view of the Director-General, and his optimism, by saying that in the years ahead WHO, acting as a catalytic agent in international cooperation in the health field, may be recognized as a forum to patch up gaps in universal brotherhood.

Viewing the various activities undertaken by the Organization during the period under review, I have noted with great satisfaction the areas in which greater attention has been paid - the areas which generally concern the developing countries, such as development of managerial processes, national health programme development, research promotion, availability of essential drugs at low cost, appropriate technology for health, health laboratory technology, diarrhoeal diseases in children, and traditional medicine. All these have a direct bearing on primary health care, and therefore the efforts of the Organization in these directions may be continued in future also.

Of special interest to us are the guidelines prepared on laboratory services at the primary health care level, and the organization of blood transfusion services at the peripheral level, which are under field trial. We plan to cover 50% of our population with primary health care by the year 1983, and therefore these guidelines are our immediate requirements.

As regards the malaria situation, although the results of action taken by WHO under the new strategy outlined by the Thirty-first World Health Assembly seem to be encouraging, my delegation believes that, as the factors involved in the persistence of malaria are varied and unpredictable, salvation may lie in the development of a malaria vaccine. It is very gratifying to observe from the report of the Director-General that an immunological study is in progress, with encouraging signs.

Finally, I wish to get our appreciation recorded for the increasing interagency and multilateral coordination which is taking place in the health field, involving even nongovernmental organizations, whose expertise is being utilized, and the extrabudgetary resources coming forward for many WHO projects. In this connexion, establishment of the Resource Group for health for all by the year 2000 is a brilliant example. If we are to achieve our goal, the resources gap needs to be plugged, and this cannot be possible unless the international brotherhood collaborates wholeheartedly.

Increased collaboration with Member States is taking place in the Eastern Mediterranean Region with strong motivation by the Regional Office. In this connexion, my delegation appreciates the foresight and imaginative guidance provided by the Regional Director, Dr Taba. The Regional Consultative Committee and the Regional Health Development Advisory Committee recently formed are examples.

Before I conclude, I would wish to draw the attention of the Organization to that segment of the population of the world who are physically and mentally disabled. I am quite aware that WHO is already alive to the problem and has prepared guidelines for community care of
such populations. Steps have also been taken towards prevention of disability, and next year is going to be the International Year for Disabled Persons, when health requirements of the elderly population and of disability due to old age will be taken into account in formulating strategies. However, as regards rehabilitation of the deaf, dumb, mute and mentally retarded, many governments, including mine, would like to have the technical expertise of WHO for appropriate institutional care at a high level. WHO should lend its full support.

Before leaving the rostrum, I feel privileged to ventilate the feelings of joy and happiness of my country's delegation at the attainment of WHO membership by Zimbabwe and San Marino.

Mr CHIN Chung Guk (Democratic People's Republic of Korea):

Mr President, Director-General, distinguished delegates, first of all I would like to congratulate the unanimously elected President of the Thirty-third World Health Assembly. At the same time I express my appreciation to Dr Mahler, Director-General, for his active efforts for the development of WHO and for his excellent report to this Assembly.

I would like to express deep sorrow and condolence on the passing away of President Tito, who was a national hero of the Yugoslav people and one of the founders of the non-aligned movement. The death of President Tito is a great loss not only to the people of Yugoslavia, but also to the peoples of the non-aligned countries and all the peace-loving peoples of the world.

Public health is noble, revolutionary work which enables all the working people to make an active contribution, in good health, to the struggle for building a new society. It is one of the important policies of the Workers' Party of Korea and the Government of the Democratic People's Republic of Korea to protect and promote the health of the people by devoting much effort to public health. The respected and beloved leader, President Kim Il Sung, has taught us as follows: "In our system, nothing is more precious than the people. We must develop our public health work to protect the lives of the people and further promote the health of the working people". The great leader, President Kim Il Sung, proceeding from the fundamental theory of the Juche idea that man is master of everything and decides everything, puts forward the Juche-based idea of public health - that the health of the people should be protected and promoted in order to push ahead with the revolution and construction - and has led our people in their struggle for its realization, thus establishing the most popular public health system.

In our country all medical services are free of charge. All conditions have been created for the practical exercise of the right to enjoy free medical care at any time and in any place. Hospitals with internal treatment, paediatric, obstetric, and dental surgery departments are found even in the rural villages, and there are networks of specialized medical services, such as the networks of medical care for children, medical services for women, traditional Korean medicine services, dental services, first aid, and sanatorium medical services. As a result, in our country as of the end of 1979 there were 23.3 doctors and 120 hospital beds per 10,000 people. It is not the sick persons who call on doctors, but doctors call on the patients under the "section doctor" system. Medical workers carry medicines to the working sites and households. Medical examination cars regularly go to mountainous areas to look after the health of the people. Epidemic diseases such as smallpox, cholera, relapsing fever, malaria, Japanese encephalitis and measles disappeared long ago from our country. In 1979 the death rate per 1000 people was 4.4. This means that it dropped to one-fifth of what it was in pre-liberation days. With the mortality rate decreasing, the average life-span reached 73 years in 1976.

Thanks to the deep solicitude of the respected and beloved leader, President Kim Il Sung, the People's Health Law of the Democratic People's Republic of Korea was adopted at the session of the Supreme People's Assembly which was held in April this year so as to realize completely the desire of the people for longevity by taking full advantage of the popular system of public health established in our country. This law codifies the shining achievements of our people in public health and consummates the principles and demands for improving the health of the people. With the establishment of the People's Health Law by the great President, our people have got a secure guarantee by law ensuring them the opportunity to live a worthwhile life, enabling their wisdom and talent to flower in the building of socialism, free from worries about the protection of health. Indeed, all the people in our country are enjoying a happy life under the benefits of the free medical care system. We shall further strengthen and develop international cooperation in the field of public health, keeping in close contact with the World Health Organization.
In conclusion, I am firmly convinced that the Thirty-third World Health Assembly will contribute to the promotion of health of the people by carrying out its important tasks.

Dr MOHITH (Mauritius):

Mr President, your excellencies, distinguished delegates, the delegation of Mauritius presents its cordial greetings and good wishes to you, Mr President, and to all the participants in this Assembly. We are confident, Mr President, that your wisdom and your experience will guide the Assembly in taking the right decisions that are relevant to the needs of the Member States. Very often there are gaps between the resolutions and decisions taken by the World Health Assembly and the capacity of Member States to put them into effect.

As regards actions taken in my country for the attainment of health for all, we have established programmes to strengthen the first-contact level of the health care system and to provide essential health care to the entire population. These include nutrition and health education, antenatal and postnatal care, assistance at birth, advice on family planning methods, immunization of all infants and children, surveillance of growth and development of children under five, treatment of minor injuries and common diseases, and referral of serious cases to the nearest hospital. A new drug formulary has been prepared for use in all government health institutions.

However, it is obvious that the provision of health services alone will not suffice to raise the basic health status of all the people. Overall social and economic development, employment opportunities, decent housing conditions, education, and good nutrition, safe water supply and basic sanitary measures are factors that will influence the living conditions of the common man and enable him to lead a socially and economically productive life. These aspects of development are being implemented under a special rural development programme. Community participation has not progressed beyond a dialogue between providers and consumers of health care, although there are examples of citizens' participation in voluntary organizations to look after the welfare and comfort of the handicapped and the disabled. In order to encourage more active participation, the Government has decided to set up local health councils that will include representatives from the local population and voluntary and social organizations. The aim of the Council is to make the health services respond more effectively to the needs of the population and to mobilize public support for government health action. It is also essential for all health personnel involved in the delivery of primary health care to be properly motivated, and to be equipped with the necessary skill and knowledge to serve the community. A programme of continuing medical education is being prepared and will be operational before the end of this year.

Health for all by the year 2000 is a very ambitious objective. The task is Herculean. We have listened to many speeches on this subject, but speeches alone are not good enough for a task of this magnitude. It requires bold decisions and the determination to implement them. It also requires guts and the political will of all world leaders to decide upon an equitable distribution of available resources at the national as well as at the international level. In his address to the Assembly, the Director-General asked a few pertinent questions of the delegates. I should like to reiterate the full support of my country in its determined efforts to intensify the effectiveness of WHO at the regional and country level. Hundreds of millions of downtrodden and underprivileged people around the world have already signified their recognition and acceptance of the social mission of WHO. Allow me to salute all the staff and all the workers of WHO for their outstanding victory in the battle for the eradication of smallpox.

Dr MOTAMEDI (Iran):

Mr President, at the outset I would like to congratulate you on your election as President of the Thirty-third World Health Assembly. It is a source of deep satisfaction to see a distinguished colleague from a brother Islamic country presiding over our present crucial deliberations. With your dedication and under your experienced guidance we can hope to achieve constructive and positive results. At the same time, I would like to assure you of our full cooperation.

We have reviewed with interest the brilliant report of Dr Mahler, the distinguished Director-General, on the work of WHO in the years 1978-1979. We consider this activity very important for the development of world health on a global scale.

On behalf of the Government of the Islamic Republic of Iran, I have the honour to extend my congratulations and best wishes to the people of the Republic of Zimbabwe on their
independence and freedom, and on membership of the World Health Organization, and also to welcome San Marino to membership in our Organization. We hope that a sovereign and independent state of Palestine will be created in the near future so that we can in the same way welcome our Palestinian brothers among us as a new Member of WHO. We will never forget the generous support the Palestinians gave us in the difficult days of our revolutionary movement, and we wish to strengthen our moral and political association with them in their struggle against zionism and imperialism towards the ultimate goal of the creation of an independent and sovereign state of Palestine.

We have received with deep sorrow the sad news of the demise of the President of the Socialist Federal Republic of Yugoslavia, Marshal Josip Broz Tito, esteemed doyen of world leaders. It is with a sense of much distress that we should like, through the delegation of Yugoslavia, to extend to the people and Government of Yugoslavia our sincerest condolences and sympathies for the tragic bereavement they have suffered.

As a reborn country in the society of nations, after liberation through a popular revolution from the barbaric and tyrannical imperialistic regime of the deposed Shah, Iran is faced with a tremendous number of different problems. The goal of the Islamic revolution is to create a new society. The end of the Shah's regime was the first step of the Iranian revolution towards this goal. Needless to say, the destruction of the Pahlavi rule was the less difficult part of our task; the more complex revolutionary work is ahead of us. For example, we have to restructure the society at a time when our agriculture, due to the neglect and irresponsibility of the old regime, can feed no more than 30% of Iran's population. Other fields of the economy and public services, including public health, under the regime of the deposed Shah were no exceptions and therefore suffered a lot from the unacceptable conditions. The tyrannical ex-Shah ruined almost all the public health facilities in the deceiving name of the "great civilization". Our economy, culture, science, industries and agriculture were destroyed and ruined, and we were made totally dependent on foreign imperialistic economies. For a quarter of a century the deposed Shah spent millions of dollars in order to portray a progressive image of himself in the West, instead of investing them for the improvement of the infrastructure and basic needs of Iran. As a result of those policies, we have had to import almost every single item for our needs during the past few years.

One of the most popular slogans of demonstrators during the last phase of the revolution in Iran was: "Neither East nor West, only Islamic Republic". As a matter of fact, this slogan reflects the basic philosophy underlying the foreign policy of the Islamic Republic of Iran. It is against this background that we were disappointed by the imposition of economic sanctions on Iran. We are not afraid of economic sanctions as such, but these sanctions include some of the basic medical needs of the population, such as basic medicines and X-ray films, without which the country's health machinery will be paralysed. In spite of all these problems we rely on Almighty God, who will help us to overcome all these difficulties.

I would like to emphasize that, in spite of all the difficulties which I mentioned earlier, we are committed - and it is our obligation to our people - to implement the policies, strategies and plan of action for the goal of health for all by the year 2000. I would also like to mention and emphasize the important point that the global goal of attaining health for all by the year 2000 cannot be achieved unless three major obstacles can efficiently be removed. The first major and very important obstacle is the hunger of millions of people in almost every continent all around the world. How could we be hopeful of reaching the goal of health for all by the year 2000 while so many people in many countries are suffering from hunger - many of them dying in consequence. The second major obstacle is the continuation of the policy of the occupation of other people's lands and territories by the inhuman zionist regime of Israel. The world will not be able to attain the human goal of health for all by the year 2000 unless the people of Palestine, who are deprived of their homeland, can return to their territory and build a new society for themselves. And finally, the last but not the least obstacle, which is the background of the two previous ones, is the armament competition between the superpowers and their satellites. The major funds and budgets which ought to be spent on nourishing the people and building a healthy society for them are unfortunately going to make this dangerous competition faster and stronger, and as a result we are regretfully watching the death of many people because of malnutrition or hunger. So we may be right to have a little doubt regarding the reaching of the global goal of health for all by the year 2000, unless a true disarmament programme could efficiently and seriously be implemented throughout the world.

In conclusion, I thank you, Mr President, and the Director-General, and wish you best success in your tasks.
Dr TAPA (Tonga):

Mr President, Director-General, distinguished delegates, once again it is a pleasure and honour for me to address this august assembly. First, I would like to offer my sincere congratulations to you, Mr President, on your election to this high office, and I also offer the same congratulations to the five Vice-Presidents. Secondly, I would like to convey my warm and cordial welcome to San Marino and Zimbabwe on their admission as new Members of WHO. Thirdly, I want to express my deepest sympathy to the Yugoslav delegation for the great and sad loss which their Government and people have suffered in the death of their great leader, President Tito. In their time of bereavement, it may not be out of place to recall for this Assembly that it was Yugoslavia which gave the First World Health Assembly in June to July 1948 its first eminent President, Dr A. Štampar.

In reviewing the reports of the work of the Executive Board, the increasing thickness and the greater number of pages of the reports on its sixty-fourth and sixty-fifth sessions are a testimony of the greater number and importance of the matters considered by and decided on by the Board, in particular with reference to the "Study of the Organization's structures in the light of its functions", and "Formulating strategies for health for all by the year 2000". I would like to place on record my thanks and appreciation to the Chairman and members of the Executive Board, and to the Secretariat, for their hard and dedicated work and for the reports of the Board on its sixty-fourth and sixty-fifth sessions.

I would like now to comment on the biennial report of the Director-General on the work of WHO in 1978 and 1979. Dr Mahler, in his usual efficient and thorough manner, has produced a full, informative and excellent biennial report, and I would like to convey to him, and to all the WHO staff wherever they serve, my Government's grateful thanks, warm appreciation and sincere congratulations for all the achievements of WHO and its Member States described in his report. I note with great satisfaction that the Declaration of Alma-Ata, the so-called "twentieth-century Magna Carta for health", is given pride of place and precedence in the first few pages of the report. Allow me to express a humble wish and hope that this practice will become established in future years, not only in the Director-General's annual and biennial reports, but also in WHO publications which are relevant to the social goal of health for all by the year 2000 and the key primary health care approach. This should ensure that the Declaration of Alma-Ata will become a constant and continuous reminder to all those interested in health and to all health workers of its existence, of the nobility of its social goal, and of the duties and obligations of governments, international organizations and the whole world community to attain health for all by the year 2000 in a new spirit of compassion and cooperation toward humanity.

It is most gratifying to note in the Director-General's report the creation of the Health/2000 Resources Group, and that this group will have at its disposal a primary health care fund. It is also a good sign for the future that financing institutions at global, regional and other levels are taking favourable decisions and innovative approaches to support the social goal of health for all by the year 2000 and the primary health care strategy. Evidence of this welcome change of attitude on the part of financing institutions is the increased direct lending to health infrastructure projects; in the case of my own country the Asian Development Bank approved in 1979 a concessional loan on soft terms to my Government with which to build four health centres and provide transport in rural areas.

But, on the other hand, it is most disappointing to note that certain resolutions of the Health Assembly adopted in 1965, 1976 and 1978 to amend certain articles of the Constitution of WHO have not yet been implemented. I urge that this matter be looked into, and that ways and means be devised to expedite the procedure for the implementation of these Health Assembly resolutions to amend the Constitution.

With reference to health policies in my country my Government has adopted and followed in practice the health policies recommended by WHO, because Tonga and its people have great faith and confidence in the mission of WHO for health and humanity. My Government has committed itself unreservedly to the Declaration of Alma-Ata and adopted all the recommendations of the 1978 International Conference on Primary Health Care in 1979. This is a tall order for a small country like Tonga, but my Government has declared unreservedly its highest priority: it is its people, and human survival in this one world.

The Director-General's biennial report bears witness to activities of technical cooperation between WHO and my Government in the following specific health programme areas, which I want to highlight:

(1) Formulation of strategies for health for all by the year 2000. My Government is currently preparing its fourth national socioeconomic development
plan (1980-1985) and has been receiving cooperation from a WHO health planner since 1979 to assist in defining and preparing the appropriate strategies in the health sector for inclusion in the national development plan.

(2) Proposals for the establishment of a joint South Pacific pharmaceutical service for the provision of essential drugs. This is also an enterprise in technical cooperation among developing countries in the South Pacific.

(3) A maternal and child health and family planning programme operative for 16 years since 1964, which has been supported by WHO and UNICEF and latterly, by UNFPA funds. The International Year of the Child in 1979 was a great success, and we will try hard to make every year from now until the year 2000 the same.

(4) A health laboratory technology and services project assisted by a WHO health laboratory adviser.

(5) An environmental health programme, operative for 23 years since 1957, in collaboration with UNICEF and with community (village) participation and other donors, to provide safe drinking-water supplies and appropriate methods of waste disposal. My Government is confidently planning and expecting to attain the goal of providing a safe drinking-water supply to every village and human settlement by 1985, and then to concentrate its efforts on the provision of appropriate waste disposal to every household so that by 1990 the goals of the International Drinking-Water Supply and Sanitation Decade will be attained.

(6) In health manpower development, a new training project on the training of medical assistants was begun in 1979 with WHO collaboration.

(7) Development of health information of the public and measures to reduce the advertisement of cigarettes, tobacco, alcohol and liquor in the mass media.

(8) Health and hospital administration and management; maintenance and repair of medical equipment; occupational health services for workers' health; a mental health programme; medical and health research; communicable disease prevention and control of tuberculosis, leprosy, filariasis, diarrhoeal diseases, and the expanded programme of immunization; noncommunicable disease prevention and control of diabetes and cardiovascular diseases, and measures to reduce or stop tobacco-smoking and alcohol consumption.

In connexion with the WHO technical cooperation activities which are implemented mainly at the regional and country levels, I want to place on record my Government's thanks and appreciation to the Regional Director, Dr Hiroshi Nakajima, and staff of the Western Pacific Region, for all their work in my country and for the Region as a whole.

In the Director-General's inspiring address to this Assembly to present his biennial report, he asked four questions of us. I can give the four answers from my Government to him now, and those answers are quite definitely and firmly in the affirmative. I can also give now the answer of my Government to the Executive Board's resolution EB65.R12 on "Study of WHO's structures in the light of its functions", containing recommendations to this Assembly; again, that answer is quite definitely and firmly in the affirmative.

I would like to refer briefly to the subject of smallpox eradication, which is covered in the Director-General's report. This Assembly has adopted resolution WHA33.3 on "Declaration of global eradication of smallpox". The global eradication of smallpox is one of the greatest achievements in the field of health in the history of mankind since the first creation of man in this world. It is a glorious success of which we are all proud. It is said that success is a journey, not a destination. The lessons of all the factors which gave rise to the success of the global eradication of smallpox are well known to us all. We must grasp them and make use of them. Our journey from now on to the year 2000, only 20 years away, with its noble social goal of health for all by the year 2000, and hopefully beyond it, will require all the gigantic moral, scientific, technological, and human efforts of all mankind. Some, regretfully, will drop by the wayside, and many millions more will join anew this journey. But in this journey toward our goal smallpox will not, and should not, accompany us any more, because smallpox is dead. But the tested and proved lessons, knowledge and experience for its eradication, the considerable benefits that have accrued, the absence of the terrors of smallpox and the resultant jubilant joys and pleasant expectations, these are what will accompany us and support us to lighten and enlighten our paths in our journey to the well-deserved and long-awaited goal and heritage of mankind and humanity: health for all by the year 2000. We must never fail. Failure would mean subhuman misery and existence, and maybe extinction. We must succeed, and succeed gloriously. Success in the year 2000 would mean all the health, joy, happiness, peace and security that every human being has dreamt of and is entitled to share, and
also, quite definitely, human survival in a new world health order and a new international socioeconomic order. It is not a difficult choice to make between failure and success, but just a plain commonsense one.

In conclusion I would like to reaffirm my Government's commitment to cooperate with WHO, its Member States and all nations in the worthy cause of world health and humanity, and to convey to you, Mr President, my best wishes and the confidence that you will preside over and guide the deliberations of this Thirty-third World Health Assembly to a successful and happy conclusion. Malo 'aupito.

Dr DOUAMBA (Upper Volta) (translation from the French):

Mr President of the Thirty-third World Health Assembly, Vice-Presidents, Mr Director-General, ladies and gentlemen, the Thirty-third World Health Assembly opens this year at a particularly critical time for the peace of the peoples of the world. Wars of hegemony, closely bound up with ideological struggles, are aggravating by their violence the negative effects of a very serious world socioeconomic crisis.

If today we acclaim the victory of Zimbabwe as a symbol and a warning, we remain concerned about the development of latent or actual armed conflicts at various points on the globe. This unstable situation cannot favour the struggle for development being carried on with difficulty by our ill-equipped States in an effort to improve the conditions of life of our communities. Such a situation, which is indirectly intentional, diverts us from our true aims and thus perpetuates our almost total dependence on the richest countries. How can we speak of health when there is no peace, and when endemic and epidemic diseases are still creating grave problems for the everyday activities of community health promotion and development?

This is a gloomy picture at a time when we want to combine our resolution and capacities to set ourselves on the road to health for all by the year 2000. But we believe that we shall succeed and that is why, on behalf of the delegation of Upper Volta which I have the honour of leading at this Thirty-third World Health Assembly, I congratulate you on the trust placed in you by the representatives of the different Member States. We should like to include your colleagues the Vice-Presidents and Rapporteurs in this gesture of confidence and wish you courage in carrying out your mandate. Finally, the State, Government and people of Upper Volta greet the distinguished representatives of the countries of the world who have come here to combine their efforts to accomplish the noble tasks which must result in better health conditions for the peoples of the world.

Among the items of interest on the agenda, the Sixth General Programme of Work Covering a Specific Period (1978-1983 inclusive) merits special attention. The Sixth General Programme of Work is presented according to six major fields of activity: for every field there are a number of programmes, each with its own objectives, methods and means of implementation. This linear structure is reflected in the plan of the Director-General's biennial report. An examination of the report, which shows the results obtained in the face of many obstacles (resistance to change; social, political and economic problems), proves that there is no place for pessimism on the "road to health". The victory over smallpox is an event that the whole world should celebrate. It is evidence of the dynamism of our Organization, and of the fact that when men act in concert and coordinate their efforts, health for all by the year 2000 is not a mere dream.

Since the Alma-Ata International Conference on Primary Health Care, a new basic element has appeared which must be a major consideration in our conception of health development activities: the multisectoral and multidisciplinary approach to health work. The Seventh General Programme of Work Covering a Specific Period (1984-1989 inclusive) must therefore reflect this new approach in its structure, conception and elaboration, relying on the experience of the Sixth General Programme of Work. The political slant assumed by our Organization is historic and irreversible. It must be reflected in the various health development programmes planned with the year 2000 in view. In this connexion we cannot fail to render public homage to the courage of a dedicated man whose conviction of victory in the struggle for health is a symbol of hope for our peoples. I refer to Dr Mahler, Director-General of our Organization. I am sure that he will stand, together with other pioneers of the new trend adopted by WHO, as an example for present and future generations.

Turning to our national health policy, I have already mentioned the Upper Volta Government's wish to introduce by stages a new health system which will ensure more effective health coverage and a greater degree of social justice for the least privileged of our people. Our health resources are very modest and our national health plan (1980-1990) is
very ambitious. We shall rely primarily on our own resources, but avoid any tendency
economic self-sufficiency. I should mention here how grateful we are for the considerable
assistance offered as part of cooperation by international organizations (WHO, UNICEF, and
others), through bilateral and multilateral cooperation (USAID, France, Federal Republic of
Germany, Canada, Japan) and by nongovernmental and voluntary agencies (the International
Federation of Anti-Leprosy Associations and others).

The training of village health agents has begun and will gradually be extended to all
villages in the country. The experience gained at the pilot primary health care unit of
Toécé will be most useful in this respect. The establishment of cold storage facilities
for the expanded programme on immunization also leaves room for hope. An information and
education campaign organized by the National Health Education Centre has been launched to
obtain responsible involvement of the community in health activities. Manpower training
remains a priority and we shall be relying especially on the Regional Centre for Health
Development in Cotonou (Benin). Here we should mention the irrevocable move to set up the
school of advanced studies in health sciences in Ouagadougou.

All these activities mark the end of the classical conception of health as involving
one sector only and concerned essentially with sickness, and heralds the beginning of an
era of integration of health work into the global development activities of Upper Volta.
This outline of our national situation reflects our political commitment, which will gradually
take material form in accordance with the resources available and the degree of national
development achieved.

I should like to end by expressing the wish that the proceedings of the Thirty-third
World Health Assembly have concrete, immediately operational results so that all peoples of
the world may be present at the rendezvous of the year 2000.

Dr COUSIN (Honduras) (translation from the Spanish): 1

Mr President, Director-General, distinguished delegates to this Thirty-third World Health
Assembly: I bring you hearty and brotherly greetings from the Government and people of
Honduras.

Following the guidelines marked out by the Thirty-second World Health Assembly and with
advisory assistance from PAHO, we have reviewed our policy and the results obtained in the
health field in our country from 1971 to 1979 and have been able to arrange for this analysis
to be conducted jointly by all the government departments and independent bodies concerned.
The result was the preparation of a draft setting out new strategies for giving more support
to the health sector in regard to housing, education, nutrition, financial resources and land
reform. The health sector verified that the strategy and the political line to be followed
continued to be correct and, having got its administrative structure properly organized, has
drawn up ambitious plans for pressing further on towards the attainment of its objectives.

Thus our vaccination programmes are reaching the remotest and most inaccessible
localities; we have got dengue under control, but have serious problems with malaria and
are therefore faced with a long and arduous campaign in which we hope to be victorious thanks
to the planned, orderly and intensive way we are conducting it. Our programmes of basic
sanitation are being pursued very energetically, so that by the end of 1979 we had doubled the
number of wells and increased the number of latrines by 65% compared to the previous year.
This year we have obtained financial means to cover the construction of wells, latrines and
rural water supply systems in five of our country's departments and are already working on
the same lines to provide such services to the largest department in the country, thanks to a
donation from the European Economic Community. Again, we are performing oral rehydration in
the rural areas and expect thereby to reduce infant mortality from diarrhoea, which is one of
our major problems. New rural health units are already functioning and within the next few
months nine modern hospital units will come into operation, while at the same time our
production of drugs will shortly be increased. We are also improving our storage, transport
and communication facilities and the strategies for maintaining and developing community
participation; we are continuing to train manpower and are in a position to expand our
training capacity.

We live in peace, freedom and order and an era of free and honest civic relations between
our people and the Government was recently instituted.

For all these reasons we are optimistic and think that by the year 2000 our people will
enjoy complete and perfect health.

1 The text that follows was submitted by the delegation of Honduras for inclusion in the
verbatim records in accordance with resolution WHA20.2.
Dr ACOSTA (Philippines):¹

Mr President, Mr Director-General, your excellencies: Mr President, on behalf of the Philippine delegation, I wish to congratulate you on your election to the Presidency of the Thirty-third World Health Assembly. We are confident that under your able stewardship the Assembly will progress greatly towards the achievement of the goals and objectives of this year's session. May I also extend congratulations to the other Vice-Presidents on their election. Their election to this prestigious position could only further strengthen the leadership of the Assembly and ensure the eminent success of this session. Our delegation pays tribute to Dr Halfdan Mahler, a most able and untiring Director-General of the World Health Organization, for his dynamic leadership, great achievements and continuing support. The achievements of WHO, as reflected in the biennial report for 1978-1979 of the Director-General, are worthy of praise and recognition.

Much of the credit in the global eradication of smallpox, a disease that has caused untold sufferings and misery to many nations of the world, is due to WHO. While national and international determination and collaboration have contributed immensely to the elimination of the disease, it should be recognized that WHO successfully orchestrated the efforts of the family of nations towards this goal.

The Declaration of Alma-Ata, which stirred a global health movement towards the achievement of an acceptable level of health for all by the year 2000, finds immediate relevance for the countries of the Third World, the Philippines included. We wish to give due recognition to subsequent efforts of WHO as a directing and coordinating authority in international health work, in the preparation of guiding principles for formulating national, regional and global strategies for achieving health for all. These principles have provided the much-needed guidance and direction to our own search and development of a national strategy. The development of regional and, subsequently, global strategy to ensure interest and support to national efforts, under the leadership of this prestigious Organization, is likely to change the course of international efforts for health and human development. As has been aptly articulated by the Director-General in his biennial report, and I quote: "... I remain convinced that recent events in national and international health work, with their emphasis on multisectoral action for human development, could help to establish a New International Economic Order if only the politicians and economic planners would capitalize on the good will to cooperate in social and economic development that is being generated daily".

In response to the call for national leadership in the development of national strategies for the achievement of health for all, we are pleased to announce that we have adopted a framework for a strategy and have initiated the implementation of this strategy for a population of three million in one region and six provinces of our country. Our plans for nationwide implementation of this strategy are contained in a progress report which we have submitted to WHO as our contribution to the global movement for health for all. We feel that sharing of our experiences in the implementation of our strategy will not only hasten the health development of the Philippines but will immeasurably contribute to similar global efforts.

The promotion and protection of health of the Filipino people has always been the paramount concern of the Ministry of Health. For many years, this concern was addressed through our efforts to expand our basic health services even to the most remote areas of the country. During recent years, however, we have come to realize that this is not enough. The dynamic changes which have occurred throughout the global community and within our own Filipino society have pointed to the need for broadening our scope of action if we are to address ourselves truly to the human needs and sufferings which occur in our society and to promote human development.

The strategy that we have adopted calls for a strong and continuing partnership among the communities and private and government agencies in health development. It is a strategy which focuses responsibility on the individual, his family and the community. We however realize that the effectiveness of this strategy hinges primarily on our ability to: re-examine the concept of health and the origin of disease in the light of present development; increase the capability of our people and their communities to be healthy; optimize the utilization of our limited resources for health in our increasingly uncertain environment. It is therefore clear that these conditions carry with them certain commitments and responsibilities that should be assumed by all parties involved in the partnership.

¹ The text that follows was submitted by the delegation of the Philippines for inclusion in the verbatim record in accordance with resolution WHA20.2.
This strategy has not been conceived and developed overnight. It is a product of a long and sustained effort of dedicated health workers who have undertaken innovative approaches to health problems, in partnership with communities, in various parts of the country, in search of a means by which the Filipino could "lead a more socially and economically productive live". These experiences endowed us with lessons that led to the development of the partnership strategy. For example, we learned the following: (1) communities are able to identify their own health problems and discover and harness their resources to achieve their solutions; (2) the health system must be reoriented to new concepts of health and modified roles to respond more effectively to changing and varying local situations and needs; (3) an intersectoral approach to the solution of health development problems is fundamental; (4) joint management of health development among partners involved is essential to its continuing success and growth; (5) limited financial resources are not a deterrent but, in fact, may enhance the health development of communities; (6) a partnership is essential for the achievement of mutually shared goals and objectives.

In order to effect the needed changes throughout the health systems of the country and to engage the communities for active health development, the five-year implementation strategy which we have initiated focuses primarily on: (1) engaging selected communities throughout the country in health development activities in order to provide further insights and experiences at all levels in the health system; (2) identification and development of mechanisms to support the partnership in health development; and (3) the design of a human resource development programme which will ensure the continuing effectiveness of the partnership.

We clearly recognize that the successful development and implementation of our strategy for the achievement of health for all Filipinos in the year 2000 will require us to draw on the collective experiences of our regional colleagues. We offer our strategy and our limited resources as a small contribution to initiate and further stimulate a dialogue which would further enrich the strategy to achieve our mutual goals of achieving health for all.

We congratulate the Director-General of WHO and the Regional Director for the Western Pacific on their numerous accomplishments and their continued leadership and commitments to our Government's efforts. We greatly appreciate the collaborative support they have extended to us. We therefore call upon them to continue this collaboration in furthering the development of our national strategy and in enhancing the development of the regional partnership.

Dr HYND (Swaziland): 1

Mr President, Mr Director-General, Dr Mahler, Vice-Presidents and distinguished delegates, it is my honour and privilege to congratulate you, Mr President, on your election to high office. May I also congratulate the elected Vice-Presidents and the Chairmen of committees and wish you all God's guidance in conducting the affairs of the Thirty-third World Health Assembly to a fruitful conclusion? May I also extend a word of warm welcome to our sister State, Seychelles, which is participating for the first time as a full Member of the Organization? I greet the heroic people of Zimbabwe on their independence, newly won, and welcome to this Assembly a delegation from free Zimbabwe, hoping that it too will soon become a full Member of the World Health Organization.

The Director-General, in his biennial report which he has so ably outlined to us, has referred to the years 1978-1979 as years dominated by two momentous declarations: namely, that of Alma-Ata and that of the global eradication of smallpox.

The eradication of smallpox is in reality a cause for rejoicing in this Organization. Many years of cooperation and collaboration between researchers and field workers and between developing and developed nations have yielded fruits. The link between research and field practice is worth emphasizing, since its success in the case of smallpox is a blue-print for future action against communicable diseases. I have observed that the Director-General is rather cautious in admitting that the experiment, already quite done with smallpox, can be repeated with yet another disease. It is probable that other communicable diseases may require inputs more diverse than was the case with smallpox. Cooperation and collaboration of the world community remain the critical factor without which success will never be achieved. May I congratulate the World Health Organization on this historic achievement? Long live world health and long live international cooperation!

1 The text that follows was submitted by the delegation of Swaziland for inclusion in the verbatim record in accordance with resolution WHA20.2.
The second Declaration - namely that of Alma-Ata - is to us a guideline declaration which outlines the way we must follow if we desire to see our rural and urban-fringe populations achieve an acceptable level of health by the year 2000. In the last years the Swaziland Government has done a lot of soul-searching on meeting the requirements of the Alma-Ata Declaration. Since then we have become more conscious that our rural populations have no access to some form of health care. The nutritional status of mothers and children is far from being satisfactory. Safe water supply and waste disposal is known to barely half the total population of the country. With so much to do and very little done so far, we are convinced that the best thing to do for our people is to embark on integrated rural development with health as an integral part. As part of the political commitment which is the corner-stone of all national activities, the Cabinet has studied and signed the Charter for the Health Development of the African Region with full conviction that its implementation becomes a national priority. Furthermore, the Cabinet has appointed the heads of ministries associated with rural populations, including those of agriculture, health, education, economic planning, home affairs and power, works and communications, to coordinate integrated rural development.

We, as a Ministry of Health, have gone ahead to organize seminars for community leaders to highlight the importance of health in rural development. We hope these seminars will complement our continuing programme for training rural health visitors who are chosen by the communities as health workers. We are strengthening our programme of rural clinic construction in areas where none exist, to serve as referral centres for patients motivated and referred by the rural health visitors. We are strengthening our health education unit so that the public may understand and join in the combating of common public health problems. We are using every avenue open to us as a Ministry of Health to motivate politicians, community leaders, women's groups, chiefs and traditional healers to "think health" and support health programmes in their daily activities. A plan of action for the International Drinking-Water Supply and Sanitation Decade is complete, and an action group of technicians is responsible for coordinating its implementation with the necessary technical support service.

The strategies outlined above are considered almost adequate to achieve health for all even before the year 2000 in a country whose surface area is 17,360 km² with a population of half a million. Coordination and collaboration by all government sectors is very vital and we as politicians have a responsibility to supervise the maintenance of this system so as to ensure a balanced development.

The section of the report which deals with health services development lays emphasis on intersectoral collaboration. Our delegation supports this view. We believe that intersectoral collaboration is the critical point for a well-balanced development. While we support national intersectoral collaboration we hold the view that this national effort requires international and interagency collaborative support as well. We welcome the collaboration between UNICEF and WHO. We feel that the headquarters coordination programme may require strengthening, or more support, to tackle this difficult task of promoting collaboration with other agencies. For example, the section of the report on family health stresses the need for adequate supply of food, from lack of which most developing countries seem to suffer at present. More support and collaborative effort by United Nations agencies associated with food and nutrition will, in the long term, save the percentage of children in developing countries who are victims of malnutrition every year.

More effort is required to integrate mental health with community health care and with sectors other than health, including labour, welfare and education. We note with interest the collaborative study on "dangerousness" and look forward to receiving its results which, if they are convincing, will go a long way towards alleviating the suffering of those often committed for long periods to compulsory care in the name of protecting the general public. The problems relating to alcohol require more studies by the mental health and other related sectors, if only to demonstrate their complex nature.

In the field of prophylactic, diagnostic and therapeutic substances, we note the vigour which all affected regions of the Organization are giving to this sector. In the African Region we feel more technical cooperation among countries is required. Bulk purchasing or group tendering should receive priority as an immediate need. Drug production is done at low capacity by a number of factories in the different parts of Africa. Increased production to meet the needs of the countries concerned and those of other countries in the subregion should be the policy of these factories. More attention should be given to the setting-up of a pharmacopoeia of traditional drugs and their large-scale production, so as to reduce dependence on imported raw materials.
The PRESIDENT (translation from the Arabic):

We have now completed the general discussion of items 9 and 10. I would like to ask the representative of the Executive Board, Dr Abdul Majid Abdulhadi, to take the floor if he has any comments to make.

Dr ABDULHADI (representative of the Executive Board) (translation from the Arabic):

Mr President, I know time is short and it is already lunch-time, so I shall just make the brief comment that my colleagues and I, representing the Executive Board, have listened with interest to the discussions that have taken place in the last few days. Although no specific questions were raised about the two reports of the Executive Board to the Assembly, we believe that the Board will find in this discussion a great incentive to continue its role genuinely and sincerely, as the consensus indicates that Member States are increasing their commitment to health planning as an integral part of overall socioeconomic development and are relying, in their policies, on the principles adopted by their Organization, by WHO, thus promoting the hope of attaining the objective of health for all by the year 2000.

Mr President, distinguished delegates, on behalf of myself and my colleagues, the representatives of the Executive Board, I would like to express our thanks and appreciation for the kind words you have said about us and for your unfailing support for your Executive Board, which, guided by your instructions, will continue to participate actively and to carry out its role to the best of its ability.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Abdulhadi. I now give the floor to the Director-General for his comments.

The DIRECTOR-GENERAL:

Mr President, distinguished delegates, it doesn't take real courage to be a pessimist, a defeatist or cynic, but it takes real courage to fight against adversity. I think that this Assembly's plenary debate on items 9 and 10 has demonstrated that the 155 Member States are not going to fall into the trap - that is so widespread today - of defeatism, pessimism and cynicism. I know so many sitting here and throughout the world who are so concerned that we should not have any philosophy but that we should have a few practical programmes. I can only say that this world will not be saved if we have no convictions, if we have no faith in the future.

Indeed, when you look at your Organization, we have perhaps never discussed really what is in the Constitution in regard to health. I had the opportunity some 20 years ago to speak with a partisan fighter from the Second World War who had been involved in the drafting of WHO's Constitution. I asked him: "How could you have the temerity to speak about 'a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity'". He told me in the cafeteria of this very Organization 20 years ago: "My dear friend, I have experienced many times, during the war of liberation, during the fight against dark forces, what this meant, this state of complete physical, mental and social well-being. That was each time I went out to face death: 'physically', because I never felt stronger. But not only physically, because I am not an animal going out to fight and to kill; 'mentally', because I, as a human being, deliberately took that decision to fight for something I believed in and therefore my mental well-being was also complete; 'socially', my well-being was complete because I knew my comrades would at any time replace me or fight to the death to protect me".

So, my friends, I actually suggest that in WHO's definition of health we should not only have been saying "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity"; I would have liked to add "death": "... and not only the absence of disease, infirmity or death". Then, I think that life and death become one and we know much better what we are talking about when we are speaking about health for all.

Quite clearly we should move from philosophy to action. No doubt. I invite the cynics to take a random sample of countries, Member States of your Organization, and go and visit them and see what is happening in them today, whether they are indeed struggling, and struggling within the spirit that you collectively have decided. I personally believe so. So I believe that it has not been in vain in recent years that we defined what WHO's mission is, though many people say: "We all know". Yes, but I beg you to remember that when the First World Health Assembly took place there were one-third of the Member States that there are today: today there are 155; in those days there were 53. Do you not think it is important that all these developing countries that have acquired their independence know what kind of a mission their Organization should have? I do think that the developing countries no longer see WHO as
an empty house but as their home, and that, I think, is tremendously important for all of us, developed and developing, South and North, East and West. So I think that this clarification of our mission has been very important.

I also think that in trying to agree between ourselves - you between yourselves - what the Organization's objective is, health for all is a perfectly feasible objective. We know it, all those of us who have the right to say that we have been working under very difficult conditions, some of us being privileged to work in some of the poorest and most difficult countries. And yet, under these circumstances, it is possible to arrive - with political courage, social conviction and imagination - at what I would consider is health for all. We even have the scientific proof in a number of studies being done in developing countries that this is a feasible target, in my opinion. So I think it was worthwhile, in order to generate the movement and to continuously recycle the movement forward, that we got an agreement on this kind of an aspirational target that health for all constitutes.

I also think that when it comes to defining the programme that would lead you there, primary health care, it was indeed a worthwhile thing, though many were more than doubtful of the worthwhileness of trying to clarify the issues in Alma-Ata. Today there are few sceptics left, and, I think, clearly the beauty of that is that I do believe that the industrial countries - and perhaps for the first time, for most of them - start feeling they are genuine participants in their Organization, because I think they now start exploiting WHO - many of them - as much as the developing countries must do. Sometimes I feel it is easier for the rich countries to exploit WHO because they can afford to waste money, they can afford to mobilize additional resources to experiment with the future. When you are poor it is very hard to experiment with the future, and if we want health the way we see it, then we have somehow in each country to take chances, to take risks with the future; and that costs a lot of resources, intellectual, political and financial. Nevertheless, I feel strongly that it was indeed worthwhile generating this priority programme of primary health care, which in my opinion enables all Member States to identify with WHO, your Organization.

I also think - though most people thought it was a ridiculous exercise to try to make you think about "what kind of an organization you wanted to have" (and you will also discuss this tomorrow) - I shall not go into any detail, but I think the whole purpose of that study of WHO's functions was to ask yourself: "If we know the mission, if we know our objective, if we know our priority programme, then what kind of an organization can support us in moving in this direction?" And I think, quite clearly, as also manifested in the Assembly some years ago, perhaps WHO had become technocratically too big for the relatively small tasks of technical assistance we were doing. Now we are in a situation where we are too small for the big tasks of health for all and primary health care that we have to accomplish. And that is the reason I was launching this challenge to you then: "What kind of an Organization is it we want to have?" - how to make it big enough in order to cope with that.

And I think, once more, I am extremely grateful for the kind of response, the serious response that already has emanated from all the discussions in this plenary debate. I have no doubt, personally, that not only WHO but all the international institutions, whether they are multilateral or others, will have to undergo this kind of agonizing reappraisal if we are to cope with the future.

May I end by quoting an international civil servant who died for internationalism within the United Nations system, the late Dag Hammarskjold, who said: "What I ask for is absurd; that life shall have a meaning. What I strive for is impossible: that my life shall acquire a meaning". Translated in your Organization, that means: "What you ask for is absurd: that WHO should have a social meaning. What you strive for is impossible: that WHO should acquire this meaning within the next 20 years (as we move towards health for all by the year 2000)."

Nevertheless, it is from this kind of conviction that the emotional energy will be generated whereby at least those of you in the health field will be able to show a little candle of light in the difficult world in which we are living.

On behalf of the regional directors, myself, the whole staff, I express our most profound gratitude for the seriousness, the warmth, that has prevailed during this plenary debate.

The President (translation from the Arabic):

I thank Dr Mahler for his excellent address and I would like to assure him, of course on your behalf, that we shall support him with all our vigour and confidence in his efforts to achieve our objectives, which obviously cannot be attained without strong determination at every step, until through God's will we realize our hopes in the future. We must struggle whatever the circumstances, since nothing can be achieved without will and conviction.
Having listened to the statements by the delegates we can now express, on behalf of the Assembly, our opinion on the Director-General's report on the work of WHO during 1978-1979. It is my clear impression that the Assembly would wish to express satisfaction with the way the WHO programme has been planned and carried out during these two years. As there is no objection, I request that this be entered in the Assembly records. Approved, thank you. (Applause)

As regards the reports of the Executive Board, I would like to thank Dr Abdulhadi for the way he presented them. I would repeat my thanks and appreciation to the members of the Executive Board. We have now completed our discussions for today. Your President has been trying to make the discussions into a kind of scientific deliberation conducted in a scrupulously critical spirit. We have kept a statistical record of all the speakers and the time they took and have selected the three speakers who took the least time in the general discussion. Their names will be announced tomorrow and I shall give them a personal present to express my appreciation. (Applause)

The meeting is adjourned.

The meeting rose at 12h55.
1. ANNOUNCEMENT

The PRESIDENT (translation from the Arabic):

The Assembly is called to order.
I have pleasure in informing you that San Marino deposited the instrument of acceptance of the WHO Constitution on 12 May 1980, thereby becoming a Member of the World Health Organization. I wish to welcome San Marino to membership of the World Health Organization. (Applause)

2. STUDY OF THE ORGANIZATION'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS

The PRESIDENT (translation from the Arabic):

We now turn to item 11 on our agenda: Study of the Organization's structures in the light of its functions.
The debate on this subject is taking place in plenary in view of the unusual nature of this study, whose outcomes are crucial for the work of WHO in the foreseeable future. I am referring in particular to WHO's support to Member States in developing and implementing their strategies for health for all.
I would remind you that this study was undertaken by the Director-General at the request of the Thirty-first World Health Assembly. The Director-General launched a study of unprecedented magnitude; consultations were held with all Member States and the matter was discussed extensively by the regional committees. The report of the Director-General, as well as the reports of all the regional committees, were then submitted to the Executive Board in January 1980. The Board then held a very full discussion on the matter and you will shortly be hearing about this from its Chairman, Dr Abdulhadi.
The Board adopted a resolution which summarizes the essence of this study, as the Board saw it. You have a draft resolution recommended for adoption by the Health Assembly in the Board's resolution EB65.R12. You will recall that in the Director-General's opening address to this Assembly he highlighted the main issues of the study, as he saw them, and presented you with a number of questions and proposals concerning the kind of WHO that he believes we all deserve. This address, as well as resolution EB65.R12, were then distributed to you.
As I have said, we are holding this discussion in plenary in view of its unusual scope and our desire to have no other business of the Assembly under way while this matter is being discussed. I hope you will feel at home in debating the subject in plenary and that you will speak as openly in plenary as you would have done in any of the committees. At the same time, I hope that you will concentrate on the main policy issues in keeping with the constitutional function of the Assembly, as WHO's supreme authority for determining the Organization's policies. Please speak from your seats since this is an open debate, and indicate clearly your name and the name of your country before starting your intervention.

1 WHA33/1980/REC/1, Annex 3.
I now give the floor to Dr Abdulhadi, Chairman of the Executive Board, to introduce the study.

Dr ABDULHADI (representative of the Executive Board) (translation from the Arabic):

Thank you, Mr President. Mr President, distinguished delegates, in 1978 the Thirty-first World Health Assembly considered the Executive Board's organizational study on WHO's role at the country level, particularly the role of the WHO representatives. It then adopted resolution WHA31.27 in which it requested the Director-General to re-examine the Organization's structures in the light of its functions, with a view to ensuring that activities at all operational levels promote integrated action. It asked him to report on his study to the sixty-fifth session of the Executive Board in January 1980. In the same resolution, the Health Assembly requested the Executive Board to report to the Thirty-third World Health Assembly on its review of the Director-General's study.

The Executive Board reviewed the Director-General's report at its sixty-fifth session in January 1980. You will find this report attached to document A33/2. In introducing his report, the Director-General explained that it contained his own conclusions, but that at the same time the complete text of all the regional reports had been presented.

The Director-General pointed out that WHO had built up a whole series of health doctrines that had changed the face of public health in a relatively short time. The Organization had done so in a spirit of peaceful cooperation among its Member States. It had succeeded in defining the unusual goal of health for all by the end of the century and had been able to agree on ways of reaching that goal with overriding emphasis on national strategies. It had started to develop mechanisms for rationalizing the international transfer of resources for health to ensure adequate support for those strategies. Its efforts had gained the support of the United Nations in the form of a General Assembly resolution recently adopted, in which health is recognized as an integral and indispensable part of development.

The crucial question that the Director-General raised was whether the bold policies that had been adopted in WHO could be implemented and, if so, how. He stressed that action would have to take over from talking. But action would have to be taken by all the component parts of the Organization, first and foremost by Member States, both individually and collectively, and, of course, by the Secretariat. The Director-General went on to say that the action of Member States, whether at national or international level, would be most effective if it was based on the policies and principles Member States had themselves generated and adopted in WHO. He therefore requested the Board to assess whether, in its judgement, governments were ready to introduce in their own countries the policies they had adopted in WHO; to base their requests for technical cooperation on these policies; to provide material support to other countries to implement these policies; to cooperate with one another in applying these policies collectively in small or large groupings; and to work together to influence other sectors at national and international levels to take the necessary action in support of strategies for health for all.

As you can imagine, the debate that ensued was most lively. I am afraid I cannot do full justice to it in the short time I have allowed myself to address you. To get the full flavour of the debate you will have to read, if you have not already done so, the summary records of the discussion in the Board which you will find in document EB65/1980/REC/2, pages 112-196 and 344-355. You will learn from these pages that in addition to a discussion on the broad range of issues raised, the Director-General's report was scrutinized by the Board paragraph by paragraph. I shall now attempt to highlight the main issues reviewed by the Board.

There was general agreement that the Organization should concentrate its activities on attaining the social goal defined by the Health Assembly of the attainment by all the peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life. This implied concentrating on collective support to national strategies for health for all. It meant that priorities would have to be decided upon; the Organization could not do everything. At the same time, it could not exclude certain other constitutional obligations. All this was bound to have an influence on the Organization's structures.

What kind of action was required in support of national strategies for health for all? The Board felt that technical action had always been undertaken by WHO and must continue to be undertaken, but in addition social and political action would be required to a varying degree. The Board stressed, however, that political action referred to health policy and to encouraging governments to adopt such policies as would lead to the attainment of health for all.
This raised a central issue, namely the degree to which international health work in WHO should influence national health work. It was clear to the Board that there could be no coercion; WHO is an international not a supranational organization. But the Organization could have a powerful influence on health throughout the world if governments would take proper account in their national and international health work of health policies they had adopted in WHO.

This led to a review of the degree to which WHO's health policies were being translated into action. Policies were continually developing in countries and at the regional and global levels, and were crystallized in the Organization's supreme body, the World Health Assembly. But, the Board realized, the implementation of these policies required action at other levels, of which the most important was the country level. This being so, a proper degree of decentralized management was necessary. Global action had given worldwide visibility to health problems and to appropriate ways of solving them; this now had to be exploited by appropriate activities, first and foremost in countries, and to a greater degree than hitherto at the regional level. The global level had to retain important promoting and coordinating responsibilities. At all levels, WHO had to be an active intermediary and collaborator with countries. This was quite different from the outdated approach of providing fragmented assistance to countries. To sum up, the Board considered that a proper balance had to be reached between centralized and decentralized management of the Organization, which had to be much more closely knit than a federation of six regional offices and one headquarters.

If technical assistance was outdated, what should replace it? The Board stressed that there was a need for true cooperation between individual Member States and the Organization as a whole, which was a collective of all Member States. There was also a need for true cooperation among Member States themselves.

The Board and the Health Assembly had often expressed these sentiments. So had the regional committees, as was illustrated by the statements made to the Board by the Regional Directors. It appeared to the Board that there was now a need to review carefully the implementation of resolutions in order to make the most of the Organization's policies. To facilitate such implementation where it was most important, namely at the country level, there was a need to review resolutions with those who have to carry them out in countries. At the same time there was a need to study why certain resolutions were not being carried out. All this illustrated once more the interaction that must take place among the various organizational levels. The Board had no doubt that the regional arrangements were a successful aspect of WHO's structures. It appeared to it, however, that there was a need to improve the correlation between the work of the regional committees, the Executive Board and the Health Assembly. For example, the agenda of these bodies could be more closely correlated, it being realized that each regional committee had to ensure that full attention was paid to regional problems.

The Board then considered the role of the Secretariat. This role was essentially that of support to Member States individually and collectively. The concentration of the Organization's efforts on certain priorities could place the Director-General and the Regional Directors in a delicate situation if governments requested support that lay outside the scope of these priorities. The Director-General and Regional Directors therefore had to be given adequate responsibility and authority to deal with such situations.

The intensification of the work of the Organization is increasing the workload on the Secretariat, particularly at the country and regional levels. The Board agreed therefore that it would be necessary to review the staffing at the different levels, not only in terms of the number of staff but also in terms of the types of staff. This review should lead, for example, to the correct balance between technical specialists and generalists, or - as the Director-General called them in his report - "specialists in the composite discipline of health development". One thing that was stressed was that bureaucracy should be reduced to the minimum. Another extremely important issue was documentation. The Board realized that many of the issues presented to the governing bodies were highly complex; at the same time it felt that they could be presented in a simpler manner with more factual information and clearer language.

Effective strategies to attain an acceptable level of health for all will require multisectoral action. The Director-General had made proposals for the creation of a global health development advisory council, particularly to advise him on the best ways of ensuring such multisectoral support. However, the Board expressed certain reservations about the terms of reference of this proposed council, some of which could be construed as encroaching on the activities of the Board itself. The Director-General explained that this was
certainly not the intention; at the same time, he informed the Board that, in view of the reservations, he would proceed cautiously, and would seek the best forms of multisectoral consultation in as informal a manner as possible at this stage. He would keep the Board informed of developments.

The Director-General had also proposed the establishment of a Health/2000 Resources Group whose main function was to mobilize and rationalize international resources in support of strategies for health for all of developing countries. The Board agreed to the establishment of this Group, and at the same time indicated a number of changes that should be made in the Group's terms of reference. The Board emphasized that there would have to be large-scale mobilization of both human and financial resources, including those of nongovernmental organizations, if the goal of health for all was to become a reality.

The Board finally reached a consensus in the form of resolution EB65.R12. In this resolution, the Board made a number of extremely important recommendations to the Thirty-third World Health Assembly in the form of a draft Assembly resolution. Again, I will not take up your time by going over the whole resolution, although every paragraph has important implications for the work of WHO. I shall merely highlight the gist of these recommendations.

Thus, the resolution states that WHO should concentrate its activities on support to national, regional and global strategies for attaining health for all by the year 2000; that it should emphasize action for health in addition to indicating how such action might be carried out; that, in doing so, the unity of the Organization should be maintained and that a proper balance between centralized and decentralized activities should be ensured; that the monitoring and control of the activities of the Organization should be undertaken as a combined effort of Member States; that Member States should strengthen their national health work and their involvement in the work of WHO in the spirit of the policies, principles and programmes they have adopted collectively in WHO; that the regional committees, the Executive Board and the World Health Assembly should intensify their efforts in support of strategies for health for all, and that they should increase the correlation of their activities to this end; and that the Director-General should ensure the implementation of the decisions in the draft resolution as well as the provision of timely, adequate and consistent Secretariat support to the Organization's Member States. As I mentioned, this is merely a condensed summary of the resolution which, in the name of the Board, I think deserves your careful consideration.

Mr President, distinguished delegates, I hope I have succeeded in giving you a brief outline of the discussions which took place in the Executive Board on this agenda item. Thank you.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Abdulhadi, for your excellent and detailed presentation of the subject we are going to discuss today. You are all aware of the efforts made by our colleagues on the Executive Board to study, criticize and clarify the many topics that we so frequently pass on to them. I believe they deserve our gratitude for their excellent efforts and for their observations.

We now move on to the discussion of this item, and I have before me the names of those who have asked for the floor. Let me remind you to speak from your seats, and to indicate clearly your name and the name of your country. The first speaker is the delegate of Norway, to whom I now give the floor.

Dr CHRISTIANSEN (Norway):

I have the honour and privilege to make the following statement on behalf of five Nordic countries, that is to say Denmark, Finland, Iceland, Sweden and Norway.

Let me, first of all, thank warmly the Chairman of the Executive Board for introducing so ably and concisely this item. I also want to express our sincere appreciation of the expedient response our Director-General, Dr Mahler, gave to the decision taken by this Assembly two years ago to re-examine the structures of the Organization. In our opinion, it is a well balanced and, at the same time, a very constructive recapitulation of the present reports. The document before us - I am referring to document A33/2 - is based on a thorough analysis of ample comments made by Member States and resolutions adopted by regional committees in response to the background paper prepared by the Director-General. This study, indeed, is in itself an excellent illustration of how coordination between different organs at different levels in the work of WHO in practice can be exercised successfully. I would also like to recall the extensive
deliberations which took place last January in the Executive Board with regard to this particular item. On this account it is no exaggeration to state that this Assembly is exceptionally well prepared to address the item before us, even without bringing it to one of the committees first.

The structures of our Organization, or of any organization or institution, cannot grow rigid without running the risk of petrifying or becoming sclerotic. The purpose of any organizational structure is to serve and further the objectives and priorities of the organization. Therefore, the structures of WHO must develop in response to the overriding goal we have set ourselves, in Alma-Ata and thereafter in this Assembly, for the next two decades. The noble goal of health for all must be translated into realistic objectives, practical programmes and tangible results first and foremost for the people in need or at risk. In consequence, strategies for attaining health for all will have to be conceived, elaborated, adopted, implemented and evaluated at national and regional levels, and even at subnational and in some instances at subregional levels. The global strategy of health for all which will embrace them all should sustain and support regional and national activities. In a similar way, and within a decentralized organization, the headquarters, while maintaining global responsibilities, should be increasingly devoted to the support of the regional offices, which in turn should become the pivots of technical cooperation, not only among Member States but also as regards coordination of regional activities involving other United Nations agencies or nongovernmental organizations. The evolution within the Organization implies that more emphasis is to be put on the responsibilities of the regional committees and on the involvement of governments. Consequently the structures of the Organization will have to be adapted so as to facilitate technical cooperation at levels as close to earth, people and reality as possible.

I shall here point out that the countries will require multisectoral action to implement these strategies to attain health for all, as was also stressed by the Chairman of the Executive Board in his statement. WHO therefore had to be in a position to support such action. It is therefore desirable that WHO should continue to work on these problems in a more elaborate form, and give an account of the measures which are to be taken to establish multisectoral collaboration nationally as well as internationally in order to achieve the main goal of health for all.

Furthermore, I am of the opinion that by initiating the strategy of health for all by the year 2000 based on primary health care WHO has been among the very first to respond in particular to the needs of the developing countries in accordance with the principles and policies of development as they have been defined over the last few years. The main features of the programme, such as universal access to primary health care through more equitable distribution of wealth, people's participation to ensure wider community involvement in health work, and transfer of appropriate technology, are precisely the sort of approach that is called for today. What matters in health is the determination to reach the maximum number of people with services appropriate to the country's means, as well as effective and socially acceptable. We believe this Organization, by adapting its structures as suggested in the report, is indeed very well equipped to cooperate with and support the Member States, and in particular developing countries.

With these few words I would like to express my wholehearted support to the draft resolution which the Executive Board has invited the Assembly to adopt. I am referring to the text contained in resolution EB65.R12. Time does not allow me to expand upon the various paragraphs of the draft resolution, which are explicit and which address Member States, regional committees, the Executive Board and the Director-General; but this resolution, when adopted, will only be the first step in a process to which, hopefully, this Assembly will give the impetus required.

As you remember, Dr Mahler in his inaugural address, which has been distributed to delegations, disclosed that he himself and the regional directors are preparing a plan of action for the optimal use of WHO's structures, and he asked the Assembly to give the green light so as to enable him to set in motion the new uses of WHO's structures. The Nordic countries are ready to give him this green light. However, this proposed plan of action should, in addition to being based on the decisions of this Assembly, take into consideration the outcome of two future studies which it has already been decided to undertake. I am referring to decisions (7) and (18) adopted by the Executive Board last January, the former regarding a study of the functions and activities carried out by the Secretariat with a view to making recommendations on the strengthening of the work of the Secretariat and its coordination at all levels; the other study I am referring to is the one to be presented by the Director-General to the Executive Board next January on the strengthening of WHO's cooperation with other organizations of the United Nations system in support of primary health care. For your information, I refer to document A33/29, page 3.
With regard to the important work carried out by other governmental organizations, as well as nongovernmental organizations, in the field of health, we find that WHO might play an important coordinating role. This could be done by serving as a centre for information on ongoing health activities both at the global and at regional level, and thus securing the proper use of resources by avoiding unnecessary duplication of work. It would further assist health administrations, especially in smaller countries, to cope rationally with the many demands emerging in the international health field.

I have been pleading for decentralization and devolution. I have stressed the importance of increasing involvement of national governments so as to ensure wide intersectoral coordination among all authorities concerned with health and to develop appropriate mechanisms to take full advantage of international cooperation in the field of health. I have emphasized the increasingly important role of the regional committees. I have suggested that the green light be given to a plan of action for the optimal use of WHO's structures based on the draft resolution proposed by the Executive Board and taking into account the outcome of two future studies which I have referred to previously. Will this suffice to readapt the structure of our Organization so as to provide the indispensable support to Member States and the Regions in their endeavour to achieve health for all? I am afraid it will not. A tremendous challenge remains as far as the structures of the Organization are concerned, and that is to strike the right balance as regards the division of work and the functioning of WHO's governing bodies - that is to say, the regional committees, the Executive Board and the Health Assembly.

The strengthening of the regional committees requires practical measures which must be carefully studied before decided upon. At this moment I am only able to draw your attention to some unavoidable but crucial questions. Should the duration of the sessions of regional committees be extended? Need the functions of the chairmanship of the regional committees between sessions be more clearly defined? Should the setting up of executive committees be provided for in other regions than the Americas? Are the terms of reference of regional advisory bodies to be amended so as to subordinate these bodies more directly to the regional committees? Is it possible to implement such changes at the regional level without disrupting the unifying tissues of the Organization? These are only some of the questions we have to address ourselves to, if we are serious about strengthening the regional committees.

These questions must be analysed properly in connexion with other issues concerning the future functions and membership of the Executive Board, and the periodicity of the Health Assembly. None of these issues should be considered in isolation, but must be examined in the context of the structures which we want WHO to develop. By adopting the resolution on structures proposed by the Executive Board this Assembly will engender a movement which the Executive Board and the Health Assembly in future sessions will have to sustain and guide if our goal is to be achieved.

Before concluding, Mr President, permit me to voice my hopes that the plan of action suggested by the Director-General, and the two or more studies to be examined by the Executive Board next January, will give the Thirty-fourth World Health Assembly in 1981 an opportunity to further invigorate the continuing process of adapting the structures of WHO to the goals of the community of Member States and to the benefit of health for all.

Dr VENEDIKTOV (Union of Soviet Socialist Republics) (translation from the Russian):

The Thirty-third Assembly is examining the important question of the structure and functions of the Organization on the basis of the Director-General's report prepared in accordance with the instructions given to him in resolution WHA31.27. It is significant that we should be discussing this in plenary session, an event almost without precedent, after the completion of the general plenary discussion and the closing speeches made by the Director-General and the Executive Board Chairman on the principal issues concerning the Organization's work. It is also significant that we should be examining this question at the same time as the discussions in Committee A on strategies for attaining health for all by the year 2000 and in Committee B on the periodicity of World Health Assemblies. This underlines how inseparable and closely interrelated all these questions are.

The Director-General has presented us with an extremely profound and well researched study of the structure and functions of the Organization, and we have now been studying this question for more than two years since the Director-General's initial report of 1978, which was sent to all the countries and examined by the regional committees.

I remember that our country sent our Regional Director, Dr Kaprio, a reply of about 30 pages to this question, as we considered the ideas put forward in the Director-General's basic report to be very important, and many of them continue to be so today.
Great attention and significance were accorded to the discussion of this question at the last, sixty-fifth, session of the Executive Board and at other sessions. All this is summarized in document A33/2, very capably presented by Dr Abdulhadi, the Chairman of the Executive Board, and I feel that the Norwegian delegate, Dr Christiansen, who has just spoken, was quite right in raising a number of questions relating to this matter. We do not therefore consider it necessary to state all our views about this report and the question under discussion, but would simply like to make a few remarks on the Director-General's report and on Executive Board resolution EB65.R12. We note that all the regional committees which have examined this question have in principle expressed complete satisfaction with the basic provisions of WHO's Constitution and the decisions and resolutions previously adopted by the Assembly concerning the Organization's basic tasks. We also note that all the regions have spoken in favour of stepping up WHO's work at literally every level - that of the governments, that of the regional committees, that of the Executive Board and that of the Assembly - with particular reference to the goal we have set ourselves, the attainment of health for all by the year 2000, and using the still considerable reserves that exist in our Organization. It is indeed important that, after the Alma-Ata Conference and the United Nations General Assembly's decision and its resolution 34/58 on health as an integral part of development, research into the structure and functions of our Organization, which had already begun before the Alma-Ata Conference, has been given a definite orientation towards these aims.

The Director-General has succeeded in presenting a very thorough, profound and interesting interpretation and elaboration of the role and functions of WHO. We attach great importance to the attention given to the social role of WHO and the significance of its efforts to achieve social justice in health care and develop effective health care systems and services. This is fully in line with our previous resolutions, in particular resolution WHA23.61, which affirms the principles that national health care should be developed at State level and in a systematic manner. This also accords with the spirit of the Alma-Ata Declaration and other documents which we have taken as our guide to action. The report correctly points out how closely public health is linked with socioeconomic policies and the New Economic Order which most countries advocate.

We also attach considerable importance to the statements made by the Director-General in his speech at this Assembly to the effect that in setting itself the task of protecting the lives and health of the world's peoples our Organization can and must serve as an even more effective instrument to relax international tension, overcome racial, social and any other forms of discrimination and strengthen peace and détente. This is an important thesis and must be further put into practice in the implementation of the previous World Health Assembly resolution WHA32.24. The report and the proposals and resolutions of the Executive Board all rightly refer to WHO's important role in distributing, collecting and analysing information in the public health sphere relating to both scientific and technical and social or organizational questions; they also stress the importance of exchange of experience in helping WHO's Member States to develop genuinely useful information systems, rather than foisting on them some artificial, over-complicated, over-perfected and in reality ineffective way of playing at information systems, figures and statistics etc. In our view, as regards WHO's role in technical cooperation both among the developing countries themselves and between WHO and each individual country, the actual concept of technical cooperation has not yet been developed fully or concretely enough. Here we should direct the attention of the Director-General, the regional committees and the Executive Board to the Assembly's resolutions, for example WHA23.59, WHA28.75, WHA28.76 and several others, in which the Assembly has already expressed its opinion on the basic forms, content and meaning of the concept of technical cooperation at the present stage of our Organization's development. Another very important point is made in paragraph 11 of the report, where it is stated that, according to the International Court of Justice, as an international organization WHO is subject to international law and can conclude agreements with its Member States on various matters. Without casting any doubt on the legality of these agreements, it would nonetheless be worth while to make a thorough analysis of the practice and experience with these agreements and what they contribute to the Organization and the countries; for we presume that many, if not most countries would possibly also like to draw up similar agreements with WHO on various matters including technical cooperation. The report and the Executive Board's resolution pay great attention to the strengthening of the monitoring role of the World Health Assembly and the directing role of the Assembly, Executive Board and regional committees. The Swedish delegate spoke very well on this matter yesterday in Committee B. We consider the practical implementation of what the Director-General is calling for to be of exceptional importance if we are to feel that this is our Organization and that every country is entitled, both collectively...
and individually, to influence its work. The Director-General’s proposal, therefore, to increase the scope of these functions is, in our view, an important one. Accordingly, we attach great importance to the responsibility of the Member States, the Executive Board and regional committees, and also the Secretariat, for improving the coordination of our activities, preparing better agendas for the Executive Board, Assembly and regional committees and organizing their work more efficiently, not just reducing or curtailing it. The report makes frequent reference to various advisory councils, including those connected with our aims for the year 2000 and health for all, but it does not always clearly define their position in the Organization, the range of their responsibilities or their composition or structure. It is important that, both now and in the future, these councils should have the necessary scope and freedom of action, but also be under the constant supervision of the statutory governing bodies of our Organization, by which I mean the Executive Board and the Assembly. The proposal to restructure headquarters and the regional offices, and in particular to replace the administrative structure, with its divisions, units, etc., by machinery for multiprofile functional programming needs to be further elaborated and defined. One would like to have a clearer idea of how this Organization will finally look when all these proposed changes have been made, how headquarters and the regional offices will look when all these proposals have been implemented. Too little attention has been given to the question of selecting an international staff taking into account the principle of equitable geographical representation. And yet this topic is covered by resolutions specially adopted by the Executive Board and the Assembly. We consider the utilization of national staff, particularly in projects and programmes carried out in collaboration with WHO, to be extremely important, as also is the engagement of international personnel of exceptionally high technical and social expertise. It is still somewhat unclear how the relationship will develop between the so-called generalists, that is, people who know all about everything, and technical specialists in our Organization in the future, and I think that this question should be further examined in due course.

As regards the discussions in the Executive Board and the Health Assembly, I should like to point out that the processes of centralization and decentralization in WHO have received much attention. But finally the right conclusion has been reached regarding the unity of our Organization and the inadmissibility of federalizing the regions, that is, coverting the Organization into six independent regions. History consistently shows us that our Organization can be strong only in unity, and that this unity must be not only preserved, but strengthened. This was also stressed by the Chairman of the Executive Board, Dr Abdulhadi. We fully agree that a more active role must be played by the regional committees, regional offices and Regional Directors. Otherwise the questions facing the regions cannot be resolved. But there is also no doubt that this more active participation by the regions is possible only if the guiding, directing role of headquarters is strengthened, not weakened. Maybe this apprehension is excessive; still, it is not a paradox, but a truth borne out by history. The Organization can perform its tasks only if we strengthen the role of every single component: the Assembly, the Executive Board, the regional committees, the Director-General and headquarters, the Regional Directors and regional offices, the WHO country representatives and programme coordinators, and all the Member States too. Each component has its own tasks, important tasks, but we can reach our common goal only if each performs its duty to the best of its ability, and if its actions and functions are concentrated and directed towards reaching that goal. Our objective is clear - health for all by the year 2000. We therefore believe that the very important work of reviewing the structure of WHO should actively continue and that it is wrong to think that our work is completed merely by adopting some resolution or other. We are only beginning it, and I hope that this view accords with that of the Director-General and the Executive Board.

We should therefore like to state that, on the whole, we agree with the text of the resolution proposed by the Executive Board, but would like to propose two minor amendments. First, in operative paragraph 6(2), in view of the significance which we should like to see attached to the utilization of national staff in collaborative projects, we propose to delete the first two lines and replace them with the words, "to foster the utilization of national staff of the country concerned in the execution of collaborative field projects . . ." and so forth as in the original text. Secondly, in operative paragraph 6(3), where it mentions the Director-General’s proposals for the restructuring of the Organization and the adaptation of regional offices and headquarters, we should like to add the following words: "to prepare concrete proposals for corresponding adaptation of the organizational structures and staffing of the regional offices and of headquarters, for review by the Executive Board, the Health
Assembly and regional committees as appropriate". We do not feel that this latter amendment restricts the Director-General's prerogatives, since he can still adjust the structure of his administrative machinery at headquarters and in the regions; he was able to do this even without the mandate from the Thirty-first World Health Assembly, but he has requested greater powers to change the course of our Organization in a decisive way, and has asked the Executive Board, the Assembly, and regional committees to support him by confirming that this is necessary.

I think that we are all prepared to lend him this support, provided we clearly understand what actual measures the Director-General would like to take with respect also to this aspect of the structure and functions of the Organization.

The PRESIDENT (translation from the Arabic):

Before giving the floor to the next speaker, I would request all the speakers to discuss also the draft resolution recommended by the Executive Board. If they have any observations or proposals, I hope they will write them down clearly. You are aware that the topic is a lengthy one and that a number of amendments will be required, and also that a working group will be necessary to collect and clarify all these amendments. I therefore ask that all amendments be submitted in writing. I now give the floor to the delegate of Yugoslavia.

Professor JAKOVLEVIĆ (Yugoslavia):

The Yugoslav delegation has carefully examined all relevant documents relating to the subject under review. My country replied to the questionnaire of the European Regional Office in detail, and I will limit my comments only to the most important questions.

First of all, we consider that the Director-General's conclusions formulated in document A33/2 reflect the opinions expressed in reports resulting from several official meetings held within the Organization and from consultations of Member States. We consider this document to be of very high quality and at the same time a sound basis for further development of the structures of the Organization to enable it to fulfill its main goals in the coming decades. We agree that WHO's social role is characterized by its humanitarian efforts to promote social justice in health matters and that health policies are closely linked with social and economic policy. We also consider that health is a legitimate contributor to social and economic development.

I wish to emphasize that the existing Yugoslav health system is particularly based on this important principle. Therefore, we are fully familiar with the meaning of political struggle for health. I wish also to emphasize that we share the view of the Director-General that the sociopolitical role of our Organization in no way diminishes its technical role. On the contrary, during the last years, especially since the Organization established new socio-economic relations in terms of technical cooperation, its technical role has been constantly increasing. My delegation also agrees that in spite of outstanding achievements a widening gap between policy and practice has grown. There are many reasons for that. This problem is also closely related to the question of centralization and decentralization. The Chief Delegate of our delegation, Mr Pepovski, emphasized in his speech in the general debate that WHO's work begins and ends in Member States. But it is quite obvious that countries cannot work in isolation regardless of the state of their development. Therefore, the need for better correlation at all levels is more and more required. One of the most important questions which is adequately highlighted in the document of the Director-General is WHO's functions in Member States. Without going into details of the Executive Board's study on this matter, we also realize that it is not so important what WHO does in countries compared to what Member States do within the country in accordance with WHO policy and programmes. This is very much in connexion with the following question: Do Member States always have in mind applicability in the States of WHO's policies and programmes? If our answer is "Yes", the next step should and must be an effort for the application of what we have collectively decided in the World Health Assembly or in the regional committees. This is the only way of bridging the gap between policy and practice.

My next comment relates to the very important function of WHO in facilitating cooperation between countries, especially between developing countries. Among other responsibilities in that field, we agree that WHO could be very useful in catalysing agreements between developing countries, between developing and developed countries in various fields of activity. My delegation also realizes the need for further increasing the role of governing bodies, especially of regional committees. We also have nothing to add to what is in the document in connexion with the role of regional offices and of headquarters.
By the way, my delegation is very pleased to learn that fulfilment of resolution WHA29.48 did not produce any serious damage to WHO programmes in spite of drastic reductions in regular staff. Of course, we realize that the new role of WHO requires a serious revision to ensure the proper balance as well as adequate qualification of staff. As long as I am talking about the WHO Secretariat, I wish to underline our full support for the proposal in the document for secondment of national personnel to the WHO Secretariat for limited periods. No doubt it will be of benefit to all concerned.

My last comment relates to the Director-General and Regional Directors and to the question of control of the WHO system. We do not see any other possibility for the Director-General and for Regional Directors but to act on behalf of the collectivity of Member States, and they must have the right and the obligation to do so. In connexion with the control, we agree that the first condition is the unity of the Organization within its pluralistic system. No doubt the ultimate control lies with the Member States individually and collectively, with the support of the Secretariat. The Director-General in his speech in plenary put four questions before us. Our Chief Delegate, Mr Pepovski, did answer positively almost all of these questions in his speech in the general debate.

Finally, supporting strongly the implementation of policy in practice, we also agree with the Director-General that "a gram of practice is worth a ton of theory". In connexion with the proposed resolution of the Executive Board, we feel that resolution EB65.R12 is in full conformity with document A33/2, and my delegation will vote in favour of it. As the distinguished delegate of Norway pointed out in his statement on behalf of the Nordic countries, a green light is given also from us to the Director-General and his Regional Directors for the plan of action, for implementation of the resolution in practice.

Dr GOMAA (Egypt) (translation from the Arabic):

I should like to thank the Director-General and to congratulate him on his report on the study of the Organization's structures in the light of its functions. The draft resolution contained in EB65.R12 deals most carefully and in detail with the functions and objectives, but it does not deal plainly with the organizational structure and the activities which must be undertaken to achieve these objectives and to discharge these functions. Very briefly, so as not to take up too much of the Assembly's time, let me say that if the objectives and the functions stated in the draft resolution are to be attained, it must include the following specific provisions:

(1) That a resident representative of WHO be appointed to every ministry of health, with government approval of course, to work closely and continuously with the officials responsible for international health in these ministries. He would also take part in committees to consider and implement the strategies for health for all by the year 2000, and follow this up, in addition to coordinating assistance for the attainment of the objective through the regional offices and the Secretariat.

(2) That the implementation of WHO's country programmes be accomplished by means of contracts signed by the Regional Director and the minister of health, specifying in detail the obligations of both parties as regards implementation of the programmes, the schedule, financial, administrative and logistic details, and the indicators to be used for evaluation of progress.

(3) That representatives of the economic commissions of the United Nations and of agencies connected with international health should attend meetings of the regional committees or seminars and meetings on implementation of WHO's programmes in the regions and countries, while governments should also take into consideration such representation in their agencies.

(4) That an enlarged network of consultative organizations should be promoted, and national participation in the work of the Organization should be increased.

(5) That the question of the periodicity of Health Assemblies should be carefully studied in Committee B in such a way as to ensure effective, periodical and prompt follow-up of action for the attainment of objectives and the implementation of programmes. The objective of health for all by the year 2000 is a revolutionary one for this Organization and for its Members. The various responsibilities and organizational structures involved should also be at the earnest and revolutionary level that this great objective deserves. We approve tentatively the draft resolution submitted by the Executive Board in this regard.
Professor VON MANGER-KOENIG (Federal Republic of Germany):

Document A33/2 and Executive Board resolution EB65.R12 contain so many important issues worth discussing that in view of the one-and-a-half weeks left until the end of the Assembly, I see no choice but to concentrate on three points of particular importance to my country. First, the process of decentralization should be continued, as it leads to a clearer identification of countries' real health needs, arouses greater interest in the programmes, and strengthens action at the national level and thereby the responsibility of the countries themselves. As a result there will be more intensive participation in programmes and greater interdependence of WHO programmes and national programmes and activities. Of course, decentralization should not lead to excessive fragmentation; in this respect we support operative paragraph 1(4) and (5) of the resolution recommended in the Executive Board resolution, which reads as follows:

"(4) to take all possible measures to maintain the unity of the Organization within its complex structures, to harmonize policy and practice throughout the Organization, and to ensure a proper balance between centralized and decentralized activities;

"(5) to ensure that the Organization's directing, coordinating and technical cooperation functions are mutually supportive and that the work of the Organization at all levels is properly interrelated."

Unfortunately, with regard to this interrelationship, a precise definition in operational and structural terms is lacking. As far as the unity of the Organization is concerned, we believe that the standard of quality of work is one component of this unity. Therefore, measures should be taken aiming at a high standard at all levels. Every government has control mechanisms to detect inefficiencies, malpractices, organizational and functional deficiencies; it would do justice to the important objectives of our Organization to follow similar principles and monitoring systems. The monitoring system at headquarters is considered very useful in this context; this monitoring mechanism could result in regular reporting about shortcomings, and recommendations for remedial action to the Assembly. In this respect, we welcome the evaluation system already being implemented in WHO.

Secondly, although health measures and health programmes do not exist in a political vacuum, WHO is primarily a specialized technical Organization, and it should remain so in the interests of maintaining its authority in accordance with the main principles of modern international world health policy.

Thirdly, as is rightly stated in document A33/2, on page 3, the needs of the developed countries should not be neglected as they, too, have their own serious health problems to solve. Our health problems of today will tomorrow be those of the developing countries.

Before concluding, I should like to draw attention again to the aforementioned document A33/2. On page 16, you can read under number (42), that "early dispatch of discussion papers to countries will also facilitate wide country involvement". After this year's - let me say - bad experience with, to put it mildly, late dispatch of documents, my delegation would greatly appreciate it if, next year, all conference documents could be dispatched at least four weeks before the opening of the Assembly.

Mr President, my delegation will support resolution EB65.R12.

Mr SALIM (Comoros) (translation from the French):

The Federal and Islamic Republic of the Comoros has expressed its point of view regarding the study of the Organization's structures in the light of its functions. There is no need to repeat the conclusions reached in our contribution.

Although relations between the Comoros and WHO date from 1970, the Government of the Comoros cannot be said to have made any effective contribution to the Organization's activities until 1976, that is, after independence which was proclaimed in 1975. This period of time has not been long enough for us to be familiar with all the structures and mechanisms of an Organization whose complexity is acknowledged in the study itself. However, I should like to add a few remarks to those made by more experienced colleagues, with a view to contributing to the effort to achieve the effectiveness and efficiency we want for our Organization.

May I first mention the following points, which are laid down in the Constitution or exist de facto: the Organization is a directing and coordinating authority on international health work, and provides for technical cooperation among the Member States. Technical cooperation covers a range of activities which have a considerable social impact on the
Member States, in that they are directed towards clearly defined health objectives. This
definition, which is accepted in principle by the States through the resolutions of the
governing bodies, is translated into concrete form by the new programming and budgetary
strategies and policies.

All efforts in the study of the Organization's structures should be directed towards the
application, monitoring, evaluation and subsequent modification which should lead to
implementation of the points I mentioned previously. The study reviews the various components
of the Organization: deliberative bodies, structures where policies are conceived and defined,
executing and implementing bodies. All these positive and negative organizational aspects
have been analysed, and suggestions have been made for the strengthening of some and the
elimination of others. The instrument providing ways and means of implementing the
Organization's policy will emerge from the consensus of the Member States on the conclusions
of the study.

Dr HENRÎQUEZ (Ecuador) (translation from the Spanish):

Our country, as a member of the ad hoc committee studying WHO's structures in the light
of its functions, has a few suggestions to make on this subject. We realize that the main
type of cooperation that WHO can provide to the various countries is technical advisory
services; we believe, however, that this cooperation should extend to other economic and
social development sectors, especially those linked with health. Just as WHO's programmes
should be directed at groups of diseases, such as diarrhoeal diseases, malnutrition and
parasitic diseases, so there should be established at headquarters level multidivisional
groups to tackle these problems in a coordinated way. We believe that there should and
must be better cooperation, especially in the research field, among the Member States within
the framework of technical cooperation among developing countries. In order to improve the
preparation of the Organization's programme budget it would be advantageous to hold, at
headquarters level, a meeting of national planning chiefs from countries representative of
areas having reached a similar stage of social and economic development.

Lastly, we think that the PAHO/WHO country representatives' offices should be maintained,
but that the technical and administrative decentralization of headquarters with respect to
them should be carried out in parallel with their strengthening so that they can absorb such
decentralization. With regard to the resolution recommended by the Executive Board for
adoption by the Thirty-third World Health Assembly I should like to say that we have studied
the draft submitted and consider it quite good. If we wish to suggest any amendment, we
will submit it in writing to the Secretariat at the appropriate time, as requested by the
President.

Professor HALTER (Belgium) (translation from the French):

The Belgian delegation will vote without reservation for the draft resolution recommended
by the Executive Board. It considers that the problems raised are so wide-ranging and
fundamental that there is no point in concentrating on details at this stage.

The Belgian delegation would like to stress the importance of the changes to the
Organization that would result from implementation of the programme described in document
A33/2. It would involve a fundamental transformation which might be envied by a national
civil servant like myself, for in the countries we often feel the need to change certain
structures to permit greater efficiency. It is also remarkable in that at a time when many
of us might consider the way in which our Organization now operates satisfactory, we still
feel that we must change its mechanisms to ensure greater efficiency in the future. I should
therefore like to congratulate the Executive Board and all those who have worked on this
study on the results already obtained. I believe that we shall need, as the draft resolution
provides, to follow very closely the process of change which will develop before us.

I have not yet had the opportunity of mentioning - and I do not think that any of my
colleagues has mentioned - an historic event which has occurred during this Assembly, and
which demonstrates how much our world is changing: as far as I know, Mr President, this is
the first time that this Assembly has been presided over in the Arabic language. I believe
that this reflects an evolution which shows how well our Organization is able to adapt to the
realities of international political life.

I should like to draw the attention of our colleagues to a factor which must always be
borne in mind, especially when we are about to try, with the Director-General and the
Executive Board, to implement the large number of suggestions and proposals contained in
the documents under study. What I wish to point out is that any living organism is in a given
state of health at a given time. This "state of health" may be good, not so good, quite poor or, on the contrary, excellent. Those capable of qualifying it in this way have for a long time tried to correct any deterioration in the state of health, often without considering possibilities of improving it. Thus the definition of health put forward by WHO at the start of its activities marks one of the great changes in the history of mankind. We must not forget, however, that at any given time the concept of health is relative and evolutive, capable of improvement and remedy, and therefore that it is on this concept of a "state" - particularly the problem of its evaluation - that our attention should be focused. Very often, when discussing the evaluation of certain situations among colleagues, we observe that the indicators used fail to take sufficient account of the considerable advantages that could accrue to some human communities or individuals from even slight modifications in environmental conditions; modifications which would attenuate the disadvantages and difficulties that some individuals or communities might encounter in the fulfilment of their daily, medium-term or long-term ambitions. I feel, therefore, that for each of ourselves - as individuals or as members of a community towards which we have certain responsibilities - as well as for our Organization, to which we attach great importance, we should try to be aware at all times of the state in which we find ourselves and of the process which is developing in time.

This is one reason why I suggested a few days ago that in the very long journey upon which we have just embarked and which is to end with a satisfactory state of health for all human beings of the earth, we should consider establishing some intermediate stages; in particular, as proposed in the documents in front of us, the mobilization of the means, both manpower and financial resources, which could enable us without too much difficulty to bring about a situation consistent with Dr Mahler's wish expressed in his ultimate objective of health for all by the year 2000. Then we could certainly feel that everything was in order and that humanity could hope for the translation of this notion into reality.

It is in this spirit that the Belgian delegation approves the proposals made by the Executive Board and hopes that the Board, with the help of the Secretariat, will continue to work actively and in the most favourable conditions on a definition of the means to be used for the achievement of our objectives.

Mr. NAIR (India):

The Indian delegation is happy to have the opportunity of stating its views on the subject of "WHO's structures in the light of its functions", since this has assumed obvious importance in the context of the remarkably expanded role of this Organization.

As our eminently outstanding Director-General, Dr. Mahler, so succinctly said in his scintillating and yet soothing and elevating remarks at the end of the general discussion yesterday, we have a goal before us worth striving for, aspirational, yet achievable provided some significant additional steps could be taken up and completed in time. These steps would require work in new directions. It would no longer be a monolithic structure but would have to be a multifaceted one. If other sectors have to be properly and adequately involved, if the existing disequilibrium is to be disturbed in favour of promotion of steps to achieve health for all, if forces interested in stressing resources resulting in contra-health effects - or in appropriating funds which could otherwise produce much more useful gains in the factor of health for all - are to be controlled, a restructuring of the working and functions and a strengthening of WHO would be very necessary.

Let me straight away say that we need today WHO much more than ever before. Today, when we are on the threshold of launching specific programmes for the achievement of health for all, there seems to be an ever-increasing need for frequent and meaningful interactions between Member States directly, bilaterally, and under the all-important aegis of this Organization. Furthermore, our aspirations for securing a more meaningful relationship between the economic and the social sectors and securing a rightful place for health - an area so totally neglected all these years - and bringing about a new world order dependent on peace, equity and justice, call for total political commitment by every Member government. In the context of these aspirations and urgencies, it just does not make adequate sense to even think of our not meeting together as hitherto. I am sure that our final view on this crucial issue shall be not only to let the status quo prevail, but to foster even greater and more intensive interactions.

Now, reverting to the issues before us today, let me say that in our Region we have carried out extensive and in-depth exercises into the more important aspects of the current structures and functionings of our Organization. Briefly, what has happened is that over a period of time some of the original systems and approaches have become out of date with the
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needs of the hour. The complexity and vastness of the problems having grown many-fold, populations having multiplied geometrically and resources for health care not having grown at a corresponding pace, we are faced with the question of reviewing and ensuring that WHO functions - as best it can - to serve the Member States which constitute it.

Without going into too much detail, as time does not permit such indulgence, let me say that the crux of the problem is that in about the last 15 years far too much has happened at the global headquarters of the Organization. In its directing and policy-making functions the regional committees seem to have been influenced and guided beyond need by headquarters. As ultimately the success of our functioning would relate to the efficient implementation of plans and policies in the countries, it is unavoidably essential that Member States are enabled to participate more meaningfully in the functioning of the regional offices. This can be achieved by devising effective mechanisms for greater involvement of the Member States in deciding the policies and priorities to be followed by the regional offices and the Regional Directors. A greater number of imaginatively devised subcommittees could guide and advise the regional committees. Similarly, there is an urgent need to set up evaluation and monitoring systems at the regional levels, fully involving the Member States in such exercises, to increase their awareness and promote a sense of responsibility. Barring limited issues of global or interregional concern, there should be in the course of time very few matters on which headquarters should have to give policy directives to the regions, as has been happening for some years now. If such changes are brought about, we imagine that in the course of the next few years the Executive Board, the Programme Committee and other important organs of WHO at headquarters should be largely dealing with problems and issues thrown up by the regional committees and not vice versa. If this happens, the organs at headquarters level would be able to devote more time and attention to evaluation, monitoring, coordination, transfer of information and technology, etc. They would then not have to pass resolutions on matters which do not appear to concern or excite the regions. Once this manner of change comes about, the working of the Assembly itself would undergo revolutionary change, inasmuch as future Assemblies would have to largely deal with only such problems of the regions which, having been dealt with by the Executive Board and its related bodies, call for global attention and coordination. As a result the Assembly would not be required to pass resolutions on various issues and express sentiments on matters which are already getting concrete attention in the countries and the regions. This will again mean that the Assembly would perhaps need to meet for shorter periods and transact more concrete business.

All this means conscious, calculated and planned decentralization, and we are most confident that our Director-General is quite capable of bringing about this change in an orderly and effective manner. One other important matter calls for comment. In today's and tomorrow's context it is apparent that the advice of other bodies besides medical experts will be required to bring about the changes that we are aspiring for. Economists, social scientists and management experts will have to be allocated appropriate roles to bring about the reforms in a given time.

Besides all the changes that are required to be made to effectively introduce decentralization and ensure movement from the countries upwards, it also appears necessary to mention that the existing structure of the Executive Board calls for some changes. As populous a region as ours, with a population of over 1000 million, has only two representatives. Besides the need for restructuring the Executive Board, may I once again say that holding Assembly sessions in alternate years would not be viable for the simple reason that the Executive Board is not an adequately representative body to be allowed to decide matters finally for the period of these two years.

In conclusion, may I once again say that today we are faced with very great problems of health which require global coordination and intensive and cooperative interaction. We have to consistently move towards greater political consensus on the subject of health and how it should be effectively assisted by other sectors. In this ruling atmosphere of moving towards a more just and peaceful world order, may I urge all our friends here to put their heads, shoulders and hearts together and let us jointly move towards our accepted goal.

Regarding resolution EB65.R12, I might mention that we support the recommended resolution, but would like to add that paragraphs 1(5), 3(2), and 6(3) need to be slightly modified to bring about adequate but effective decentralization of functioning, so that all future functioning and movement could be from the bottom upwards; these amendments could be taken care of by the drafting committee.
In our opinion the discussion on this agenda item and the resulting resolution will be of decisive importance for the future task and long-term perspectives of the Organization. The consensus to be reached at this Assembly on the further approach to solving these problems should, in the last analysis, create the solid foundation for attaining the agreed aim of health for all by the year 2000. We also congratulate the Director-General for this profound and comprehensive study, which gives to the Organization and all its organs a deeper insight into the processes and the functions which are moving this Organization.

I am very much in line with the remarks concerning the revolutionary aspects, not only in health, but in this Organization, as was said by the distinguished delegate from Belgium. I am also in favour of his remarks which mention that there are revolutionary elements in this aspect to be considered. Of course some of us may remember a very interesting scientific discourse, or scientific report, which was given last year before the scientific community of WHO by Professor Venediktov on the perspectives of this Organization. I think it is necessary to look at two such revolutionary elements which are guiding us in considering this study. One, of course, is the expressed, unanimous will of the family of the Member States which was formulated in the Declaration of Alma-Ata and leads to agreement on the strategy for health for all in the year 2000; and the other is the increasing self-respect and preparedness of the majority of Member States to share actively in the work of WHO, especially the majority of Member States who have in history been suffering from colonialism and still suffer from sequels and consequences of this historic period. The task must be - and I think the propositions which are made here and the recommendations in the resolution of the Board as well as in the report of the Director-General have this objective - to bring together all these new resources of activity, of wisdom and experience to fulfil our common programme and to reach our common goal.

And therefore the first remark I will make on behalf of my country is that the strengthening of the role of the governing bodies of WHO - the World Health Assembly, the Executive Board and regional committees - and of the Secretariat and its unity and coherence, is an indispensable requirement for enhancing the quality and effectiveness of WHO’s programmes and for constant further improvements in the cooperation between Secretariat and Member States, as well as in technical cooperation between Member States; these principles should govern the implementation of the recommendations contained in this study. Thus I think the unity of the objective, mode of work and structure of WHO should be maintained at all times. No scattering of efforts should be allowed, no situation where Member States are left alone in confrontation with problems they cannot solve alone. Secondly, the optimal combination should be found and implemented between technical cooperation with Member States and the regional and global policy of WHO in strengthening the unity and effectiveness of WHO. Centralized and decentralized activities of WHO should otherwise be as well balanced and complementary as possible. Thirdly, the principle of equal rights should be valid for Member States and regions and the full sovereignty of Member States should be respected in all activities of the Organization. Fourthly, the acceptance of proposals for structural change should be based on very rigorous standards. The first approach should always be to examine to what extent new tasks may be performed - or new objectives attained - by the existing resources we have in our Constitution and structures, and to try first to adapt the mode of use of the existing structures and rules to fulfil the new requirements. I felt it very striking to read through all the reports of the regions dealing with this problem that they agree in this respect that we have a very sane Constitution; we have a very good structure, which has still a lot of unrevealed reserves to be let into our common campaign. In a number of cases, of course, it will be necessary to try to obtain some new instruments and take new approaches on the structural basis but, in this respect, the very good experience of our Organization should always be followed: first, to introduce such new methods, means or structures on a trial basis for a defined period and, after this, to evaluate whether it is necessary and useful to introduce new elements or not. My fifth remark is that WHO’s policy as a whole should be based more and more on increasingly solid scientific ground. Science as one of the prerequisites of progress in health as well as in other fields of development should be a guiding principle, a guiding element in all activities. The sixth remark is to underline once more, in the awareness of the indivisibility of world peace, international security, and world health, that WHO should constantly promote the integrated cooperation of all organizations and agencies of the United Nations system in matters of health.

The position taken by my country on certain details involved in the study may be summarized as follows. First, the resolutions adopted by the Health Assembly and the regional committees are decisive policy documents of WHO; they must be relevant for the
Organization's short- and long-term activities. Great attention should be paid to the possibility of initiatives by Member States and regional committees for moving draft resolutions. Secondly, in addition to the requisite information, the documents prepared by the WHO Secretariat, or regional committees, for the Executive Board sessions and for the Health Assembly should always contain proposals for the solution of the existing problems which are the subject of the information. Thirdly, the prospective activities of the Secretariat for the formulation of high-quality programmes of WHO should be strengthened or supported by information supplied by the Member States themselves. Fourthly, the improvement of cooperation between the Secretariat and Member States presupposes further qualification of the Secretariat's personnel and mode of work and intensified contact between senior officers of the Secretariat and the ministries of health of Member States. Fifthly, without fear as to their functions as politicians in the field of world health and international security, as guiding politicians in this field, the Director-General and the Regional Directors should be aware of their role as initiators, coordinators and mediators in disputes and discussions.

Let me finally remark that our delegation agrees to resolution EB65.R12 on the study of the Organization's structures in the light of its functions, as contained in the document before us.

Dr BEAUSOLEIL (Ghana):

Many of the points that I would have liked to dwell upon have been adequately covered by the distinguished delegates of Norway, Yugoslavia and India. I shall therefore not go over them again, but confine myself to three or four points that have so far not been raised.

The first is WHO's role at the country level, particularly the role of the WHO representative. We are informed that the change of the title from WHO representative to WHO programme coordinator appears to have been misinterpreted in a number of countries as a diminution of his functions and responsibilities and, in consequence, a demotion - an interpretation that was never intended. We are further informed of the suggestion that the title again be changed to that of WHO representative and programme coordinator (WRPC). I humbly submit that the solution to the problem does not lie in a change of title, or name, but rather a careful review of the basic factors responsible for the problem and, consequently, the implementation of appropriate remedial measures. I say this because it appears to me that the problem has arisen because we have not, as yet, clearly identified or defined the position of the representative within the organizational structure of the national health administration, and therefore his relationships with the staff of the national health administration, on the one hand, and with the other relevant sectors of the economy and international health organizations, on the other hand. For example, in the African Region we have three types of person: One is "a pedigree", as it were, being a WHO staff member appointed and paid by the Organization. He has diplomatic status and one is not clear exactly where he fits in the national organization. It is true that a country is free to use such a person as and when appropriate. But then this does not happen invariably and it is only where the representative is so inclined and has the proper attitudes to work in the country that the country is able to use him as and how it sees fit. Then we have the second type of person who is like "a mongrel"; he is neither a staff member of WHO nor a staff member of the national health administration. He is employed by WHO, on a contractual basis, and no one knows exactly where he fits in. Then, lastly, there is the other type of national coordinator, who is a staff member of the national health administration appointed and under the direct control of the national health administration. Here, occasionally problems arise because he is required by the national health administration to do something which appears to be in conflict with his other functions as the WHO coordinator in the country. I therefore think there is need to have another look at the role of WHO at the country level, particularly the role of the WHO representative, and come out with a more acceptable and workable model.

The second point is about the policy of decentralization. The Ghanaian delegation fully supports this policy and would wish to see this pursued vigorously to its logical conclusion. While looking round the six regions, one finds that, in some cases, the regions and the regional offices are fully self-sufficient and able to respond adequately to the needs of the Member States, whereas this is not quite so in some other regions. There is therefore the need, as part of the decentralization exercise, to really strengthen the capabilities and the capacities of the disadvantaged regions and regional offices to ensure that they are able to cope not merely with the additional functions, but more particularly with their basic functions which some are currently unable to cope with.
Thirdly - this is also related to the regional offices and the regions - some regions are small and compact; communications and transportation are easy, and so dialogue between Member States of the region and between Member States and the regional office is fairly satisfactory. On the other hand, there are some regions which are very large, communications are very poor, and it is difficult to communicate between Member States, let alone between Member States and the regional offices. And so, the Ghanaian delegation feels that there is need to look at the question of the possibility of dividing these, the large regions into subregions in order to promote and foster proper coordination and implementation of activities. I am not suggesting that the big regions should be divided into new regions but rather that they be divided into subregions for promoting coordination. For example, in the African Region, we have three subregions for the purposes of TCDC, but we do not have as yet any mechanisms for coordinating the activities of TCDC within the subregions. In view of the problems posed by the vast magnitude of the territory - problems of communication, etc. - this question of establishing subregional offices, is, I think, something worth serious consideration.

Professor RUDOWSKI (Poland):

The Polish delegation has noted with great appreciation the conclusions of the Director-General as contained in document EB65/18 dealing with the study of WHO's structures in the light of its functions. We would like to congratulate the Director-General and members of the Executive Board for this magnificent work. The Director-General presented, in his conclusions, 22 problems, the proper solution of which is essential to achieve the fundamental goal of WHO, health for all by the year 2000. The Polish delegation would like to add some comments to the Director-General's conclusions.

First, my delegation fully endorses the proposal of the Director-General that priority will have to be given to the needs of the developing countries; but the needs of the developed countries should not be neglected either. Secondly, my delegation agrees that technical cooperation, replacing the former approach of technical assistance, should be based on true partnership to attain national health goals, as stressed in paragraphs 9 and 10 of the Director-General's conclusions. The development of technology should be effective, socially acceptable and economically feasible. WHO has collected already an extensive experience in this field, for example in the tuberculosis control programme or eradication of smallpox. The Polish delegation would suggest that extensive use be made of these or similar successful methodologies in fostering cooperation between developed and developing countries. Referring to paragraph 13 of the conclusions, the Polish delegation suggests the careful screening of WHO staff employees, before they are sent to any Member State, in order to send the best trained, highly-motivated and competent people.

The Polish delegation highly appreciates paragraph 15 of the conclusions, which reads: "WHO's social role is characterized by its humanitarian efforts to promote social justice in health matters". The right to health is included in the Polish Constitution as a basic human right. We believe that WHO can be instrumental in helping to reduce international tensions, to overcome racial and social discrimination, and to promote peace. The success of the strategy of the national commitment to primary health care will depend, in the final analysis, on whether it reflects paragraph VIII of the Alma-Ata Declaration.

My delegation strongly backs the concept of identifying priorities and preferential allocation of resources to those priorities, according to Health Assembly decisions (paragraph 20 of the conclusions), and regards it as a very important item. We do support the multisectoral approach to health problems and recognize the coordinating, cooperative and catalytic role of WHO headquarters. We feel, however, that it will be highly recommended to achieve these goals by creating teams of experts in the field of primary health care, ready to be called upon on a short-term basis by Member States requiring their expertise in health and related sectors. These teams of experts would be part of the global Health Resources Group.

The Polish delegation feels that the role of the Executive Board should remain unchanged and that the World Health Assembly should carefully review the implementation of previous resolutions and decide on matters of worldwide interest. Decentralization, discussed in the relevant document, is a logical step in recognition of importance of the national health programmes. In spite of the fact that we support the idea of decentralization, we think that the role of the World Health Assembly, as the supreme body for the formulation of health strategies, should be reinforced. The basic coordination of functions should be ensured by WHO headquarters and it should also continue to be a place of technical excellence and expertise.
In conclusion, Mr President, the draft resolution EB65.R12, with some improvements which have been already proposed, will be accepted by the Polish delegation. I have been underscoring some aspects of the problem which we deem to be important in properly understanding the spirit of the proposed resolution.

Mr DE GEER (Netherlands):

The results of two years of study are before us. Already, during this period, WHO has been in a situation of permanent change and we want to express our admiration for the courage of Dr Mahler and WHO staff in this process, which also has far-reaching consequences for the Secretariat. More change will come, and will be necessary. In this context we want to quote a thought of the new Queen of our country, expressed at her inauguration. She said, "the speed of change in our society may affect our stability".

In our view there are two main arguments further to reconsider the structure of WHO: first, the gap between accepted policies and actual practice; second, the beginning of a new worldwide action, "Health for all by the year 2000", by implementation of the concepts of primary health care. This action is even more ambitious and asks even more of our Organization than the programme for smallpox eradication.

Concerning the gap between policy and practice, we believe that the Director-General is right when he permanently questions the effectiveness and efficiency of WHO organization at all levels: country level, regional level and global level. On our side we, as Member States, should indeed study what can be done on the national level to build the structure that (a) has sufficient influence on the government level; (b) has good relations with nongovernmental organizations in the health field; and (c) can bring consistency in the delegations to the various meetings of WHO. Without denying the importance of the other points of the Executive Board’s resolution EB65.R12, we want to underline what is recommended to the Member States in operative paragraph 2 of the draft resolution. Decentralization demands a very good and strong organization of information. What is true in this respect for the country level is also applicable to the regional level and the global level. So we support the Director-General’s ideas to study in detail what are the best information systems in the light of the functions and the functioning of WHO.

It is an understatement to say that the main target, health for all by the year 2000, is so difficult to reach that only a perfectly working Organization can perhaps do the job. Structure follows function. So we have to make it perfectly clear which functions of WHO we need for health for all by the year 2000. We want to say this because we have to be careful not to throw away what is really good now. A desire for change can be very infectious, change may not be a goal in itself.

We have carefully studied the Executive Board’s resolution EB65.R12. We have seen that the highlights of the recommendations are: that WHO should concentrate its activities on support to national, regional and global strategies for attaining health for all by the year 2000; that it should emphasize actions for health in addition to indicating how such action may be carried out; that, in doing so, the unity of the Organization should be maintained and that the proper balance between centralized and decentralized activities should be ensured. These sentences are quoted from Dr Kaprio’s letter to our Minister of Health, dated 14 April, and we quote them with pleasure because we agree with them wholeheartedly. Our delegation wants to support the draft resolution proposed by the Executive Board in its resolution EB65.R12.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland):

My delegation congratulates the Director-General on his perceptive and very comprehensive report and fully recognizes the amount of work and effort which has already gone into detailed consideration of the report both by the regional committees and by the Executive Board. We fully support the Executive Board’s proposals in resolution EB65.R12 but I would just like to make one or two comments on some of the paragraphs.

In regard to paragraph 2, the distinguished delegate from Ghana has already referred to the role of WHO staff at country level. We believe that this is a very important point, and we believe that the country programme coordinator should have the expertise and experience to provide full technical cooperation which is requested by the local national health administration, but also to be able to reflect back to headquarters the needs of that country. We also feel that these individuals should have the necessary back-up aids and facilities to allow them at country level to provide the necessary support.

On operative paragraph 4, concerning the role of the Executive Board, much discussion has already taken place on the role of the Executive Board. We would like to regard it in much
the same way as a board of directors of an organization and, in this way, we would like the Director-General to consider how the Executive Board could be given a more executive role. We also feel that the Executive Board should play a more active role in the global monitoring of the implementation of policies laid down by the Assembly. We feel that the different disciplines and the widespread geographical nature of the members of the Executive Board allow for monitoring globally. I am not just referring to monitoring within each Region, where the members of the Board come from; we feel here that there is a great need for individual members, or groups of members from one region, to monitor activities in another region. We also endorse the principle of a multisectoral advisory group in distinction to the Executive Board itself where the Constitution requires that all the members are "technically qualified in the field of health". But we also accept the doubts, so well expressed by the Chairman of the Executive Board, that some people feel that this may become an alternative to the Executive Board. Perhaps the answer to this would be to make this an advisory group to the Executive Board itself; and we once again hope that this will be given some consideration.

Then turning to paragraph 6, which deals with the Director-General and the structure of his Office and the Secretariat, it is our firm view that the organization of the Director-General and his Secretariat has stood the test of time. It is very important that - at a time when, in the course of the implementation of resolution WHA29.48, the Director-General has reduced administrative costs and has also implemented the shift in emphasis resulting from the programme budget - we should not, at this stage, disturb the central organization of headquarters; and, as many delegates have already said, we do not want change just simply for change's sake. We feel that this basic structure, this tree which was grown from a sapling and is now 33 years old, has basic strength and should not undergo major change; there is great hazard in making change for its own sake. On the other hand, we also agree with the comment made by the delegation of the USSR that it is important to maintain a strong central headquarters which will coordinate the activities of the regional committees, as well as see that communication and the implementation of policies of the Executive Board and the Assembly are facilitated.

In the same context, we feel that it is very important that staff morale is maintained within the Organization. We have in the Organization people who are well motivated towards the work of the Organization. Suggestions of change create feelings of uncertainty and, at this particular time, we feel that it is very important to thank the staff for all the work that they have done up till now, and to give them a feeling of security for the future.

With these remarks, I once again just reiterate that the United Kingdom fully supports the draft resolution put forward by the Executive Board.

Dr KLIVAROVÁ (Czechoslovakia) (translation from the Russian):

During the last two years a discussion has been going on in our Organization on the topical question of our Organization's structures in the light of its functions. The Czechoslovak delegation expressed its views at the session of the Regional Committee for Europe in Helsinki and would just like to stress some points in the documentation that was submitted to our Region. We agree with all those who have stated that our Organization's Constitution is adapted to the tasks it is called upon to perform. The role of the World Health Assembly, of the Executive Board, and of the Director-General and his headquarters staff should be maintained, but at the same time the role of the regional committees and of the Regional Directors and their offices must also be adapted to the tasks which are facing our Organization and which, indeed, have been reaffirmed by this and previous Assemblies, namely the elaboration and implementation of a strategy for the attainment of health for all by the year 2000 and of the New International Economic Order. We should like to stress the view, which is also reflected in document EB65/18, Annex 5, that the global office should remain the Organization's brains trust and the guarantee of its unity, continuing to centralize specific measures such as, for example, international classifications, standards and norms. Any weakening of the powers of the Assembly and Executive Board in favour of the regions and the regional committees might lead to the establishment of six world health organizations. We are of course for improvements in the work of all these bodies, for its becoming more fundamental and effective, for better use being made of the experience of the Organization's Member States. A matter of great importance for the fulfilment of WHO's constitutional functions is coordination of the utilization of scientific and technical expertise in aid of the health of the world's population. The potential in terms of specialized scientific experience of the various Member countries and the regions is one of
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the key factors for the achievement of our aims in this regard. This potential is still not equally rich everywhere. Pursuit in greater depth of the activities of headquarters and the regions, and also of their constituent bodies, to this end would be desirable. It is not, in our view, admissible that the element of specialization should be done away with at the Organization's centre, that headquarters should assume the functions of administrators, and that the central office and its agencies, first and foremost the World Health Assembly, should lose the power to take decisions and exercise control over the activities of the entire Organization, including its regional and other bodies. With regard to staffing problems, the Czechoslovak delegation wishes to emphasize the importance of maintaining uniform, equitable geographical distribution in the recruitment of personnel.

In conclusion, we wish to state that we support the draft resolution on this item recommended by the Executive Board in its resolution EB65.R12, and that we fully endorse the amendments which were introduced by the Soviet delegation with regard to the utilization of national personnel and to the proposals of the Director-General for the reorganization of the structures of headquarters and the regions for review by the Executive Board and the next Assembly.

Professor SHEHU (Nigeria):

First of all, I would like to commend the report of the Director-General and the conclusions of the Executive Board. The Regional Committee for Africa, of course, has already looked at the issues involved, and its views are annexed to the report. But permit me to make a few remarks on some aspects of the report. After so many distinguished speakers have taken the floor there really is not much left to talk about, so I shall be as brief as possible.

The popular transfer of technology is a very controversial issue, and when I read the document a few questions arose which I would now like to put to the august Assembly. The first question is: are those who possess technology prepared and willing to transfer such technology to those who do not? Secondly, will it be transferred without "strings" in such a way that it can eventually be sustained by the recipient nations? Thirdly, are those who are receiving technology sufficiently capable of absorbing the transferred technology and utilizing it within their socioeconomic environment? Fourthly, are they sufficiently prepared to adapt transferred technology to their special circumstances? Fifthly, can they use the expertise so acquired through transferred technology to develop appropriate original and indigenous technology? I do not, unfortunately, have the answers to all these questions but, if past experience is anything to go by, one cannot but have some reservations. One thing I do know is that we certainly do not want to be slaves of imported or transferred technology. So genuine goodwill is needed on both sides, and one hopes that the New International Economic Order and the New International Development Strategy will generate this goodwill. Furthermore, the leadership which WHO has given in this difficult task will need the unalloyed support of all Member States.

The widening gap between policy and practice has been mentioned in the Director-General's report in document A33/2, and this is something that is causing us some anxiety. We have given it some thought, and that has given rise to a number of questions as to what are the mitigating circumstances in this rather undesirable situation. Well, thinking aloud again, first and foremost there is the numerical issue. Far too many resolutions are adopted without the full realization of their implications at the country level. Almost invariably, important resolutions which may have far-reaching consequences are discussed and adopted here in Geneva, and many delegates see them for the first time here in Geneva. I think it might be a good idea to think of another approach, particularly bearing in mind the fact that more and more of our policies are going to affect other sectors, so that prior consultation at the country and regional levels appears desirable. Unless sufficient time is allowed for these prior consultations at all levels before we get to the Assembly, I fear that further widening of the gap might be before us.

Rapid changes occur in global strategies and policies to the extent that, in some of our countries, before we have come round to implementing one policy a new one has emerged. Quite frequently the change is traumatic. But let me say here that I am all for moving ahead and maintaining an acceptable level of momentum.

Now, coming to centralism versus decentralism, I am strongly in favour of decentralization, provided delegated authority is rationally used, which means that before any powers are devolved to lower echelons of the Organization, there must be a deliberate effort at building them up. Furthermore, there ought to be a built-in safeguard against abuse of delegated powers, particularly if it appears that they are being used to weaken the Organization. The
Director-General hit the nail on the head when he asked - and I quote here - "If the work of WHO begins and ends in Member States, whose action in countries is of capital importance?" We also note his statement that the activities of Member States should be in accordance with WHO's policies and programmes.

There can be no better testimony of the crucial role coordinators, whether WHO programme coordinators (WPCs) or national WHO programme coordinators (NWPCs), are expected to play than this statement by the Director-General. I will not go so far as to say that they are the single most important group of workers in the system - modesty prevents me saying so. It is therefore imperative that the position of the coordinators is strengthened both technically and administratively. This is why we support the recommendation of the Director-General that the coordinators should be designated or redesignated "WHO representative and programme coordinator". That brings me to the question of what is in a name. Well, I believe there is a lot to a name. When the Beatles started singing I know their name was not Beatles, they had some common English name; but in order to popularize their music they changed their name; and if we are going to popularize our programme at the country level, we must have an acceptable name. We are also in favour of the very many other useful suggestions made by the Director-General for further strengthening the coordinating and directing roles of our Organization; that is, the roles in the field of international health, with all its inter-sectoral implications.

Finally, I would like to say that we strongly support the proposed resolution in EB65.R12.

Dr KAWAGUCHI (Japan):

Thank you for giving me the opportunity to speak. Document A33/2 and resolution EB65.R12 were carefully considered by our delegation. Our comments are as follows. First, we support a decentralized WHO structure in the belief that it facilitates the development of effective, socially acceptable, economically viable technology; but we would urge headquarters not to forget its role in facilitating smooth relations between itself and regional offices. Secondly, WHO programmes should focus on technical cooperation among developing countries to obtain health for all by the year 2000. Appropriate technology transfer is an important key to accelerating health development. The role of WHO in deciding which technology is appropriate cannot be understated. Thirdly, regarding health manpower development, we are pleased to note the proposal to favour the development of health generalists in both recruitment and training. Fourthly, we should like to see the retention of the title "WHO representative", as recommended by the Regional Committee for the Western Pacific, for we consider this title more truly reflects the nature of the position. Fifthly, in general we should like to stress that the maintenance of harmonious relations between headquarters, regional offices and national administrations is of crucial importance to the achievement of the goal of health for all by the year 2000.

Dr SEBINA (Botswana):

I would like to associate our delegation with some of the remarks that have been made by previous speakers; we would like to congratulate the Director-General and the representatives of the Executive Board on the report on the structural study of WHO. At the end of his preliminary report the Director-General says that "this study constitutes a major review of unprecedented magnitude, dealing as it does with the way the Organization acts and reacts at all policy and operational levels". It further states that in this study he interpreted the term "structures" as broadly and as comprehensively as he could. It is in this setting that this study was undertaken.

Earlier on the Director-General, in responding to the general discussion, mentioned when speaking about the historical perspectives of the Organization that in 1948 there had been only the 50 founder Members. History has changed the picture of the Organization. We now have about 150 Members, most of them independent sovereign States that can speak on their own behalf. Therefore, it is important that the Organization should face the political and socio-economic setting of the 1980s. There are many challenges that have arisen: one is what we have been dealing with, the new challenge of health for all by the year 2000. There have been new landmarks: one of them was the Alma-Ata Conference, where the Member States of the Organization collectively agreed that the key to health for all was primary health care. We have also had recently discussions about resolution 34/58 of the United Nations General Assembly, placing health as an important integral part in development. The Director-General asked a question in his intervention about what kind of WHO we deserve. To answer all these
challenges the structures of WHO had indeed to change, and that is to us the importance of this timely and appropriate study. In arriving at these conclusions there was wide consultation between Member States and the regional committees, as shown by the reports of the regional committees annexed to the document. WHO's constitutional responsibility as a directing and coordinating authority in health for all remains unchanged, but a lot has changed, and the orders which WHO is changing keep on changing.

The report talks about the importance of multisectoral support. It also talks about the need for general experts in addition to biomedical research scientists. This our delegation fully supports. The examination of the problems concerning the structures and working relationships in the Organization, the role of its governing bodies - the Health Assembly as a monitoring function, the Executive Board as a truly representative functioning body - and the role of the regional committees, has brought in discussions about balanced decentralization versus centralization. We agree, and support this policy of decentralization, and we support what has been said by previous speakers: this should not be just decentralization to the Regions, but it must go beyond and also be felt by Member States.

This brings me to the question of the dialogue between the regional committees, the Organization and its Member States, and the question of the role of the WHO representatives. In this respect we would like to associate ourselves with some of the remarks made by previous speakers, especially the distinguished delegate from Ghana. The subject has been debated several times in this august body, but still there seems to be no uniformity concerning the names, the functions and the responsibilities of the WHO representatives. We hope that, following a period of trial, the Organization can arrive at some definite position on this issue.

With regard to the increase in the role of nongovernmental organizations, especially their role in health for all by the year 2000, we fully support this role, the increased role of nongovernmental organizations, because most of them are already playing an important part in health and related activities. Therefore, by improving their role and sensitizing their position in community involvement, this can bring us much closer to health for all by the year 2000. We support the Director-General's proposed plan of action for optimal use of WHO's structures as mentioned in his address.

In conclusion, the delegation of Botswana will vote for the draft resolution recommended by the Board in its resolution EB65.R12.

Dr VIOLAKI-PARASKEVA (Greece):

Our delegation warmly thanks the Chairman of the Executive Board, Dr Abdulhadi, for his thorough and comprehensive introduction. The excellent document before us is based on the thoroughly constructive analysis by the Director-General of the views expressed by the various subcommittees of the regional committees, and the reports and resolutions of the regional committees and other meetings. My intervention will be limited to the principles.

My delegation believes that Member States trust the Secretariat and they have vice versa the support required and desired. However, steps should be taken at headquarters to establish a simple comprehensive system of information. It would also be most helpful if WHO's staff would discuss with the Member States the support and implementation of the resolution to foster the exchange of experience and to maintain a degree of uniformity in the approach to their problems.

The decentralization of responsibilities in six regions is a useful strategy but it should not lead to excessive fragmentation. Decentralization would strengthen the role of the regional committees in both political and technical matters, and countries will devise their own way to solve their problems. The question of what system is the best is difficult to answer, but the aim should be to find a balance between the centre and the periphery. At regional level, WHO should facilitate communication between countries, particularly in the technical cooperation framework. The diagnosis of the internal situation of WHO made by the Director-General is a democratic approach: I think that the Director-General possesses certain powers to carry out internal reforms of his administration, but he needs the full support of the governing bodies of WHO - the Assembly, the Executive Board, and regional committees. Member States need to have a reciprocal understanding with headquarters and regional offices on their needs and expectations.

We support without reservation draft resolution EB65.R12. All countries, both developed and developing, need WHO more than ever in order to fulfil our fundamental goal of health for all by the year 2000.
Dr LAW (Canada):

Since the beginning of this Assembly we have heard Member States reconfirm, as we have, their commitment to the Organization's goal of health for all by the year 2000. Our collective determination to reach this objective together is clear. Now we must turn our attention with the same resolve to the adoption of practical measures at all levels - country, regional and worldwide - that will make its achievement possible. We share the Director-General's view that the structure of the Organization is inseparably linked with the goal of health for all. For that reason we believe that we must proceed urgently with the decisions required to make the work of WHO more effective and efficient as well as more relevant to the needs of Member States. This is the reason also why this discussion of the study of WHO's structures is, in the view of our delegation, both important and timely.

We wish, therefore, to make the following brief comments in support of resolution EB65.R12. With regard to the functioning of the Executive Board, it becomes crucial in our view that the technical and executive role of the Executive Board be strengthened. I think that this view was expressed very clearly by our colleague from the United Kingdom. It is important that the Board should become decisive in its review of policy, programmes and budgets and in its monitoring of the implementation of technical cooperation programmes at regional and national levels. There is a concomitant need for much clearer definitions of global policy issues that should be referred for decision to the World Health Assembly.

In support of these measures, greater emphasis should be placed on strengthening the role and functions of the regional committees. Through regional committees, Member States should become more deeply involved in reviewing regional policy issues and in evaluating regional programme development and implementation. In addition, we strongly support the suggestion in operative paragraph 4(3) that there should be a greater degree of correlation of the work of the Executive Board, regional committees and the World Health Assembly, particularly as this relates to policy proposals from the regional committees with regard to worldwide issues. We would suggest also that emphasis be placed on further operational decentralization at all levels in an effort to make the technical cooperation activities of the Organization more directly relevant to country needs and in order to facilitate self-reliant health development. Well-balanced operational decentralization does not imply a weakening of the role of headquarters or regional offices, but rather an essential strengthening of their promotional and coordinating functions relating to programmes at regional and national levels.

Several delegations have made reference to the fact that the office of the Director-General at headquarters has functioned well, and in that case we say: "If it works, don't fix it."

In conclusion, we support the resolution before us because it constitutes a first and important step in the direction of a better rationalization of the work of the Organization. However, in our view, the question of the periodicity of World Health Assemblies is another important element in that rationalization process. We will be expressing our views in support of biennial assemblies in the current debate taking place on this question in Committee B. We hope that this relationship will be taken into account as we proceed with the consideration of this very important matter of the structure of WHO.

Dr MORKAS (Iraq) (translation from the Arabic):

May I first thank the Chairman of the Executive Board, Dr Abdulhadi, for his excellent and comprehensive presentation of the question of the organizational structures. I also wish to thank the Director-General for his wide-ranging awareness and understanding of the concept of health for all by the year 2000, and for his perception and vision of the future.

All that needs to be said on this item has already been eloquently expressed. All that remains is for me to add the voice of my country, Iraq, to those of the delegations that preceded me, in support of the Director-General's proposals regarding our goal of health for all by the year 2000. This involves the existence of organizational structures to pursue the activities of our Organization, both at headquarters and at the regional offices. In this connexion, I wish to support the delegate of the German Democratic Republic, especially his observations on paragraphs 5 and 6. The delegation of Iraq is pleased to support fully the draft resolution contained in EB65.R12, as it reflects our genuine hopes for the achievement of our objective.

Dr AL-SAIF (Kuwait) (translation from the Arabic):

Mr President, the delegation of Kuwait supports the draft resolution contained in EB65.R12 prepared by the Executive Board, and thanks the Director-General and the Executive Board for their excellent work. We have, however, some proposals in this regard, some of which have already been mentioned by a number of delegates.
First, I propose that the level of participants in the organizational meetings at all levels be upgraded. I therefore propose that WHO should ask all Members to be represented by their ministers of health.

Secondly, WHO should concentrate on issues that require decision-making by the Members during the first week of the Assembly, and the second week should be devoted to technical work and decisions upon which there is a consensus; this would extend to the latter part of the last week.

Thirdly, WHO should organize special sessions for the benefit of delegates of Member States to enable them to further assimilate the role of the Organization, so that Members can benefit more from its services.

Fourthly, WHO should always coordinate its activities in various fields and grant greater freedom to the regions.

Fifthly, the role of consultative commissions must be reinforced, at the regional and headquarters levels. Consultants should be selected by the Director-General and the Regional Director involved. They should try to follow up the implementation of resolutions, and should be prominent in their fields and aware of the problems of their regions and of their relevance to health problems. They should not come under the authority of the Executive Board or the regional committees. The consultants should be free and independent in their views and proposals.

Sixthly, we believe that the present regional organization reflects in a practical manner the geographical health divisions of the world, and these divisions should be in accordance with the disease-geography of the world, and should not be related to the structure of any other organization unless that structure is in line with world health problems. We do not believe that political divisions reflect the disease patterns of the world and we therefore assert the need for the continuing existence of a regional organization that reflects the world health situation, and for countries to be distributed in such a way as to enable them to be members of regions where they share common health problems with the other members.

Seventhly, it will be difficult to improve relations between the Secretariat and the Members if the Organization persists with its policy of selecting the Secretariat staff from particular countries. Member States must feel that the Secretariat is drawn from their ranks, and the only way to achieve this is through the equitable geographical distribution of the Secretariat, with increased representation of developing countries. A resolution to this effect was adopted at the Thirty-second World Health Assembly, and should be put into effect without delay.

Eighthly, we believe that decentralization is a most important matter. The regions should make the final decisions, taking into consideration centralized coordination and distribution of functions and the budget, in such a way that the Assembly and the central administration would be responsible for this. The regional committees should fix for themselves a ceiling of financial commitments which may not be available under the regular budget.

Ninthly, we believe it is important that there should be coordination between the regional committees, the Executive Board and the Assembly. We also believe that the system of work in the Executive Board should be changed, so as to enable its members to strengthen the ties between the Board and the regional committees, as follows: a link should be established between the elected representatives of the Member States from the region and the work of the regional committee, by appointing one of the representatives of the Member States of the region who is on the Board to provide this link. This would be accomplished through his attendance at meetings of the regional committee, as a representative of the Executive Board. He would coordinate between the Board and these committees, and relate them to one another. He would cooperate with the Regional Director during discussions of regional affairs of a general nature, so as to be able to submit the view of his region, as seen by the Executive Board, and in coordination with the Regional Director. It is also most important that the Secretariat be represented at regional meetings by the Director-General or his assistants, so that everyone is aware of the problems directly faced by the region.

In conclusion, I should like to reiterate my thanks to the Director-General and to the Executive Board for their excellent work, and to wish them every success in their work for our countries.

Professor VANNUGLI (Italy) (translation from the French):

It is very reassuring to see that on a point of such importance as the study of the Organization's structures, everyone is in agreement: there have been expressions of
appreciation, congratulations and thanks and the significance of various paragraphs of the draft resolution proposed by the Executive Board has been stressed. My delegation has nothing to say to the contrary. We are in complete agreement and give our approval to the draft resolution.

One might admit, however, to some perplexity. When I saw this item on the agenda, I thought that something was going to be changed. In fact, as I was reading the documents and draft resolutions, I realized that no great changes were proposed. It was mainly a question of policies, of guidelines for activities and of certain respective roles, which for me do not constitute changes of structure. So I wondered whether the word "structure" had a different meaning in French from its meaning in my own language. I looked for a dictionary and found a 1959 Larousse, which I hope is still valid. Here is the excellent definition given: "Structure: way in which the parts of a whole are arranged among themselves". During the discussions some aspects of that arrangement of parts have been mentioned, in particular the effort to strike a balance between the tendency towards decentralization and the traditional centralized structure. This is a very important aspect of the problem which merits more thorough study with concrete proposals. For the moment I just wanted to say that, and to suggest that a study be made with proposals for real modifications. We entirely agree with the principle involved.

The PRESIDENT (translation from the Arabic):

We now have about seven names left on our list of speakers on this item. If you are in agreement, I shall ask any other persons or countries wishing to speak to add their names to the list, so that we can close it. Are there any other countries? Dr Lambo will read out the names on the list, after which any other countries wishing to speak are requested to raise their cards so that they can be added to the list.

The DEPUTY DIRECTOR-GENERAL:

Thank you, Mr President. We have on our list, the following speakers: United Republic of Cameroon, Niger, United States of America, Congo, Mongolia, Australia and Sri Lanka.

The PRESIDENT (translation from the Arabic):

Will those wishing to speak please raise their cards?

The DEPUTY DIRECTOR-GENERAL:

Thank you very much, Mr President. We have now on our list the new speakers, who are: China, Senegal, Pakistan, Swaziland, Sudan, Kenya, Bulgaria and Gabon.

The PRESIDENT (translation from the Arabic):

If you agree to the list, we shall now consider the list of speakers on this item as closed.

3. ANNOUNCEMENTS

The PRESIDENT (translation from the Arabic):

As I told you yesterday, we should like to deal with an important matter concerning the work of the Organization and its working time. I told you that we would conduct a survey of speakers in the general discussions, and we have in fact recorded the time taken by each delegate. So far, 116 Members have spoken on items 9 and 10. I should like to point out that the survey was undertaken by an expert in statistics, Dr Valenzuela, and I can assure you that her figures are accurate. With 10 minutes per speaker, we should have taken 1160 minutes, but in fact we took 1298 minutes and 49 seconds, that is an excess of 138 minutes and 49 seconds. The speaker who took the longest time, without mentioning any names, spoke for 23 minutes and 50 seconds. The briefest took 4 minutes and 45 seconds, the second briefest 5 minutes and 35 seconds, and the third briefest took 6 minutes. We have made our selection of course on the basis of time, not of content, to avoid giving any offence. Some of you may ask why we did not select those who did not speak at all. The answer to that is that, according to WHO procedure, persons abstaining are not counted.
The selection was made on the basis of the proverb that time is money. I should like to mention the actual value of this time that we have saved. I have made a preliminary calculation that shows that one hour’s rental of this hall, together with the cost of interpretation and other costs, comes to between US$ 5000 and US$ 6500, not including of course the salaries paid to the delegates by their countries. This year the prizes are presented by the President, but in future years they will be given by WHO.

I have observed a very definite trend with regard to speaking in the general discussion. I believe that if the Director-General were to submit a specific question concerning general policy, to be discussed by the Members, thus making the general discussion more specific, this would be more useful, because as you know detailed discussion can also be undertaken in the committees.

We now come to the names of the prize-winning countries. The first country, with 4 minutes and 45 seconds, is Burma. (Applause) The second, with 5 minutes and 35 seconds, is Mauritius. (Applause) And the third, with 6 minutes, is Poland. (Applause). Will the delegates of these countries please come to receive their prizes?

Amid applause, the President handed the prizes to the winning delegates.

The PRESIDENT (translation from the Arabic):

We have now come to the conclusion of the general discussion, with the presentation of the prizes. Now an announcement: the General Committee will meet immediately after this meeting, and at 14h30 we shall resume our discussions of the subject with which we have been dealing. If time permits and if we have concluded our discussions, the main committees will also meet. The meeting is adjourned.

The meeting rose at 12h40.
THIRTEENTH PLENARY MEETING

Thursday, 15 May 1980, at 14h40

Acting President: Professor R. VANNUGLI (Italy)

STUDY OF THE ORGANIZATION'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS (continued)

The ACTING PRESIDENT (translation from the French):

Ladies and gentlemen, the meeting is called to order. We are discussing item 11 of our agenda and there are still 15 speakers on my list. I should like to remind you that this discussion lies outside the scope of the resolution we adopted on contributions to the general discussion on the reports of the Executive Board and the Director-General. In this case there is no time limit, but I should still like to draw your attention to the fact that the work of the main committees also has to be resumed and we therefore do not have much time. I am afraid I have no prizes to offer for the shortest speeches - only my gratitude. I now give the floor to the first speaker on my list, namely the honourable delegate of the United Republic of Cameroon.

Dr MAFIAMBA (United Republic of Cameroon) (translation from the French):

My delegation would like to congratulate the Director-General on the material contained in document A33/2. It presents things in a flexible way and shows that the Director-General has taken carefully into account the previous comments of the Member States and the regional committees. The draft resolution, contained in resolution EB65.R12, which is submitted to us for approval, follows the broad outlines of this document. My delegation sees no harm in adopting it but, as we know, the big problem is not adopting fine resolutions but translating them into concrete action. As the Director-General himself has acknowledged, for the desired changes to come about and for health to be accorded its due weight will need a political commitment on the part of governments. This struggle, which the Director-General calls the political struggle for health, is a long-term business. WHO must not be disarmed and discouraged. Our governments have been sensitized to the need to ensure health for all and to increase the financial provisions made in their national budgets for health work. We hope that WHO will continue by all means in its power this work of sensitizing governments and decision-makers.

Coming back to the document I mentioned, my delegation endorses the Organization's principal objective, namely the commitment to strive for the attainment of self-reliance and to step up cooperation among States within the WHO system. However, some passages in this document call for certain remarks from my delegation. Firstly, the title "WHO representative and programme coordinator" seems to us too long. Secondly, we agree that the person thus responsible for liaison with WHO should be as close as possible to the ministry of health but, since WHO has to maintain a dialogue not only with the ministry of health but also with the other ministries, my delegation thinks that this WHO representative, even were he a national, might find it awkward if, over and above his own activities, he also had to be involved in the day-to-day running of the ministry of health he is attached to. Thirdly, it is certainly true that our Organization needs a new type of personnel, in particular health economists, but I doubt whether such personnel - described as "health generalists!" - can, unless they have worked for a long time in WHO and acquired field experience, effectively take on all the tasks and responsibilities that would be assigned to them. We feel it would be more realistic to establish a judicious balance between these generalists and the technical specialists, already imbued with WHO's philosophy, who will need to be given intensive refresher training in health economics, health information science, etc. Lastly, while a flexible system of rotation between national staff and WHO staff from headquarters and the
regional offices is desirable, the period of secondment should be between two and four years, two years not being long enough to acquire any worthwhile experience.

Dr LOCO (Niger) (translation from the French):

The delegation of Niger had occasion on 12 May 1980, in making its contribution to the general discussion on items 9 and 10 of the agenda, to state its position on the study of WHO's structures contained in document A33/2, which, as we then said, represents an admirable synthesis of the viewpoints expressed by the Member States and especially by those from the African Region. Without wishing to speak at length, I should nevertheless like to recapitulate some salient features of our position.

The Niger delegation strongly favours the idea of setting up regional and global advisory councils to support the multisectoral national councils, these advisory councils being considered as instruments of the Executive Board and of the Programme Committee. Niger also supports the plan to establish a global Health Resources Group, with respect both to its composition and to its purpose, which is to mobilize resources and rationalize their flow in support of the strategies for health for all by the year 2000 applied in the developing countries. We had also suggested biennial sessions as regards the periodicity of the Assembly. As far as WHO staff in countries is concerned, we share the view that these field staff should identify themselves with the national programme in which they are working and feel part of the national health personnel. As for the title of WHO representative and programme coordinator, we have nothing against it, for in fact the problem does not lie there. Secondment of national staff to the WHO Secretariat for limited periods would be a procedure beneficial to our countries.

While congratulating the Director-General and the Executive Board on the excellent work performed, the delegation of Niger supports the draft resolution contained in resolution EB65.R12, which it considers to the point. In consideration, however, of the need to support the national multisectoral mechanisms, my delegation has prepared in writing a draft amendment which will be passed to the Secretariat; it concerns operative paragraph 3(3).

Dr BRYANT (United States of America):

We appreciate the materials placed before us. We are aware of the extensive discussions that have taken place on the matter of the study of the structures of WHO in the light of its functions and how these discussions have taken place at national, regional, and global levels. The process was open and flexible so that our own contributions have been made on a number of issues at those several levels. It is not necessary therefore for me to comment on the details of the documents before us. I do wish, however, to point out what I consider to be a most important aspect of the structures-and-functions study and to put it in recent historical perspective. The structures-and-functions study was initiated two years ago before the Alma-Ata Conference, before the concepts of health for all were fully developed and proposed as the overriding priority of the Organization. In initiating the study on structures and functions, the World Health Organization was searching for appropriate relationships between its structures and functions and how these might relate in turn to the Organization's larger goals, which were rapidly evolving in new directions. Now almost simultaneously another related exploration was under way - that which began at Alma-Ata and is now progressing through the formulation of national, regional, and global strategies for health for all by the year 2000. These two searching efforts, one focused on structures and functions, the other directed toward health for all, were to come together rather quickly. The major structural and functional features of the Organization that had been evolving, such as the interaction of national, regional, and central levels, the balance between centralization and decentralization, the roles of the governing bodies, the interaction of health and development, the importance of self-reliance at national and community levels, technical cooperation among countries, the General Programme of Work and the medium-term programmes and so on - these structures and functions collectively represent a global system for health policy formulation and programme development involving national, regional, and global levels. While there are inevitable flaws in such a large and complex system, none the less the development of such a system is a remarkable achievement, probably without parallel in other sectors. The important point, however, is that these structures and functions and the system that they represent were not to be developed and refined to be used simply as an instrument for pursuing just any set of goals; rather they have come to be focused mainly on the Organization's social target of health for all by the year 2000. It is in this interaction of the structures and functions of WHO and its goal of health for all that reside the uniqueness and the strength of this Organization.
The second point I would like to make has to do with the Director-General's proposals that two advisory groups be formed to assist the Organization in its pursuit of health for all, namely the Global Health Development Advisory Council and the Health/2000 Resources Group, and in this matter I wish to associate myself with the views of the distinguished delegate from Niger in favouring the formation of these two groups. As indicated by Dr Abdulhadi, Chairman of the Executive Board, there was extensive discussion on this subject at the Executive Board. A number of positively supportive statements were made and also some concerns were raised about the functions of these groups and the possibility of their encroaching on the authority of the Executive Board. I agree with that caution; I agree that caution in such matters is appropriate and important. But in addition I raise another caution, that we might turn away too quickly from mechanisms that can bring creative ideas to the Organization and encourage greater involvement outside the direct health sector. In our complex pursuit of the goal of health for all, our delegation fully supports the intent of the Director-General in proposing that these two advisory groups be formed and urges him to continue to work closely with the Executive Board in encouraging the activity of the Health/2000 Resources Group, which has already begun, and in formulating more clearly the role of the Health Development Advisory Group. Finally, my delegation associates itself fully with the thoughtful intervention of the Nordic group expressed by Dr Christiansen, and we do support entirely Executive Board resolution EB65.R12.

Dr ONDAVE (Congo) (translation from the French):

My country has contributed at the regional level to the study of WHO's structures in the light of its functions and supports the draft resolution submitted to us here. I shall therefore make only some brief comments.

The general strategy of health for all calls for a well-structured organization in which the responsibility of the governments is more than ever emphasized. Similarly, the regional offices, in virtue of their coordinating function, are going to play a much more important role. The health and social needs of the developing countries necessitate approaches that we cannot afford to neglect, namely better distribution of health care and resources, technical cooperation, optimum and appropriate utilization of resources, strict application of social and health policies, etc. WHO's coordinating role must enable health administrations to manage the health services in a rational way by facilitating exchange of information, assignment of experts, training of staff, financial support and provision of equipment. The strengthening of the role of the regional offices cannot cause any disruption either at headquarters or in the Executive Board; still less is it a reason for changing the periodicity of our Assemblies, which must remain annual in view of the specific nature of health problems, which does not allow us to take our cue from the other agencies of the United Nations system. Our Organization has precise goals which place it under an obligation to intervene whenever the cause of health so requires. My country is particularly concerned about training for the Assembly's controlling function and would therefore like to see a clearer definition of the role of the various committees, together with the changes at headquarters and in the regions which their creation will entail. The unity of the Organization must be preserved at all costs despite the much more active role that we wish to entrust to the regions, so that at both the country level and the level of headquarters all activities may be directed towards one objective which absolutely must be attained: health for all by the year 2000. There should therefore be no contradiction between the steering functions exercised at the central level and the tasks of execution performed in the countries, since it is from the countries that every formulation of a health policy proceeds and within the countries that this policy is applied. The relations between the countries on the one hand and the Organization - decentralized in a spirit of democratization - on the other must be the pledge of our success. For that, we consider a continuous evaluation of those relations and of our Organization's evolution to be essential so that the Director-General can be in a position to direct and coordinate WHO's activities better. The Congo delegation therefore supports the proposed structures as providing adequate mechanisms for coordination, and it is accordingly for the Director-General and the Regional Directors to see to the effective and harmonious operation of those structures.

I do not wish to dwell again on the problem of the WHO programme coordinators, raised by the distinguished delegates of Ghana and Nigeria; I should, however, like to stress the desirability of studying this problem in depth with a view to laying down clearer and more coherent conditions of services for these officers - whether they be national or international coordinators. The function of coordinator vis-a-vis the Organization being the same for all, it is, I think, fairer that the same conditions of service be granted to all, even if diplomatic status cannot be conferred on nationals performing that function in their own countries.
Dr DOLGOR (Mongolia) (translation from the Russian):

A great many valuable suggestions have already been made with respect to this problem, that is, the report before us, and I will therefore be very brief and talk about a specific question. We have already had almost 20 years' experience of collaboration with WHO. We know what the Organization was like 20 years ago and we can both see and sense how it is being restructured under the present administration with the active participation of the Member States of WHO. We have definite experience of technical collaboration with WHO: a number of projects have already been successfully completed and have made an appreciable contribution to the development of public health in our country. Other projects are now bringing results, and two factors have been of great importance in the initiation, execution and completion of these joint projects: firstly, the attention and care given by our Government and Ministry of Health; secondly, the active participation of WHO officials, beginning at the highest level with the visit to our country of the Director-General and the Regional Director, during which key questions were settled; problems were selected, areas of collaboration determined and so forth. The WHO representative in our country played, and continues to play, an important part in the practical implementation of these projects. With regard to WHO representatives in the countries I should like to refer to the speech made by the Ghana delegate. This problem does indeed require further discussion. We consider that the presence of a WHO representative, especially in those countries where a number of programmes are under way, is valuable and important. The WHO representative helps to plan programmes and establishes relations with government officials, including those at the highest levels. He supervises all the projects and coordinates the work of those in charge of the different programmes and of the WHO staff in the country. This was also the position in our country, where we achieved mutual understanding and fruitful cooperation with the WHO representative. Perhaps we were lucky. The WHO representative can perform other, equally important functions in a country: he can help to implement the decisions of the Assembly, the Executive Board and the Regional Committee, including very important resolutions with general regional significance. He can assist in performing the social, political and technical functions of WHO at the country level. We therefore do not want the role of the WHO country representative to be diminished or anything to detract from his authority or position.

Our delegation supports the resolution proposed by the Executive Board, and we should like to express our satisfaction with Professor Venediktov's proposed amendment to it. As for the question of the periodicity of Assemblies and the goals set for the year 2000, we shall express our views in the committees.

Dr BOOTH (Australia):

We have studied Executive Board resolution EB65.R12 and the report of the Director-General which gave rise to this resolution, and I should like to make the following comments. According to its Constitution, WHO is an organization of Member States cooperating among themselves to promote the health of all people. In the past this cooperation has been of a basically technical nature, and technical cooperation continues to be the main thrust of WHO policies for the attainment of health for all. The other main roles are those of information exchange, directing, and coordinating. In the technical cooperation programmes Member States have the essential role to play by themselves, identifying their national priority needs in health. We are fully in agreement that WHO's sociopolitical role should be the promotion of action for health and that it should not merely be indicating how such action might be carried out. WHO can have a strong influence on health policies of governments through its own commitment, and by promotion activities among policy-makers at government level, but it must never seek to become involved in the political affairs of its Member States.

With regard to multisectoral support, the Technical Discussions have focused on the need to coordinate other sectors of national economies in the development of health. The Director-General has commented on this in his report and there is the suggestion that there may be a need to establish regional and global health advisory councils. Australia views this suggestion with caution. Great care needs to be taken to see that such mechanisms do not require costly Secretariat support. It is health development itself which is vital and needs to be encouraged rather than complex coordinating machinery. Regionalization of WHO, which was effected from the earliest stages, is one of the Organization's strong points. It is none the less true that Regions at times may not altogether follow the policies and priorities laid down by the central executive. But it is incumbent on the Regions to implement decisions and policies of this Assembly which are conveyed to them by the central executive. To improve
correlation of the work of the regional committees, the Executive Board, and the World Health Assembly, there is a need to link the activities of the regional committees much more closely to those of the Executive Board. Regional committees should discuss matters which would then be passed on to the Board. The Board may then decide that, if the matters were timely and of common interest, they could be placed on its agenda and logically, if important enough, referred by the Board to the Assembly. In this manner we would be getting more stimulation from the periphery. The regional office should coordinate the activities within the region and, while we recognize the importance of the WHO programme coordinators and the need for administrative and technical back-up in some countries, we would view with concern the development of small, possibly independent WHO units within Member States. It has been said that, with increased responsibility being given to WHO programme coordinators and with increasing technical expertise becoming available nationally, the type of skills required by staff in the regional offices will change. Whilst we should not argue with this view, we feel that it will be some considerable time before the countries of the Western Pacific Region will be able to dispense with the technical expertise now available within our Organization. We therefore feel that the moves towards employing fewer technical experts in the regional office and their replacement by more generalists should proceed fairly cautiously. The use of epidemiologists to assist ministries of health to develop their planning capacities is but one area of expertise which will be required for a long time to come.

It seems to us from the Director-General's report that he envisages a move towards a situation where eventually there should be no separate headquarters programmes as such; rather, headquarters should promote and coordinate regional programmes which accurately reflect the real needs of the countries. Headquarters, however, must retain a real measure of responsibility for overall coordination. In this way it will be ensured that WHO's global aims and policies are maintained, and the danger of the Organization disintegrating into six independent and possibly competitive regional health organizations will be averted. We particularly support the secondments of national personnel to the WHO Secretariat for limited periods. Such moves would provide useful experience to national personnel from which their countries would benefit on their return. It would also ensure an influx of fresh ideas into the Secretariat.

On the work of the Assembly, and following on what the distinguished delegate from Nigeria has said, it is felt that too many resolutions have been adopted without detailed appreciation of their consequences and, in some cases, without provision for corresponding resources. Australia supports the suggestion that mechanisms be set up in Member States and the regional offices to ensure that resolutions adopted are followed up.

Of the associated matters being discussed in the committees, the one of most immediate concern to Australia is that of the periodicity of World Health Assemblies. Australia strongly supports the earliest possible introduction of biennial Assemblies, for the reasons given in our statement to Committee B. We realize, of course, that this will require further investigation of the regional committees and the Executive Board with a view to modification of their composition and functions.

Australia feels that these documents before us have given Members a wonderful opportunity to understand the complex nature of their Organization. The benefits will be that each Member State will be able to play its role more fully. We, therefore, support the draft resolution put up by Executive Board resolution EB65.R12. I should like to close by congratulating all those who took part in this important investigation and in the preparation of the report.

Mr PERERA (Sri Lanka):

The Sri Lanka delegation considers the resolution before the Assembly - resolution EB65.R12, contained in document EB65/1980/REC/1 - to be of utmost significance in the achievement of the objectives of WHO and Member countries. This is the outcome of resolution WHA31.27 adopted by the Assembly in 1978 requesting the Director-General to re-examine WHO's structures in the light of its functions with a view to promoting integrated action in the achievement of its objectives. The report of the Director-General is before this Assembly. What is most important is that this resolution is based not only on the report of the Director-General and the discussions of the Executive Board; it is based on the reports of Member countries at regional level and the discussions at the regional committees themselves. This has, therefore, been discussed at all levels - national and regional - and has therefore a very wide consensus. The work undertaken is a demonstration of the maturity and objectivity of the Organization in that a critical and constructive examination has been made of all parts, and from this study have emerged a number of important guidelines for action.
The leader of my delegation, in his address to this Assembly, referred to the commendable change in the role of WHO and made specific reference to its role in promoting leadership in global development. The Director-General referred to the sociopolitical role of the Organization in his address before this Assembly. It is our firm conviction that health has ceased to be an intrasectoral activity. It is indeed a vital basis for all our development and it is in this context that the attainment of the goal of health for all becomes crucial to all our development efforts. The task undertaken by the Member countries and WHO is an enormous one; it is an unparalleled challenge. We should fully appreciate the problems and difficulties ahead in the achievement during the next two decades of a level of health for all our citizens that will enable them to lead socially and economically productive lives. The adoption by the United Nations General Assembly of the resolution on health as an integral part of development, and the call on WHO to formulate plans for health development as a part of the New International Economic Order, are in this context most welcome.

With this challenging task ahead it is essential that the Organization gears itself at all levels to optimum efficiency in the achievements of its objectives. The objectives themselves have created in the world community an urgency to face the problems of health development, and this has to be met. The resolution before the Assembly addresses itself to all levels of the Organization, national, regional, and global. It sets out to achieve greater harmonization in the functioning of the Organization, a satisfactory balance between centralization and decentralization, the encouragement of greater initiatives at national and regional levels, and a greater impact on the activities of the Organization at the level of the Executive Board and of the Assembly, in addition to greater cooperative and collaborative efforts of Member countries among themselves and with the Organization, as well as greater coordination of the work of the agencies of the United Nations system and improvement of the monitoring and evaluation procedures of the Organization.

Of the objectives enumerated, the strengthening of the functioning of the Assembly and the Executive Board are important. Honourable delegates will also note that EB65/1980/REC/1 also contains two other reports of the Director-General, on the periodicity of Assemblies and the composition of the Executive Board. These are interrelated, specially so because the resolution before the Assembly envisages expanded responsibilities in regard to these two vital organs of the Organization. For instance, if independent action were taken to amend the provisions in regard to the Assembly, the very purpose of the resolution before us may be adversely affected, as it is necessary for the Assembly to effectively discharge its responsibilities as a supreme policy organ of the Organization for the objectives the resolution to be achieved. We should not forget that one of the prerequisites of a programme of action for health for all that all delegates in this Assembly consider absolutely important is the political will of Member governments. It is easy to talk of political commitment, but it has to come from a conviction that spurs the government into positive action in the face of numerous other pressures. Health in most developing countries has been considered, and continues to be considered, as treatment of disease. Most members of the profession view it in this context. The exposure of political heads of our ministries to the health developments in Member countries has undoubtedly been most important in this context, among other numerous advantages.

To my delegation the directions that the resolution seeks to take are clear and the objectives desirable. We therefore support the resolution. The Director-General has assured the Assembly that he has been working on the proposed structures with the Regional Directors and that he would be able to implement the necessary changes without delay in the adoption of the resolution before the Assembly.

Dr XU Shouren (China) (translation from the Chinese):

Mr President, the Chinese delegation endorses the draft resolution put forward by the Executive Board. At a time when WHO and its Member States are striving to achieve the goal of health for all by the year 2000, it is a matter of common concern to consider the structural changes necessary to better adapt this Organization to the new situation as well as areas in which the role of the Organization can be brought into full play. The Director-General has submitted an excellent report on this subject. We deem it appropriate to review this important document in a plenary meeting so that we may combine our efforts in seeking a common solution with a view to enhancing the roles played by headquarters, regional offices, and Member States, bringing into full play all positive factors and available resources in our efforts to attain the strategic goal of health for all by the year 2000.
In regard to WHO’s organizational structure and mechanisms, we are of the opinion that the World Health Organization is an entity of which the regions constitute components. We hold that the headquarters should be vested with centralized powers to deal with global and strategic matters such as establishing international health guidelines, policies, programmes, and standards, as well as formulating the global health programme budget, etc. The regional offices should enjoy decentralized powers to tackle concrete regional issues such as technical cooperation and exchange, and the formulation of regional work programmes and budgets. Both centralized and decentralized powers should be conducive to fostering the initiatives of headquarters and the regional offices as well as their activities. We must guard against over-centralization that leaves no room for flexibility; and at the same time refrain from over-decentralization which gives rise to adverse effects. On the basis of an appropriate division of labour, routine contacts among headquarters, the regional offices and Member States should be streamlined. At the national level, we believe that since the work of WHO originates from the Member States, and is carried out by them, efforts to attain the goal of health for all by the year 2000 must likewise begin from the national level. The tasks of WHO lie in cooperating with the Member States in joint studies, actively participating in formulating policies and programmes, providing impetus to the Member States in their implementation, disseminating successful experiences, and exploring new measures for further improvement, all according to the principle of respect for national independence and sovereignty. Here, the roles of the Member States and coordinators should be underlined.

The adaptation of WHO’s organizational structure and mechanisms to the new situation in order to guarantee health for all by the year 2000 is a complex undertaking which requires an ongoing synthesis of experiences. As long as we adopt a comprehensive approach, we believe this matter can be resolved gradually.

Dr Madiou TOURÉ (Senegal) (translation from the French):

I believe, Mr President, that when you decided this debate should be held in plenary session, it was so that decisions could be taken on questions as crucial as those concerning WHO’s structures, working relationships within those structures, WHO staff in the countries and the periodicity of Assemblies. Objectives, strategies, support for national policies, and technical cooperation among developing countries do not, for their part, pose any problems of understanding: everyone can agree upon these general principles. And indeed we can see from the reports prepared by the regional committees and contained in document EB65/18 that the general policies are convergent. The delegation of Senegal will therefore try to give you its thinking on some specific points, and first of all on WHO’s role at the country level, notably the role of the WHO representatives.

As you have stressed, the way the role of the WHO representatives has been developed by strengthening their technical function and reducing their representational function is an earnest of the Organization’s desire to become better integrated into national policies and programmes. But this reorientation of the functions of the representatives will presumably call for reform of their training. We do not think it will be mainly in the schools of public health that this reform can be accomplished, but rather at short seminars, during periods of training at headquarters, and in the regions working alongside veteran experts. With regard to the national coordinators, the utilization of national staff as WHO representatives and health project managers will unquestionably strengthen national self-reliance. We must not, however, forget the old saying "No man is a prophet in his own country". The terms of employment of these staff must therefore be carefully studied. Before being confirmed in his post, the national coordinator should have worked alongside an established coordinator, considered more experienced, so as to get a better idea of WHO’s management procedures.

As for the second point my delegation would like to raise, namely the periodicity of Assemblies, it has been the subject of a detailed study in the Executive Board. We for our part think it best to maintain the status quo, that is to say, annual Assemblies, for the governments need to have information and discussions every year about the progress of health programmes, health policies and strategies. It might perhaps be necessary to reduce the length of the session by half in the years in which the programme budget is not discussed in depth. The delegation of Senegal will explain its position in greater detail when this item is discussed in Committee B.

Regarding the third question, how to improve the work of the World Health Assembly, its methods are certainly open to considerable improvement. First, the debate in plenary session on the report of the Director-General should not be an occasion for presentations on their
health policies by the various Member States (or if so, the title of the item should be changed): delegates should confine themselves to the problems raised in the report and make constructive comments on them. Secondly, it would be desirable, in our view, to establish three working committees instead of two: a Committee A to study technical matters and the strategies put into effect for the attainment of the objectives laid down; a Committee B to study financial matters - programme budget, budget level, etc.; and a Committee C to study questions of procedure and of general WHO policy within and outside the Organization, for we have noted that these general policy questions take up an enormous amount of our time.

Having brought up these few specific points, on which a clear position needs to be taken, the delegation of Senegal, after studying the various documents and resolutions, endorses the general principles implicit in them and takes this opportunity of congratulating the Director-General and the Executive Board on the admirable documentation made available to us concerning this important problem.

Dr S. HASAN (Pakistan):

On behalf of my country's delegation, I would like to congratulate the Director-General for his very informative and comprehensive report on the subject under discussion as contained in document A53/2. I would also like to thank the Chairman of the Executive Board for his concise and clearcut statement highlighting the main points of the discussion held in the Executive Board and the principal contents of Executive Board resolution EB65.R12.

My delegation feels that the regional committees have to play a more active role in assisting Member countries in formulating their national programmes and their monitoring and evaluation in the context of primary health care and health for all by the year 2000. They may now consider stretching the length of the meetings or increasing their frequency in pursuit of greater activities with regard to regional programme formulation. We feel that a deeper involvement of regional offices in the formulation of national health policies is called for. What I mean is that they should be adequately prepared to cooperate with the Member countries. This may require keeping country files of each Member country with alternative models of approaches, so that on request for programme formulation real and effective advice could be provided. This may also require posting of WHO programme coordinators, either national or international, with sufficient background, according to individual country requirements. I have in mind the requirements mainly of developing countries such as mine. For achieving our goal it is necessary that WHO adapt itself at both the regional and headquarters level to the requirements of the two decades ahead in their staffing pattern, and in this connexion our delegation is particularly appreciative of operative paragraph 6 (3) of the draft resolution. Of course we have no objection to its amendment if necessary in the light of the statement of the distinguished delegate from India.

My delegation fully supports the Executive Board resolution EB65.R12, but has a few comments regarding a few paragraphs. My point regarding paragraph 2 (8), on page 14 of document EB65/1980/REC/1, has already been taken up by the distinguished delegate of the United Kingdom in view of the contradiction with Article 11 of the WHO Constitution, and therefore my delegation feels that this paragraph may be excluded. The purpose can be served by the creation of a multisectoral advisory body in the regional offices and in the health planning units of national governments. A suitable paragraph incorporating these views, if agreed to, may be put in the draft resolution in substitution of paragraph 2 (8). There is another reason for this paragraph to be not workable, and that is that many developing countries will not be in a position to afford to bring to the Assembly larger delegations having a multisectoral approach.

There is another paragraph - paragraph 5 on page 15 - which seems to me to be a bit ambiguous. It is not clear whether it encourages the Director-General and the Regional Directors to act fully in compliance with the requests of governments, or puts a break and imperceptibly allows discrimination. Health is such a broad subject, and WHO has made such a comprehensive policy in relation to all matters having implications for health, that it is difficult to imagine that some requests of some governments may be against WHO policy. Therefore, this clause seems to be a bit derogatory to national governments, who collectively constitute WHO and form its policies. Therefore, if it is at all felt necessary in view of some experience, I suggest that it may be suitably worded, perhaps by saying "to act in the context of health for all by the year 2000".

Lastly, Mr President, I would also have some comments to make on the concern which people have expressed regarding non-compliance with WHO resolutions. WHO resolutions have far-reaching effects and in government machinery have to go through a long bureaucratic process. That takes time, so that it is not easy to say that governments are not at all
worrying about the implementation of the resolutions which they pass here in the Assembly. What is important is to know whether some action has been taken or implementation has been initiated, or not. In this regard, monitoring can be done by headquarters or else by the regional offices, and the WHO programme coordinators can very well help in reminding governments and also encouraging them or asking them to initiate action.

Dr DIAMINI (Swaziland):

Mr President, allow me to present my intervention by expressing a silent voice. My delegation lifted our name plate earlier on this morning, but we noticed as time went by that apparently you were not in a position to see the name plate, and we can only attribute that to the distorted spelling of the country, Swaziland.

My delegation supports resolution EB65.R12. We believe that the representative of the Nordic countries has expressed what our delegation would have liked to have expressed earlier on. We believe that the approach by the Nordic countries - that of electing a representative to express the views of six Member countries - is a correct one, which should be studied for plenary and committee interventions if we are to minimize on precious time and get on with our work. Having supported resolution EB65.R12, we accept the views expressed in document A33/2. We share the views that the role of the Organization should be to influence and support Member countries in building the health systems that are based on strategies for their achievement of health for all by the year 2000. Since such support would have to be at national and international level, it is important therefore that the support should exercise some form of decentralization, and that that decentralized policy should be strengthened if it is to "deliver the goods" at country level. Decentralization, however, should not fragment the Organization. It is important therefore that the regions should act in unison with headquarters, and indeed with all other regions.

In view of the multisectoral nature of the problems ahead of us, it is important for the Organization to tap resources from nongovernmental organizations, which have a wealth of experience. We welcome therefore the global advisory council to the Director-General and the Health/2000 Resources Group. My delegation feels that these are steps in the right direction. We also welcome the view of employing them generally within the Organization, and the view that it also contributes to tapping resources that are not available in the Organization at present.

While recognizing the support role of WHO at all levels, we would like to underline that such support is dependent on whether countries are willing to implement primary health care. Such support is also dependent on whether health ministries are willing to influence other sectors at national levels, both governmental and nongovernmental, to take necessary action for health for all by the year 2000. The Organization, in fact, should in turn encourage Member countries to cooperate or to coordinate their work - that is the countries' work - with those of nongovernmental organizations. Countries should also be ready to provide material support for others less fortunate so that they could be in a position to implement primary health care. If countries themselves are ready to implement primary health care and cooperate, as I have already mentioned, then health for all by the year 2000 will become a reality, but if countries are not ready to cooperate, health for all will become another resolution just like the New International Economic Order. If countries cooperate as mentioned, I believe that we in the health sector would have something to show the proponents of the New International Economic Order what true internationalism is all about. On the question of biennial Assemblies, my delegation has already expressed its views in committee.

Dr MUKHTAR (Sudan) (translation from the Arabic):

Mr President, the delegation of Sudan has the pleasure to join the foregoing speakers and congratulate the Director-General on his comprehensive and integrated report. We congratulate also the Executive Board on its objective evaluation of the report, which was deeply considered at various levels. The Sudan, which seriously adopts the strategy of health for all by the year 2000 so that all its people can live an economically and socially productive life, considers it necessary to restructure the Organization at its headquarters, regional offices and representations in different countries in order to serve this noble humanitarian objective. We shall vote for the resolution proposed by the Executive Board.
THIRTEENTH PLENARY MEETING

Dr ALUOCH (Kenya):

In conformity with your request, Mr President, I will be very brief. So far the shortest time taken by a speaker has been 3 minutes 20 seconds, and I will try to break this. I realize there are no prizes to be given.

Mr President, my delegation has carefully studied the excellent report contained in document A33/2 on the study of WHO's structure in the light of its functions, and would like to take this opportunity to congratulate the Director-General and the Executive Board for this magnificent effort in the direction of streamlining "the WHO we want". Several delegates have already expressed clear views on this and I will not dwell on it at length. However, the report synthesizes very clearly the views which have been previously expressed by Member States and is presented in a very balanced manner. It is our belief that the emphasis placed on the role of WHO at the country level and at regional level will go a long way in enabling Member States to achieve the desired goal of health for all by the year 2000. We would like to go by the view expressed by the distinguished delegate of the Federal Republic of Germany that to facilitate full participation of Member States, particularly during the Assembly, we should emphasize the need for early despatch of discussion papers to countries to also encourage wider country involvement. This would also simplify the participation of Members during the World Health Assembly, and in this we would like to support the view expressed by the distinguished delegate of Senegal that the presentations during the general discussions should not involve too detailed an analysis of country health facilities. My country fully supports Executive Board resolution EB65.R12, which is in line with document A33/2.

Professor GARGOV (Bulgaria) (translation from the Russian):

The Bulgarian delegation, like others that have taken the floor, has a high opinion of the documentation under discussion. We should, of course, like its content to be more concrete, but we understand the Director-General and the members of the Executive Board because, as we know, the most impermanent feature of any organization, not just of our own, is its structure. Our delegation is confident that WHO will remain a united organization, that its activities will always be underpinned by the latest scientific discoveries, and that there will be less unnecessary bureaucracy in its work.

I personally have had occasion to work in various organizational set-ups and to see again and again that successful work depends on people, on their professional training, their wisdom, their human qualities. In the Organization's new conditions of work the problem of staffing needs to be given the closest attention. I recently read somewhere that an organization is the state of affairs between two reorganizations. That is why I feel that we should not be in a hurry. In conclusion, our delegation supports the Executive Board's draft resolution with the proposed amendments inviting the Director-General to report to the Assembly on concrete structural changes.

Dr ADANDÉ MENEST (Gabon) (translation from the French):

The Gabonese delegation congratulates the Director-General on his report and on the study of WHO's structures in the light of its functions. The methodology adopted for this purpose has made it possible for the Member States to consider each point with all due attention, which is calculated to facilitate the discussions on this crucial question. In the course of the general discussion on items 9 and 10 of the agenda in this same Assembly, our delegation clearly stated that the Organization's authoritative role in coordination, guidance and technical cooperation with the Member States should be not only maintained but strengthened. It is none the less true that the Organization must adapt to the requirements and to the complexity of the problems involved in producing an adequate improvement in the level of health of all the peoples of the world. Our delegation is in favour of decentralization of the Organization while preserving its unity, particularly as it is desirable that coordination, control and technological input should remain the responsibility of the central level. The Executive Board will have to play its full part in the implementation of WHO's policy. To this end, it will be necessary to delegate to the Board those of the Assembly's functions whose transfer would not derogate from the latter's authority.

The strengthening of the regional committees is one of the major steps that have to be taken to promote fuller participation by the Member States in WHO's activities. In the African Region some structures have already been established both in the programme sphere and in that of technical cooperation among developing countries. At the country level, our delegation approves the various sections of the Executive Board's organizational study on
WHO's role, and in particular on the functions of the WHO programme coordinator. We should however like to see a profile established for this post, criteria adopted for the appointment of coordinators, especially at the national level, and, lastly, coordinators' functions extended so as to give them the full status of advisers attached to ministries of health.

With regard to the work of the Director-General and the Regional Directors, we cannot see, in the present state of our information, the desirability of calling upon a political council to assist. In conclusion, our delegation is ready to support the draft resolution submitted to us.

The ACTING PRESIDENT (translation from the French):

All the speakers on my list have now had the floor, so I will ask Dr Abdulhadi, the Executive Board representative, if he would like to intervene at this point in the discussion.

Dr ABDULHADI (representative of the Executive Board) (translation from the Arabic):

My colleagues and I have listened with interest to this fascinating discussion, which has added much to the deliberations of the Executive Board on the subject. I asked for the floor to clarify a point that was raised by a number of delegates concerning the title of the WHO programme coordinator at country level. The Executive Board discussed this matter, as you can see from pages 162-165 of document EB65/1980/REC/2, but could not reach a consensus. Because this title is a new one that has only recently been adopted, and because the reasons that led to its adoption are still valid, it is not appropriate to change it in a hurry. The Board agreed that the Director-General should collaborate with the Regional Directors to find a suitable way to convince the governments concerned that the coordinator is their man, and that they must make every effort to provide him with the necessary facilities to carry out his task. We ought therefore to keep this title for a reasonable period, and if evaluation proves that it needs to be changed, we could consider that later.

Mr President, before concluding I would ask you to permit me, on behalf of my colleagues and myself, to express our thanks and appreciation for the kind comments we have heard from the distinguished delegates about the work of the Executive Board on this issue.

The ACTING PRESIDENT (translation from the French):

I should now like to ask the Director-General if he wishes to take the floor at this point in our deliberations.

The DIRECTOR-GENERAL:

No more than simply to thank the Assembly for having been willing to bear with your Secretariat in trying to cope with something in which, you said yourself, Mr President, "plus ça change, plus c'est la même chose". Well, I do not subscribe to the view that the more things change, the more they are the same thing. I do believe that your Organization depends not, as in the past, only on the chemistry working inside the Secretariat, but much more on the chemistry which is working in Member States, and I am sorry to say that from my own experience in the past most Member States did not really understand their own Organization. This is what is happening now; this is the reason for this study, to try to see whether Member States want their own chemistry to be reflected in the way the Organization is functioning. What has been presented to you from me is certainly not in keeping with my own temperament. I am infinitely more of a terrorist than what is represented in these documents. These are very soft and very evolutionary kinds of changes, but I believe that this is on the whole what can be coped with in the way of stresses, either by you the Member States or by the internal Secretariat of WHO, and since you are all the time insisting that we should avoid counter-productivity by socially destabilizing the Organization - because if we destabilize our relationships, whether it is Member States or WHO internally in the Secretariat, it will be very difficult to have productive changes. So I want simply to thank you for this debate, which I personally believe has shown that indeed Member States have been working with this - and this was my greatest fear, that nobody would really pay any attention to it - and I am deeply grateful for the reflection of a profound concern about what this Organization might become in the coming years.

The ACTING PRESIDENT (translation from the French):

Thank you very much, Mr Director-General. It seems to me that the number and significance of the contributions that have been made to the discussion on this item of the
agenda is the best answer to the question you have asked yourself. My congratulations to all the speakers. Several comments have been made on questions of form, but also on certain aspects concerning the substance of the draft resolution submitted to us. Some amendments have also been formally proposed. I therefore suggest, if it is agreeable to the Assembly, that we appoint a working group which would be convened tomorrow morning at 8h30 and would be open to all delegations wishing to take part in it. Its terms of reference would be to finalize and harmonize any changes to be made to the draft for submission to the Health Assembly. Are there any objections to this procedure, or any comments? Apparently not. It is therefore agreed that all delegations wishing to contribute to establishing the definitive version of the draft resolution will meet as I have indicated.

Before adjourning the meeting, I should also like to remind you that the two main committees will be resuming their discussions immediately in their respective rooms.

The meeting rose at 16h10.
FOURTEENTH PLENARY MEETING

Friday, 16 May 1980, at 11h40

President: Dr. A. R. AL-AWADI (Kuwait)

1. FIRST REPORT OF COMMITTEE B

The PRESIDENT (translation from the Arabic):

The Assembly is called to order.

We shall consider the first report of Committee B, as contained in document A33/46. In accordance with Rule 53 of the Rules of Procedure, this report will not be read aloud. Eleven resolutions are contained in this report, which I shall invite the Assembly to adopt one by one. Is the Assembly willing to adopt the first resolution entitled: "Financial Report on the Accounts of WHO for 1979 and Report of the External Auditor thereon"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution entitled: "Status of collection of annual contributions and of advances to the Working Capital Fund"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution entitled: "Members in arrears in the payment of their contributions to an extent which may invoke the provisions of Article 7 of the Constitution"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution entitled: "Financial reports and extrabudgetary resources"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution entitled: "Assessment of new Members and Associate Members: Assessment of Seychelles"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the sixth resolution entitled: "Assessment of Equatorial Guinea"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the seventh resolution entitled: "Assessment of San Marino"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the eighth resolution entitled: "Unpaid contributions of Southern Rhodesia"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the ninth resolution entitled: "Assessment of Zimbabwe"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the tenth resolution entitled: "Amendment to the scale of assessments to be applied to the second year of the financial period 1980-1981"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the eleventh resolution entitled: "Real Estate Fund"? In the absence of any objection, the resolution is adopted, and the first report of the Committee B is hereby approved.1

2. REPORT BY THE GENERAL CHAIRMAN OF THE TECHNICAL DISCUSSIONS

The PRESIDENT (translation from the Arabic):

We shall now hear the report of the General Chairman of the Technical Discussions.

We have had as our General Chairman for the Technical Discussions this year Dr. J. Aldereguía Valdes-Brito, Vice-Minister of Public Health of Cuba, and I believe I express the appreciation of all participants in the Technical Discussions for the vigorous, clear and thought-provoking guidance which he has given, and for the help provided in understanding the importance of the New International Economic Order and the relationship between it and health.

I now have pleasure in calling on Dr. Aldereguía to present his report.

1 See p. 343.
Mr President, Mr Director-General, ladies and gentlemen: In accordance with the agenda, I shall submit to you here in plenary session the report of the Technical Discussions at the Thirty-third World Health Assembly, which were held on 9 and 10 May 1980 and the subject of which was, as you know, the contribution of health to the New International Economic Order. This report has been reproduced in English and French and was distributed, starting yesterday, to all the delegations present at this Assembly.

The report consists of four sections and two annexes. The first section contains the introduction, which covers: the main points in the general report on the Technical Discussions that took place; some considerations on the basic working paper; the annexes that were submitted for consideration to the participants; and, finally, the questions that served to guide and channel the deliberations. This first section also contains information on the total number of participants, which was 331, a list of their names in alphabetical order being given in Annex 1. Section 2 refers very briefly to the address by the General Chairman, the full text of which is reproduced in Annex 2. Section 3 summarizes the deliberations of the six working groups, whose conclusions were the subject of a separate report for each. In this section are set forth a number of closely similar points on which there was general agreement in the different groups, and, at the end, some aspects that were debated at the meetings. Section 4 deals with the final working meeting of the Technical Discussions, at which the General Chairman summed up the main points which are contained in the reports of the six working groups and which, being accepted, thereby become recommendations and proposals for action arising from the Technical Discussions. This last section also contains a round-up of the major considerations which were put forward by the participants at the closing meeting and which were accorded close attention by all for their important bearing on the subject of the discussions.

Among the points on which the General Chairman laid especial emphasis into his summing-up at the last meeting was the need to integrate the health sector into the development process, giving it a predominant role in that process at the national and international levels. This integration should be based essentially on the strategy for health for all by the year 2000 and founded on primary health care.

An essential prerequisite for the establishment of the New International Economic Order is a firm political will and a definite commitment in both the national and the international spheres. The health sector can and must make a major contribution in this regard. In development planning account must be taken of indicators that show where major impacts must be produced to improve the quality of life. The countries must develop strategies geared to their concrete requirements in regard to transfer of technology. Technical cooperation among developing countries, particularly in the health sector, must be more actively promoted; closer cooperation must be achieved between the health sector and other development sectors enumerated in the report. At the same time, the "brain drain" in the health professions from the developing to the developed countries needs to be halted, and there are a considerable number of health programmes which have a direct relation to the establishment of the New International Economic Order and which are listed in paragraph (10) of the General Chairman's summary. Meanwhile, major efforts should be devoted to rechannelling a large proportion of the enormous financial resources that are spent on armaments to the attainment of economic and social goals in a climate of peace. WHO should reinforce its activities so as to ensure that the health sector makes its due contribution to the establishment of the New International Economic Order and the New International Development Strategy.

In conclusion, Mr President, I should like to express my appreciation and gratitude to the participants in the Technical Discussions, to the Chairman and officers of the working groups, to the Secretariat staff who made it possible for us to carry out our task, and to all who, in one way or another, played a part in the holding of the Technical Discussions at this Thirty-third World Health Assembly.

Dr Aldereguía (General Chairman of the Technical Discussions) (translation from the Spanish):

I am confident that I am expressing the feelings of each Member of this Assembly, Dr Aldereguía, in thanking you most sincerely for the outstanding way in which you have directed the Technical Discussions as General Chairman.

I find it difficult to note here the many important issues you have raised in your opening address, and I should only like here to commend to those delegates who have not yet done so to read the General Chairman's statement, which is reproduced as Annex 2 to the final report before you - document A33/Technical Discussions/5.
May I remind delegates that the Technical Discussions, which have been held under the auspices of the Thirty-third World Health Assembly, do not form an integral part of its work. However, in view of their interest to Member States, I am sure the Director-General will study the possibility of placing at the disposal of governments the result of these Technical Discussions.

I suggest that, as in previous Assemblies, we take note of the report and I should like again to thank all those who have contributed to the success of the discussions, particularly the group chairmen.

3. PRESENTATION OF THE DARLING FOUNDATION MEDAL AND PRIZE

The PRESIDENT (translation from the Arabic):

We shall now consider item 17: "Presentation of the Darling Foundation Medal and Prize".

I wish to recall that the Executive Board, at its sixty-fifth session, after considering the report of the Darling Foundation Committee, noted the decision of the Foundation Committee to award the fourteenth Prize to Dr M. A. Farid and the fifteenth Prize to Professor W. Trager.

Dr Farid and Professor Trager took their places on the rostrum.

The PRESIDENT (translation from the Arabic):

It is now my very pleasant duty to carry out the recommendation of the Darling Foundation Committee which, according to tradition, has requested that the Darling Prize be presented during a plenary meeting of our Assembly.

The Medal and Prize of the Darling Foundation is awarded for outstanding work on the pathology, etiology, epidemiology, therapy, prophylaxis or control of malaria. This Prize is granted not only to honour the eminent malariologists receiving it but also to honour the memory of Dr Samuel Taylor Darling who died in an accident in Lebanon in 1925 whilst on a mission for the Malaria Commission of the League of Nations Health Organization.

It is with pleasure that I recall the recipients of previous awards of this Prize, all men of great distinction in the field of malaria.

The first Darling award was made to Colonel James in 1932; the second to Professor Swellengrebel in 1937; the third jointly to Professor Garnham and Professor Shortt in 1951. Dr Coatsney and Professor Macdonald were the recipients of the fourth award in 1954, the fifth was made to Dr Russell in 1957, the sixth to Dr Pampana in 1959, the seventh jointly to Sir Gordon Covell and to Dr Arnoldo Gabaldón in 1961. In 1963, Dr Young received the eighth, in 1964 Colonel Afridi the ninth and in 1966 the tenth award was presented jointly to Professor Ciucu and Professor Sergiev. Dr Giglioli and Colonel Singh jointly received the eleventh award in 1968, Professor Bruce-Chwatt and Professor Corradetti jointly received the twelfth award in 1971, and the thirteenth award was jointly presented to Dr McGregor and Dr Ray in 1974.

This year, the Darling Foundation Committee, as recommended by the Expert Committee on Malaria, has awarded the Fourteenth Medal and Prize to Dr Mohyeddin Farid and the Fifteenth Medal and Prize to Professor William Trager, in recognition of their significant contribution to the epidemiology, therapy and control of malaria.

Dr Farid, who was born in Helwan, Egypt in June 1912, obtained his Bachelor of Medicine and Bachelor of Surgery in 1936 at Cairo University; and in 1941 and 1942 he took a diploma of tropical medicine and hygiene and a diploma of public health. Later, at Johns Hopkins University, he obtained his Master of Public Health, in 1947, and in 1948 he became doctor of philosophy.

Dr Farid started his career in the Egyptian Ministry of Health in 1936 as epidemiologist, later becoming a research assistant at the Research Institute in 1938, until 1940. In 1942 he became malariologist and field subdirector of the Gambia eradication service where he stayed until 1946.

Dr Farid's career in WHO started in 1949 with the WHO/United Nations Relief and Works Agency for Palestine Refugees in the Near East as malariologist, project team leader, becoming later on senior regional malaria adviser in the WHO Regional Office for the Eastern Mediterranean in 1956. In 1962 Dr Farid held a position in WHO headquarters where he was Chief of the Epidemiological Evaluation unit in the Malaria Division until 1964. From 1964 to 1968 he held the post of Dean at the Faculty of the International Malaria Training Centre
in Manila and until 1969 he was the senior regional malaria adviser in the WHO Regional Office for the Western Pacific. He was against posted to WHO headquarters in 1970 when he became the Chief of the Programming and Planning unit in the Division of Malaria Eradication, retiring in 1973.

Since his retirement from WHO in April 1973 Dr Farid has been recruited by the latter to serve in India, Iran, Bangladesh, Pakistan, Malaysia, the Maldives, Papua New Guinea, Sudan, Peru, and the United Arab Emirates. At present he acts as the malaria adviser to the Secretariat of the Council of Ministers of Health of the Gulf Arab countries; he is a member of the WHO Expert Advisory Panel on Malaria, and is the assistant editor of Environmental conservation, a periodical which is issued quarterly by the Foundation of Environmental Conservation in Geneva, and is also the Chairman of the Steering Committee of the Scientific Working Group on Applied Field Research in Malaria.

Dr Farid is particularly noted for his contribution in the eradication of Anopheles gambiae in Egypt, the eradication of malaria from the western oases in Egypt through the organization of the vector eradication campaign against indigenous malaria vectors; his discovery of the role of Anopheles sergenti as a malaria vector on the Suez Canal area in 1939 contributed to the efficacy of the antimalaria programme conducted by the Allied Forces in the Middle East area during the Second World War. He was instrumental in negotiating the first WHO project in Saudi Arabia, the aim of which was to eliminate malaria from the holy places. This successful project was cited by the late King Abdulaziz of Saudi Arabia. His contribution as a WHO malariologist assigned to the United Nations Relief and Works Agency for Palestinian Refugees in eradicating malaria from the highly fertile but malaria-ridden Jordan Valley was highly appreciated, and he was decorated for this work by King Hussein of Jordan, the decoration being kept by WHO until his retirement from the Organization and handed to him on the day of his retirement.

In February 1978 he was elected as Fellow of the Indian Society for Malaria and other Communicable Diseases, in recognition of his significant contribution to the advancement of knowledge of communicable diseases. He has written numerous publications, has published reports on his various assignments, and has prepared several working papers for malaria conferences and WHO expert committees on malaria, as well as articles published in the Bulletin, reflecting his deep involvement in all aspects of the disease and its control.

Professor William Trager, who was born in Newark, New Jersey, United States of America in March 1910, obtained his Bachelor of Science in 1930 at Rutgers University, the Master of Science in 1931 at Harvard University, followed by a PhD from the same University. In 1965 he was awarded an honorary Doctorate of Science at Rutgers University.

Professor Trager started his professional career in 1933 as a Fellow of the National Research Council and joined the Rockefeller Institute for Medical Research, Rockefeller University, New York, in 1934, where he has been based ever since, with the exception of service with the United States Army Sanitary Corps in the South Pacific during the Second World War, and various research assignments, notably those at the Gorgas Memorial Laboratory and Ibadan University. At the Rockefeller University Professor Trager holds the position of Professor and Head of the Department of Parasitology.

Always actively engaged in parasitological research and especially interested in the phenomena of parasitism, commensalism and symbiosis, Professor Trager was particularly engaged in the development of basic techniques which are crucial for a wide range of research disciplines.

Thus, Professor Trager achieved the first bacteria-free culture of mosquito larvae permitting the precise determination of their nutritional requirements. He also was successful in developing the first insect tissue culture and used it to reproduce a polyhedral virus - studies which culminated in the first demonstration of multiplication of an arbovirus, Western Equine encephalitis virus, in mosquito tissues surviving in vitro. In continuation of studies on insect tissue cultures, Professor Trager used tsetse fly tissue to propagate growth stages of Trypanosoma vivax. From this time onwards he was more and more engaged in the parasitology of malaria, especially the in vitro culture of plasmodia and the determination of their growth requirements. He successfully achieved the in vitro culture of Plasmodium lophurae, an avian malaria parasite, and determined its biological parameters, an essential step towards the culture of mammalian malaria parasites.

In 1976 Professor Trager achieved his breakthrough with the successful in vitro cultivation of the erythrocytic stages of Plasmodium falciparum, one of the milestones in malaria research. This opened up a new era of malaria research, since parasite material became available for immunological studies and the technique provided a functional system which has
permitted the investigation of invasion and growth phenomena, the study of parasite metabolism, the determination of chemotherapeutic activity, and the measurement of drug sensitivity.

The value of the in vitro culture of *P. falciparum* was quickly and widely recognized, and many laboratories throughout the world, both in malarious and non-malarious countries, are now using the technique as an essential prerequisite for studies on basic parasite biology, malaria chemotherapy and immunology. Professor Trager took on himself the training of many workers from developing countries in the technique of the in vitro cultivation of *P. falciparum*, and acquainting them with the use of this tool in other fields of malaria research. This has contributed to increasing the involvement of tropical countries in an area which is one of the declared priorities of WHO. This attitude, and his qualities as an academic teacher, are also reflected in the respect and loyalty of Professor Trager's former students and co-workers, many of whom are now serving in senior positions in academic and research institutes.

Professor Trager has published a book on symbiosis and more than 150 scientific papers, and has received many honours and honorary memberships. Apart from a considerable number of special and international appointments he has been a member of the Scientific Working Group on the Immunology of Malaria since 1976, serving also on the steering committee of the Scientific Working Group, which has derived much benefit and advice from his participation.

I am pleased to associate myself, as the Chairman of the Thirty-third World Health Assembly, with the WHO Expert Committee on Malaria, the Darling Foundation Committee and the Executive Board of WHO in recognizing the particular devotion demonstrated by Dr Farid and Professor Trager to work on malaria and its control, and their specific achievements - Dr Farid in the field of epidemiology of malaria and Professor Trager in in vitro cultivation of plasmodia - which have opened the door to our better understanding of phenomena characterizing malarial infection in the community and in the individual human being affected by it. I have great pleasure in greeting Dr Farid and Professor Trager, and I have the honour to hand you the Darling Foundation Medals and Prizes. My sincere congratulations.

Amid applause, the President handed the Darling Foundation Medals and Prizes to Dr Farid and Professor Trager.

The PRESIDENT (translation from the Arabic):

I now invite Dr Farid to address the Assembly.

Dr FARID (translation from the Arabic):

Mr President, ladies and gentlemen, I am grateful to you, Mr President, for the compliments and tribute you have generously paid me, and I thank you, distinguished leaders of world health attending this Assembly, for your appreciation and participation in this meeting. We are here to honour workers in the field of malaria and to commemorate the dedicated pioneering work of the late Dr Samuel Darling who, with his students, laid the foundations for malaria control based on comprehensive local studies of the epidemiology of the disease and the socioeconomic, political and environmental factors that influence its spread and determine the best methods for its control.

I am happy and proud that you and the WHO Expert Committee on Malaria have nominated me, together with my colleague, Professor Trager, for the award of this year's Darling Prize and Medal. I see my nomination as a gesture of goodwill towards my country and my Egyptian teachers who set me such an excellent example; among them I would mention in particular the late Dr Mohamed Khalil Abdel Khaliq and the late Dr Ali Tawfik Shousha. My nomination is also a tribute to those from various countries who contributed to my academic education, and among whom I would mention in particular Dr Barber, Dr Hackett and Dr Soper of the Rockefeller Foundation, Dr George Macdonald of the Ross Foundation and Dr Emilio Pampana, my first supervisor in WHO: God bless them all.

Now that I have this opportunity and honour to address you, I shall not dwell on what you already know about the dramatic effects of malaria on health in the Third World. The problem is sure to grow worse in the years to come unless we endeavour to revive the malaria profession and intensify research on malaria, so as to provide the coming generations of malarologists with a proper understanding of their profession. This understanding cannot be acquired by attending a prepackaged training course lasting a few months or a year, but only through long-term professional training and practice under the guidance of expert and dedicated malarologists, but unfortunately there are very few of them left alive.

I would like to point out in this connexion that malaria control is not just a matter of combating an insect vector or administering a dose of an antimalarial drug; it calls for
a governmental effort, with coordination between the various governmental sectors, and for community involvement in activities to control or eradicate the disease. Now that malaria has been successfully eradicated in many countries, it has become a man-made social disease, reflecting the extent of cooperation between governmental sectors and the community and the extent of international cooperation in controlling a disease which is a major health problem in most countries of the Third World. With the resources of WHO and with your guidance, the will to fight this disease will be revived, technical advice will be made available, and supporting financial resources will be coordinated, so that the aspiration of global eradication of malaria will some day be achieved.

There has been extensive controversy as to whether the cart is being put before the horse. However, whether the horse is seen as malaria or primary health care, the two should be viewed as one integrated unit that can be kept together only by an expert driver who knows how to harness and supply both for the delivery of health services. I hope therefore that the advocates of primary health care know something about malariology, so that they will provide the driver with the necessary experience to keep horse and cart together and to realize that malaria, in the Third World, is not a disease that can be dealt with simply by a couple of tablets of chloroquine: the effectiveness of primary health care in performing its functions and achieving its objectives depends on the effective control of malaria. I believe that the most reliable index for the success of primary health care and for the performance of its preventive and curative functions in Third World communities infested by malaria parasites is the prevalence rate of malaria among the population. Only from this prevalence rate is it possible to assess the efforts made to raise the standard of health in those communities, the extent of cooperation between governmental sectors and the population, and the extent to which public health workers understand the principles which you advocated in Alma-Ata.

The World Health Assembly usually meets in May, when malaria is in a state of dormancy, a prelude to renewed attack and spread during the humid rainy season. Your memories of the morbidity and mortality caused by malaria last year may have waned in the face of optimistic expectations attached to new plans for malaria control or a pledged increase in the malaria budget. I would like to remind you that this evil disease takes advantage of every manifestation of human weakness, including short memory, lack of cooperation, and the tendency to talk a lot and do little. Its spread is favoured by many natural factors, in addition to factors unwittingly created by man in the environment in which he lives. I would also mention a phenomenon, observed in the past, that when sun spots reach their maximum frequency, pandemics of malaria are imminent. As sun spots have already peaked this year, malaria epidemics can be expected during the latter half of both this year and next year, unless precautionary measures are taken right now.

As for the widely cherished hopes of a malaria vaccine, I regard them in the same light as the "philosopher's stone" vainly sought by early Arab scientists in order to turn base metals into gold. Although I would encourage all research leading to the development of a malaria vaccine, and consider such research a valuable and useful source of knowledge on the biology of malaria parasites, I do not believe that such a vaccine could prove an effective weapon, particularly in tropical Africa where people receive an injection of the natural vaccine once or twice every night from the auto-sterilized anopheline mosquito. Despite repeated daily injections of this natural vaccine for nine successive years, the immunity acquired by an individual against the disease is only relative.

I call upon FAO to consider the effects of malaria on the rate of migration from rural to urban areas, particularly in the Third World where the rate ranges from 11% to 20% annually, and the lessened productivity of individuals in areas where malaria is endemic, not to mention the nutritional loss due to the malaria fever itself: during a malarial episode an individual loses about 5000 calories a day, equivalent to three days' food intake for an adult in a poor country.

I also call upon UNICEF to bear in mind that malaria selects its victims among children and pregnant women, and that half the children born in tropical Africa die of malaria and other communicable diseases before the age of nine years. I hope to see active research work to discover the effects of malaria in expectant mothers on the growth of embryonic brain cells, particularly during the latter months of pregnancy, and hence on the nervous system and mental health of children. I also hope to see research on the impact of malaria on the natural or acquired immunity of children against other communicable diseases and on the way malaria synergistically enhances the pathological effect of other diseases in children.

During the malaria seasons in many Third World countries it has been noticed that it is the children who are deprived of the antimalarial drugs distributed, largely because the disease
appears with unusual symptoms among children. I hope UNICEF will remember what Christ told the father of a feverish child near death, at Capernaum near Lake Tiberias (the sea of Galilee): "Thy child shall live", and adopt it as a symbol and reminder of malaria and its hazard for the child.

I would also like to remind Muslims of the Prophet Mohamed's prayers when Medina fever (malaria) afflicted his migrating followers (Muhajereen); fearing their death, he used to pray throughout the night: "God Almighty, save us from this calamity". He became optimistic that God would answer his prayers when he saw in a dream a man dragging a woman wrapped in black; the man said to him: "this is the cause of the fever; Messenger of the Almighty, order me what to do with her". The prophet told him: "Take her to Khum valley and leave her there". That valley was well known for its swamps, and caravans used to avoid it because of its heavy infestation with mosquitoes. The interpretation of the dream is therefore obvious: the woman in black was none other than the black female mosquito, Anopheles gambiae.

Primary health care and malaria control projects are prohibitively expensive for most developing countries; indeed, health ministry budgets in some of these countries are insufficient even to purchase the necessary chloroquine for the treatment of malaria. I therefore call upon the OPEC countries, particularly the first ten, to put aside one cent for every barrel of oil exported as "alms for health", so that primary health care projects in the needy countries can be satisfactorily implemented, using as suggested the malaria prevalence rate as an important criterion for measuring the effectiveness of health services. Simple arithmetic shows that, on the basis of the crude oil exports by these 10 countries in 1977, the amount made available for malaria control by this scheme would be about $100 million.

Mr President, it gives me great pleasure, on this occasion, to pay tribute to you and your esteemed Government for the millions of dollars you have contributed and are still contributing as aims for health to assist needy countries in East and West Africa in the control of malaria and onchocerciasis, as God has favoured you with a land free from malaria. Your efforts in the field of public health, Mr President, have made you a model for the present generation of Arab medical workers and are appreciated by the health leaders of the world who selected you as President of this august Assembly.

Ladies and gentlemen, I look upon my selection for the award of the Darling Foundation Prize as a symbol of the efforts made by thousands of my professional colleagues, who have contributed to malaria projects over the last 50 years. Some of them have lost their lives in the field, others have died a natural death, while others again are still contributing decades after the age of retirement. All these are the unknown soldiers, and it is in their name and on their behalf that I accept this Prize. (Applause)

The PRESIDENT (translation from the Arabic):

I thank you, Dr Farid, for your valuable statement, and wish you every success in combating this disease. I now give the floor to Professor Trager.

Professor TRAGER:

Distinguished delegates, ladies and gentlemen, to receive any award from the World Health Organization is a great honour. It is an even greater honour to receive one bearing the name of so distinguished a malariologist as Samuel Taylor Darling, and thereby to be admitted to a very select company. I am fortunate in knowing personally many of the previous recipients, from Dr Garnham and Professor Shortt, who received the second award in 1951, through to Professors Bruce-Chwatt and Corradetti, who were honoured in 1971, and Drs Ray and McGregor, who shared the thirteenth award in 1974. I have only today had the pleasure of becoming acquainted with Dr Farid, about whose outstanding accomplishments we have heard just now.

I chose to work with malaria parasites because I thought they might provide exceptionally favourable material for basic studies on the physiological and biochemical interactions between an intracellular parasite and its host cell. My primary interest was in the physiology of parasitism. At the same time I felt that the great practical importance of malaria as a human problem gave added zest and excitement to my work.

For the war against malaria is far from won. There have been some great leaders, and some great battles have been won. But malaria in tropical Africa, in southern Asia and in parts of South America remains stubbornly entrenched, or is even expanding its perimeters. In an enlightened response to the clear need for new approaches, the World Health Organization a few years ago launched its new Special Programme for Research and Training in Tropical Diseases. Six diseases, malaria first among them, were chosen as targets for the research methods and concepts of modern biology. Under the stimulating leadership of Dr A. O. Lucas...
this programme of basic research directed at major tropical diseases is beginning to have an impact. It was very gratifying to me that I obtained my first continuous cultures of *Plasmodium falciparum* just four years ago, when the new programme needed such a stimulus. Soon after, with the collaboration of my colleague James Jensen, we provided a very simple method for *in vitro* culture of this parasite. We were able to export our methods, with the help of the training programme of WHO, to laboratories all over the world. *Falciparum* is being grown in Bangkok and Bogotá, in Grenoble and Paris, in Shanghai and Peking, as well as in New York and Bethesda, Atlanta and Albuquerque, and I am sure in many other centres.

What the cultivation has done is to permit, in a sense, the domestication of the parasite of malignant tertian malaria. I won't say we have tamed this organism - not yet. But we do now have it available in our laboratories, where we can subject it to all kinds of investigations. When I say "we" here I refer not only to my own laboratory group but to many other laboratories where this work is going forward. Already we have been able to use cultures to search for new types of antimalarial drugs, to begin to learn how these drugs act; already we have learned how sickle haemoglobin or certain other red cell abnormalities confer relative resistance to *falciparum* malaria. We are beginning to understand the factors that promote formation of gametocytes, the sexual stage of malaria that initiates the cycle in the *Anopheles* mosquito. We are using cultures to study genetic variation, the parasite's nucleic acids. Perhaps most important, we are producing parasite material to study its immunogenic actions and to identify the antigenic constituents of the parasite. This work will without doubt lead to an experimental vaccine against malaria. This is a goal long sought by Edgar Smith of the United States Agency for International Development and I am glad to have this opportunity to acknowledge his and USAID's support of my own work. There is reason to hope that such a vaccine could become an additional potent weapon in the war against malaria.

Once more, let me thank you for this honour.  

(Applause)

The PRESIDENT:  

(translation from the Arabic):

Thank you, Professor Trager, for that excellent speech. I believe, distinguished delegates, that you will concur with me that by honouring people like Dr Farid and Professor Trager we are simply fulfilling part of our duty towards such rare personalities who have devoted themselves and their lives to liberating the world from a disease we are still fighting and spending a lot to eliminate. Despite the many difficulties I am sure that with Dr Farid's experience in the field and with Professor Trager's experience in the laboratory the day will come when we celebrate the global eradication of this disease. I hope that the meeting which has taken place between our prize-winners today will lead to further cooperation with a view to freeing the world from this disastrous disease. It is my pleasure to extend to you both once again my congratulations on winning the Darling Foundation Prize.

We have now come to the end of our work for this morning.

This afternoon the main committees will meet as usual from 14h30 to 17h30. Committee B will meet in this hall. The date and hour of the next plenary meeting will be announced in the *Journal*. The General Committee will meet at 17h30 today.

The meeting is adjourned.

The meeting rose at 12h40.
FIFTEENTH PLENARY MEETING

Tuesday, 20 May 1980, at 11h40

President: Dr A. R. AL-AWADI (Kuwait)

1. ANNOUNCEMENT

The PRESIDENT (translation from the Arabic):

In the name of God, I declare the meeting open. I should like to apologize for our being ten minutes late in starting. It seems that the discussions in the committees were so interesting that they did not notice the time passing. However, we shall now begin our discussions for today.

I have pleasure in informing you that on 16 May 1980 Zimbabwe deposited the instrument of its acceptance of the WHO Constitution, and thus became a Member of the World Health Organization. I welcome Zimbabwe to membership of WHO. (Applause)

2. SECOND REPORT OF COMMITTEE B

The PRESIDENT (translation from the Arabic):

We shall now consider the second report of Committee B, as contained in Document A33/47. It includes only one resolution, entitled "Transfer of the Regional Office for the Eastern Mediterranean". I have also received Document A33/INF.DOC./13, containing the text of a letter addressed to the Director-General by 17 delegations concerning the transfer of the Regional Office for the Eastern Mediterranean. Some members have asked to be allowed to comment on this report. I first give the floor to the delegate of Jordan.

Dr MALHAS (Jordan):

I am going to speak in English because the translation of my speech in the meeting of Committee B on Friday, 16 May 1980, missed important points, at least in the English text, that may have had a bearing on some requests that I had made.

Mr President, the draft resolution at our disposal now suffers from immaturity with definite developmental defects of grave consequences that cannot thrive naturally and normally on its own. It will always be a misfit.

During the discussion in the deliberations of Committee B the matter was referred to by many distinguished delegates from Europe and the Third World, as well as by the distinguished delegates of the United States of America and Egypt, as politically motivated. Doctor of Medicine Gezairy of Saudi Arabia, in his opening speech, made it clear and was honest in saying that the matter did actually start from political motives. Doctor of Medicine Riad Hussein of Iraq said also openly that we were complying with decisions taken by the Heads of States of the Arab countries in Baghdad last year. The result of all that meant that we will be unable to cooperate one way or another with the present headquarters of the Regional Office in Alexandria. As a matter of fact we did stop all correspondence with this headquarters since March of this year. What could result from that? Certainly paralysis or at least paresis of that body, in a limbless, lifeless manner.

Distinguished delegates from the Third World and Italy were worried that just that was going to happen if a move was made from Alexandria. The draft resolution passed on Friday 16 May 1980, has done exactly that.

We have been absolutely touched by the laments made and overwhelmed by the fears portrayed, for we are all deeply worried about not reaching the health for all by the year, etc., etc. Well, did I say "health"? I too was under the impression that this was a World Health Assembly. What happened on Grey Friday was not an exercise in health by people specialized to speak on that, like Doctors of Medicine Gezairy, Husain and myself, whose main
Many delegates may think nervously and anxiously about offices, disrupted in concern, we said now. Alexandria. Office ask you and apparently conciliatory paternalistic feelings or malicious undertones. None most advisers of it, in two years' sentence and repeated "denounce", "denouncing", "denounced . . .", indicating malicious undertones. None of that actually exists if the whole article is read, rather than part of it, in good faith.

Many sites in this world cannot be really moved . . . For sure, we cannot move the White House or the Kremlin or the Great Wall of China or the Vatican or the Kabaa! Could we not really move a regional office? Is the moving of such an office a dangerous precedent, or is the disregard of the wishes of 95% of the Members of the Region the dangerous precedent? Or does the distinguished delegate of the United States of America need a 99.99% consensus, like certain referendums, to be convinced and convince others?

No, distinguished delegates, we cannot accept a trusteeship once again, neither can you, our friends of the developing countries and the Third World. Having only recently shed off the guiles of imperialism and colonialism, none of us can really afford this aloof treatment and apparently conciliatory paternalistic feelings that lead to a traumatic psychoplasia of our senses.

Distinguished delegates, we, 95% of the countries of the Eastern Mediterranean Regional Office ask you to vote down this draft resolution presented today that asks us to refer to the International Court of Justice the problem of the transfer of the Regional Office from Alexandria. Some of the distinguished delegates said they saw no urgency to take a decision now. But there is an urgency: the urgency is in the needs of our peoples to continue to deal with each other and with WHO if their health status is of any concern. As far as we are concerned, we said it, and I would like to reiterate here: we consider the Regional Office in Alexandria closed as far as we are concerned and there will be no communication with it. This is a promise that we owe to our people, and to our Heads of States and our Governments. Many delegates may think nervously and anxiously about the technical facilities that may be disrupted at EMRO in Alexandria.

But what is EMRO in Alexandria after all? It is simply a physical plant with facilities for offices, conferences, elevators, lavatories and parking places. This is hardly a
technical facility, and we certainly can match it elsewhere: The technical facilities and capabilities are by definition mobile and transferable mostly in the cells of the cerebral cortex which is alive because it is dynamic and movable, and thrives with change and progress. This is our challenge, gentlemen, movement and transfer of advances and helping others thrive. If it is not so then all such facility, technical or not, is dead.

Let us face the truth and face it with courage and bravery. The draft resolution under discussion which we urge you to defeat is political, biased and against the interest of the countries of the Region. Such a problem may not have risen before. It has now, and may certainly do so in the future, elsewhere; for the world, my friends, is in a state of change and dynamism and that is a sign of life.

One point that must have come to your attention also was the resolution and information paper circulated by a subcommittee B of the Regional Committee for the Eastern Mediterranean. A stuporous dormant subcommittee for many years stands against the wishes of 20 out of 21 Members to move the Office from Alexandria: This pseudo-interest could have hardly come out of a "love thy neighbour" policy, and care and worry about the health conditions of the peoples of the Region, let alone the West Bank and the people in the Gaza Strip. What kind of concern was that? Not political, or was it?

The Working Group of your distinguished body has presented you with facts and figures about the transfer of the Alexandria Office of EMRO. It has shown beyond any reasonable doubt that a reasonable alternative is available, and now.

My delegation urgently requests the distinguished delegates to shed off the stain of last Friday and vote against the draft resolution presented today. We are against this draft resolution because we want this Assembly to make a brave decision concerning the Regional Office in Alexandria. A decision to move or not to move, either way it must be a decision taken in this session. Any other outlets are merely delaying tactics that are against the interests of WHO, or ours, in the Region. A sense of urgency is there certainly: namely, the health conditions and the future of these conditions of our peoples. There is no need to artificially support the vital signs of an already dying Office, unless some material rewards are going to be gained by few! Let us be practical and pragmatic within the bounds of the principles of this Organization. The vast majority of the countries of the Region have shown the will to move. This overwhelming will must be respected.

I shall only, now, reiterate our position in clear and unmistakable words: (1) we are against the draft resolution because it has no bearing on the issue at hand; (2) if passed, the EMRO Office in Alexandria is as good as dead and your Regional Director will have nothing to present to you next year in verse or purse; (3) the countries of the Region reserve the right to re-evaluate their relationship with this mighty Organization.

Before I end I want to ask once more what I have asked before and had been unfairly denied by protean Machiavellian manoeuvres: I and many other delegates from the Eastern Mediterranean Region would respectfully like to hear now the opinion of the Director-General of WHO and the Legal Adviser of WHO, concerning the transfer of the Regional Office from Alexandria to Amman, Jordan. First, what is the opinion of the Legal Adviser of WHO concerning whether or not this Assembly can actually take a decision to move from Alexandria under the terms of the Agreement with Egypt, and whether or not, given the two years' notice which is the maximum time in accordance with the Agreement, this notice is sufficient? Secondly, what is the opinion of our esteemed Director-General concerning the function of the Regional Office following a boycott by the Members of the Region?

The PRESIDENT (translation from the Arabic):

I thank the Minister of Health of Jordan. I believe that the Director-General can answer the question raised by the Minister, and after that we can ask the Legal Adviser to give his opinion about the issue. I give the floor to the Director-General, Dr Mahler.

The DIRECTOR-GENERAL:

I am certainly very deeply disturbed by feelings among delegates that we, the Legal Adviser and myself, should have been trying to escape from our responsibility in not answering questions from delegates during the discussion of this issue in Committee B. I think that before proceeding I am entitled to say that, on the formal side, the Rules of Procedure in regard to closure of debate were applied as they normally are applied in WHO practice, and that this was the only - and, I repeat, absolutely only - reason why it was not possible, at that moment, for the Legal Adviser and myself to take the floor.

That said, Mr President, you will realize that the present situation is, to say the least, very difficult for the Secretariat. But even so, I and my Legal Adviser - and, I am sure, the
Regional Director - are ready to take any responsibility in order to satisfy any legitimate request from delegates for information or advice. At the same time I also have to beg of you to understand that providing you with such information or advice cannot in any way undermine the Assembly's fundamental responsibility to take into account, or not take into account, any such information or advice given by the Legal Adviser or the Director-General. I must also say, and I am saying this with a very considerable amount of emotion, that whatever decision the Assembly is going to take, the whole Secretariat - and notably the Director-General and the Regional Director - will do their utmost to implement such a decision.

Mr President, personally I am deeply affected by the crisis we are now facing and I trust that Member States will believe me, and not misunderstand me, when I say that I, as Director-General, will apply all my energy, all my imagination, in order to preserve the unity of your Organization and in order to ensure that all Member States can cooperate fully with their Organization. Within the spirit of what I have just said, and with the always forthcoming help of my Legal Adviser, I will proceed to solve any legal problem inherent in any decision of this Assembly as speedily as possible.

With this as background, I would then ask you, Mr President, first to give the floor to the Legal Adviser and then to the Regional Director. I shall then take up any remaining point that many not have been replied to in this process.

The PRESIDENT (translation from the Arabic):

I thank the Director-General, Dr Mahler, and now give the floor to the Legal Adviser, Mr Vignes.

Mr VIGNES (Legal Adviser) (translation from the French):

The delegate of Jordan raised two different questions. I understood the first one all right but did not quite catch the second. Would he mind repeating it?

The PRESIDENT (translation from the Arabic):

I thank the Legal Adviser and request the Right Honourable Minister of Health of Jordan to repeat what he said so that the Legal Adviser can clearly understand the question. The delegate of Jordan.

Dr MALHAS (Jordan):

The question, Sir, is what is the opinion of the Legal Adviser of WHO concerning whether or not this Assembly can actually take a decision to move from Alexandria under the terms of the Agreement with Egypt; and whether or not, given the two years' notice which is the maximum time in accordance with that Agreement, this notice is sufficient?

The PRESIDENT (translation from the Arabic):

I thank the delegate of Jordan for clarifying his questions to the Legal Adviser.

Mr VIGNES (Legal Adviser) (translation from the French):

The first question put by the delegate of Jordan raises, of course, an extremely complex legal problem. To ask whether the Assembly can now decide upon a transfer means acting with due regard to the provisions of Section 37 of the host agreement signed between WHO and Egypt. It is there, I think, that the nub of the problem lies and it is in the light of what can be deduced from this text that one might, in my view, try to find a solution. In order to interpret Section 37 it is essential to read it properly and understand it properly. I would therefore request you to refer to the text of the host agreement as given in subsection 4.1 of the report of the Working Group annexed to Document A33/19 which you have before you. Section 37 of this Agreement reads as follows:

"The present Agreement may be revised at the request of either party. In this event the two parties shall consult each other concerning the modifications to be made in the provisions. If the negotiations do not result in an understanding within one year, the present agreement may be denounced by either party giving two years' notice."

To interpret this text, we shall apply the rules of interpretation that are standard in international law: that is to say, we shall first refer to the preparatory proceedings, then consider similar treaties relating to the same subject, and lastly proceed to analyse the actual wording of the provision concerned. Let us adopt these three approaches in turn.
If we refer to the preparatory proceedings, we regrettably find that the minutes of the discussions to which the framing of this host agreement gave rise contain no specific indication that might elucidate the meaning of Section 37 of the Agreement, so that this first basis for interpretation is not available in the case we are considering.

If we go on to examine similar treaties relating to the same subject, there are two different categories that can be taken into account: on the one hand, treaties signed by the World Health Organization with other host countries, and on the other hand treaties signed by Egypt with other organizations. Let us first consider the treaties signed with other host countries by WHO, of which there are more than half-a-dozen because they include the agreements signed by WHO with the host countries of other regional offices as well as the agreement signed by WHO for the establishment of its headquarters in Switzerland. It will be seen that all these agreements feature a provision which is exactly the same as the one contained in Section 37 of the host agreement signed between Egypt and WHO. There again, neither the preparatory proceedings nor the actual texts give any other indication or any additional clue to help elucidate the situation. However, one agreement signed by WHO with a host country might give some interesting pointers. I am referring to the agreement signed by WHO, also with Egypt, on 25 August 1950 concerning the provision of services in Egypt by the World Health Organization, which antedates the host agreement we are considering. This agreement of 25 August 1950 features an Article X entitled "Revision and termination" and composed of two separate paragraphs (a) and (b). According to paragraph (a), the agreement may be revised at the request of either of the parties and in such case the two parties shall consult one another concerning the amendments to be made to the provisions of the agreement. Paragraph (b) reads as follows: "This Agreement may be terminated by either party on 31 December of any year by notice given to the other party not later than 31 December of that year". With regard to host agreements signed by Egypt with other organizations, there are three that can be taken into account: firstly, the host agreement between Egypt and the International Civil Aviation Organization (ICAO) of 27 August 1953. This agreement features exactly the same clause as is contained in the host agreement we are concerned with. It cannot therefore throw any light on the matter. Secondly, the agreement between Egypt and UNESCO of 25 April 1952, which governs in practice the relations between the two parties with regard to UNESCO's Regional Office for Science and Culture in the Arab Countries; this agreement contains no termination clause and therefore gives us no help. The third instrument is the agreement between Egypt and FAO of 17 August 1952, Section 25 of which does, on the other hand, contain some more precise indications. This Section contains two different provisions set out in paragraphs (b) and (e). I shall read out the English text of Section 25 (b) of this agreement:

"Consultation with respect to modification of this agreement shall be entered into at the request of the Government or FAO. Any such modification shall be by mutual consent." This same section contains a paragraph (e) which reads as follows:

"This agreement and any supplementary agreement entered into by the Government and FAO pursuant to this agreement shall cease to be in force six months after either the Government or FAO shall have given notice in writing to the other of its decision to terminate this agreement."

It will be noted that these two clauses, on modification and on termination, are, as in the agreement of 1950 between Egypt and WHO, contained in two separate paragraphs.

It remains to consider the third possible basis for interpretation: the actual wording of Section 37 of the host agreement of 1951, which you have before you and which I read out just now. Because of the very way it is drafted, it can be considered that this text, taken in its strict meaning, was intended to lay down the ways and means for the revision it provides for.

If this section is carefully read, it will be seen that the procedure it provides for would be conducted in two phases: a first phase during which the parties would consult each other about the modifications needed and, if those consultations did not end in an agreement, a second phase in which the denunciation would take place. It seems clear that these two successive phases of the procedure are interlinked and that the "denunciation" which would constitute the second phase would be the consequence of the failure of the "consultations" foreseen as the first phase. Within the strict meaning of Section 37, this merely reflects the progression in time of the revision procedure mentioned at the beginning of the text. If we care to recall the wording of the 1950 agreement for the provision of services in Egypt by the Organization and of the host agreement signed between FAO and Egypt, which contain two separate provisions, one concerned with revision and the other with termination, it can be inferred therefrom that, on a strict interpretation, the actual wording of Section 37 precludes...
its application to a situation in which one of the parties is not seeking to make changes to the existing arrangements between an agency and a host government, but in which it is rendering those arrangements null and void by transferring away from the host country the institution whose presence constitutes the reason for the existence of the agreement.

So much for the remarks - which the Assembly may take into account and which it is free to interpret as it wishes - that I wanted to make in answer to the first question put by the delegate of Jordan.

I gathered that the second question put by the delegate of Jordan concerned the two years' notice provided for in Section 37. With regard to whether this notice can be considered as sufficient, the Assembly might obtain valuable enlightenment by referring to the different periods of notice provided for by host agreements in comparable situations. If the various host agreements are scrutinized from this point of view, it will be seen that, in certain cases, two years' notice is provided for. In the case of the host agreement between WHO and Egypt, two years' notice is provided for in Section 37 should the negotiations concerning its modification not result in an understanding. But the general principles of international law can also be referred to on this subject, the question then being formulated in the following manner: Do there exist in other host agreements any indications whereby we can determine the normal period of notice after which a host agreement between the parties can be terminated? Let us look again at the host agreement between Egypt and FAO already referred to. It provided for six months' notice, but there are other host agreements in which the notice required is one year, and we therefore see that the period is variable. It would be instructive here to refer to the position taken in this connexion by the International Law Commission, which at its session last year continued its study on treaties concluded between States and international organizations, a subject on which it is preparing a draft convention to follow up the one it has already drawn up on treaties concluded between States. This new study by the Commission is therefore relevant to the very case we are concerned with today. Well now, in the draft it is preparing, which is not yet final, there appears an Article 56 entitled "Denunciation of or withdrawal from a treaty containing no provision regarding termination, denunciation or withdrawal". The Assembly could therefore very well refer to this Article if it held the provisions of Section 37 inapplicable, arguing from the fact that this section concerns only modification of the agreement and that the agreement accordingly contains no other provision applicable to the present situation. This Article 56 of the Commission's draft reads as follows:

"1. A treaty which contains no provision regarding its termination and which does not provide for denunciation or withdrawal is not subject to denunciation or withdrawal unless: (a) it is established that the parties intended to admit the possibility of denunciation or withdrawal; or (b) a right of denunciation or withdrawal may be implied by the nature of the treaty.

2. A party shall give not less than twelve months' notice of its intention to denounce or withdraw from a treaty under paragraph 1."

In the report of the International Law Commission submitted to the General Assembly at its thirty-fourth session the following comments are made (I quote): "This was the provision" - the one contained in Article 56 of the Vienna Convention on the Law of Treaties - "that gave rise to the greatest difficulties of application for treaties between States, and will probably do so for the treaties which are the subject of the present draft articles" - i.e. treaties between an international organization and a State. "Which treaties are in fact by their nature denounceable or subject to withdrawal?... Treaties between one or more States and one or more international organizations include a class of treaties which, although having no denunciation clause, seem to be denounceable: the headquarters agreements concluded between a State and an organization. For an international organization, the choice of its headquarters represents a right whose exercise is not normally immobilized; moreover, the smooth operation of a headquarters agreement presupposes relations of a special kind between the organization and the host State, which cannot be maintained by the will of one party only." End of quotation.

Those are the relevant facts that can be adduced in reply to the second question put. It is of course for this Assembly to draw the conclusions it sees fit from the opinion that has just been expressed. For there are several possible interpretations. Taken in its strict meaning, Section 37 can be regarded as not applicable to the case under consideration, but it might be argued that the strict interpretation is not the right one to take. The notice required for termination can vary: it will be two years if it is decided to use the period mentioned in Section 37, but it can be reduced to 12 months if the period mentioned by
The International Law Commission is taken. The Assembly will therefore understand that I am not for the moment able to enlighten it any further, but I am of course fully at its disposal to reply at any time to any questions of a legal nature that might be put to me.

The PRESIDENT (translation from the Arabic):

I thank the Legal Adviser for his instructive explanation. I now give the floor to Dr Taba for any comment.

Dr TABA (Regional Director for the Eastern Mediterranean):

I shall be extremely brief. I believe that Dr Mahler, the Director-General, expressed his own view, which is also mine, very well. It goes without saying that I am very distressed at the situation which has prevailed in the Region, and I think that the majority of the honourable delegates present here - and certainly all the delegates from our own Region - know me well, and I need not stress that we shall do everything possible to implement whatever decision you take, with the least disturbance of the work and WHO programme in the Region. We are entirely at your disposal, and whatever decision you take, the Director-General and myself will implement it with the least disturbance possible.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Taba. Did Dr Mahler have any other comment to make?

Is the delegate of Jordan now clear about the answers to his question? The delegate of Jordan.

Dr MALHAS (Jordan):

I want to apologize for my ignorance in legalistic matters; I really stand in awe and respect at the pedestal of the legal problems that we have been discussing right now. It is very difficult for me personally to dive into this legal entanglement, but it is really important to know whether or not we, as sovereign States, and as sovereign individuals, can take a decision on our own. I really cannot conceive of any agreement that binds into bondage a group of countries to hold meetings in one place, and that makes such a provision not only conditional, but enforced. I cannot see any reason to do that.

In document A33/19 of 27 March 1980, section 4.3, third paragraph, may clear up certain things for us; and certainly I cannot get involved in the legal problems here. I want to quote and read what has been written there:

"The Group considered that it was not in a position to decide whether or not Section 37 of the Agreement with Egypt is applicable." - and here is the important thing - "The final position of the Organization on the possible discrepancies of views will have to be decided upon by the Health Assembly. Should the opinion of the Assembly not be agreeable to the Government of Egypt, it would be possible to have this question submitted to arbitration under Section 34 of the Host Agreement; the International Court of Justice could also possibly be requested to provide an advisory opinion under Article 76 of the WHO Constitution."

This is contradictory to the draft resolution we have at hand here. I feel that we should make a decision now. If that decision is disagreeable to the Government of Egypt, then it may be possible to have the question submitted under Section 34 of the Host Agreement, or Section 76 or whatever that the draft resolution has referred to. But my delegation feels that we must come out here with a decision, and not wait. Let us decide to move or not to move. If we decide to move, then the legal problems and entanglements, and how to get out of an agreement or to get into another one, can be worked out during the process, or later, by those who are well versed in such problems.

Therefore, with all due respect to what the WHO Legal Adviser has shown us or has told us, I still think that we must make a decision now; and we feel that we should vote down this draft resolution, reject it, and decide to move or not to move the Office from the Alexandria site; and then, if necessary, secure the legal opinions that will extricate us from any problems that may arise in the future.

The PRESIDENT (translation from the Arabic):

I thank the Minister of Health of Jordan. I now give the floor to the Director-General for any comments.
The DIRECTOR-GENERAL:

Just to clear up the distinguished delegate of Jordan's point, if I can: I don't think there is any contradiction between what he said now, and the Legal Adviser. I think the Legal Adviser, quite on the contrary, had been trying to reinforce what I tried to say: that you, as sovereign States, make your decision, and your Secretariat is, in all loyalty, bound to follow up on those decisions. I think the Legal Adviser has been trying to clarify what such a follow-up might consist of in order to implement whatever decision you are making, to the best possible ability of your Secretariat.

The PRESIDENT (translation from the Arabic):

Thank you, Mr Director-General. I now give the floor to the Right Honourable Minister of Health of Saudi Arabia.

Dr GEZAIRY (Saudi Arabia) (translation from the Arabic):

In the name of God, thank you, Mr President. The Arab States have communicated to the Director-General, in the letter you referred to, their resolution concerning the path they intend to follow in their dealings with the World Health Organization and their decision that their contacts will be through the Director-General in person. Our resolution arose from our sincere wish to provide our people with health services and also to maintain our cooperation with WHO. I do not really want to go into details, but for the benefit of those who have not read this letter I will read some short paragraphs thereof:

"Whereas it is impossible for us to deal with the Regional Office as long as it is in its present location in Alexandria, we request you to take note of our decision to:

(a) completely boycott the Regional Office in its present location and not to have any dealings whatsoever with it as from today, 19 May 1980;
(b) to deal directly with the Organization's headquarters in Geneva, through the Director-General, for the implementation of the health projects approved for our States, without any interference from the Regional Office;
(c) to request the Director-General to undertake all the necessary measures to transfer all funds allocated to projects in our States from the regional programmes to a special programme at headquarters in Geneva;
(d) to maintain our above decision in effect until the necessary measures are taken to implement the decision to transfer the Office to Amman."

Mr President, when some of us said, and I myself stressed, that we might reconsider our relations with the Organization, our intention was not to utter any kind of threat, we only meant that we want to arrive at some way of dealing with the Organization other than through the Regional Office in its present location. I understood what the Director-General and the Legal Adviser said, i.e. that this august Assembly is fully entitled to take the decision it deems appropriate. The Director-General and his staff will then have to take the necessary measures to implement that decision. It was not at all our intention, in adopting resolution No. 6, to ask this Assembly to take an illegal decision, but to take a decision for the transfer, and after that to resolve the legal issues and work within the law. The draft resolution proposed by the honourable delegate of the United States of America requires the Assembly not to take any decision, that is to say, we decide not to decide until we have consulted the International Court of Justice. I shall say nothing about the legal aspects, because they have been thoroughly dealt with by the Legal Adviser. But I should like to raise one little point by suggesting that it may also be feasible to relocate the Regional Office without denouncing the agreement. When our countries submitted this request, they believed that the rules of democracy and equity would oblige the Assembly to respect the wish of the individuals, the wish of the overwhelming majority of the States concerned. Therefore, Mr President, I call upon all my colleagues to reject this draft, the American draft submitted to us, and to take a decision - and I repeat that we have to decide - either negatively or affirmatively. Thank you, Mr President.

The PRESIDENT (translation from the Arabic):

I thank the Right Honourable Minister of Health of Saudi Arabia and now give the floor to the delegate of the Libyan Arab Jamahiriya.
Dr AZZUZ (Libyan Arab Jamahiriya) (translation from the Arabic):

Thank you, Mr President, I have nothing to add to what the Right Honourable Minister of Health of Jordan and the Right Honourable Minister of Health of Saudi Arabia have said. I just want to make it clear that what we said in A33/INF.DOC./13, paragraphs (b) and (c) about our dealing directly with headquarters was not, as some took it to be, a bargaining move, like what happened in FAO, because we have taken a decision and determined the location. So ours is not a temporary procedure until we take a decision; what happened in FAO was different, because they did not reach any decision.

In conclusion, I should like to move that the debate be closed and a vote taken. Thank you.

The PRESIDENT (translation from the Arabic):

I thank the delegate of the Libyan Arab Jamahiriya. I understand him to have moved the closure of the debate. Is that what you are proposing? Thank you.

The delegate of Egypt has risen to a point of order. I give the floor to the delegate of Egypt.

Mr EL-BARADEI (Egypt):

Mr President, I would like to seek your clarification. If my understanding that the request of the Libyan representative is to close the debate is correct, then I will speak against that. I think a lot has been said about applying the rule of democracy, and my delegation, for one, understands that the rule of democracy is to be to give a chance to answer and make comments on some of the issues which have been raised by the Director-General and the Legal Adviser. If there is a motion I should like to speak against it.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Egypt. There is a clear motion before us. Would the Deputy Director-General please read the rule concerning closure of the debate.

The DEPUTY DIRECTORY-GENERAL:

Thank you, Mr President. Rule 63 reads as follows:

A delegate or a representative of an Associate Member may at any time move the closure of the debate on the item under discussion whether or not any other delegate or representative of an Associate Member has signified his wish to speak. If request is made for permission to speak against closure, it may be accorded to not more than two speakers, after which the motion shall be immediately put to the vote. If the Health Assembly decides in favour of closure, the President shall declare the debate closed. The Health Assembly shall thereafter vote only on the one or more proposals moved before the closure.

The PRESIDENT (translation from the Arabic):

I thank the Deputy Director-General, I believe that the delegate of Egypt asked to speak against the closure of the debate. I give him the floor as the first person to speak against the motion. The delegate of Egypt.

Mr EL-BARADEI (Egypt):

I think I did make my point clear. We thought that we were going to adopt the report without debate. A debate has been started, the Legal Adviser's opinion has been sought, the Director-General and the Regional Director have stated their opinions; my delegation thinks that it is fully our right, before any vote is taken, to answer and make comments on some of the issues; and if this motion is to be put to the vote, we shall vote against it.

The PRESIDENT (translation from the Arabic):

I thank the delegate of Egypt.

The delegate of Egypt has the right to speak against the motion, but we cannot open the debate before voting. Does any other delegate wish to speak against the closure of the debate? I see none.
We will now vote on the proposal of the delegate of the Libyan Arab Jamahiriya, namely the closure of the debate. Will delegates please raise their cards and keep them raised till we complete our counting?

Now, those in favour of the closure of the debate, please raise your cards. Thank you. Those against the closure of the debate please raise your cards. Thank you. Abstentions? Thank you.

Here is the result of the voting. Number of Members present and voting: 84. Number in favour of the closure of the debate: 49. Number against the closure of the debate: 35. Abstentions: 30. The motion for the closure of the debate is carried.

We will now consider and vote on the report of Committee B, as contained in document A33/47, on the Transfer of the Regional Office for the Eastern Mediterranean. The matter is now in front of the Assembly. Those who are in favour of the draft resolution, please raise your cards and keep them raised till we complete our counting. Thank you. Those against the resolution please raise your cards. Thank you. Abstentions? Thank you.

May I have your attention, please? Number of Members present and voting: 96. Number in favour of the resolution: 53. Number against the resolution: 43. Abstentions 20. The Assembly has thus adopted the resolution.¹

We have now come to the end of our meeting for today. I am sorry that it took so long. I understand that the time of the next meeting will be fixed by the General Committee today. The main committees will be meeting this afternoon.

The meeting is adjourned.

¹ For report, see p. 344.
SIXTEENTH PLENARY MEETING

Wednesday, 21 May 1980, at 9h10

Acting President: Dr A. N. ACOSTA (Philippines) later
President: Dr A. R. AL-AWADI (Kuwait)

1. STUDY OF THE ORGANIZATION’S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS (continued)

The ACTING PRESIDENT:

The Assembly is now called to order. As the first item on the agenda for this plenary meeting we shall consider the draft resolution on the study of the Organization’s structures in the light of its functions. You will recall that during the discussions on item 11 a number of delegates proposed amendments to the draft resolution included in the Executive Board’s resolution EB65.R12. A drafting group was therefore set up and all delegates who so wished were invited to attend. The group, under the chairmanship of Dr Samba, Chairman of Committee B, introduced a number of amendments to the draft proposed. You have the revised draft in front of you.

Are there any comments on this draft? There seem to be none. The resolution is therefore adopted.¹

2. THIRD REPORT OF COMMITTEE B

The ACTING PRESIDENT:

We now move to the third report of Committee B, as contained in document A33/48. This report contains one resolution, entitled "Health conditions of the Arab population in the occupied Arab territories, including Palestine".

Is the Assembly willing to adopt this resolution? I recognize the delegate of Israel.

Professor MODAN (Israel):

The distinguished delegate of Jordan so eloquently expressed just yesterday morning the hazard of political interference with health matters. I agree with him absolutely when he states that we physicians and other public health servants should be concerned primarily with the health of all people. As a physician who is directly associated with the provision of health services to the population of the Territories, as an epidemiologist who is quite familiar with the meaning of decreasing infant mortality in an evaluation of the utilization of health services, and as the Director-General of the Israeli Ministry of Health, I wish strongly to oppose both the spirit and the contents of the resolution you are going to vote on.

We resent the mixing of purely political issues with health matters. We regret that you are presented with a biased and a fallacious picture of the medical needs and the actual health status of the Palestinians in our population, a population that had been underprivileged for years under the occupation of Jordan and other States. The resolution disregards the comprehensive health structure achieved in the area, which has been clearly recognized by the WHO Special Committee that presented its report just two days ago. It neglects the practical recommendations of the Special Committee, looking for skeletons in a closet that does not exist.

Furthermore the resolution, in its paragraph 9, confronts a future group of medical experts with the impossible mandate to look for "the implications of occupation and the policies of the

¹ Resolution WHA33.17.
Israelj authorities, and their various practices which adversely affect the health conditions of the Arab inhabitants...". This is a hypocritically prejudiced term of reference which precludes the possibility that any decent and open-minded physician could attain an unbiased report for the study of the real health status in the area.

In other words, this atrocious resolution does not only contradict the facts recalled in the report of the WHO Special Committee of Experts, but, even worse, it gives the Committee a new task: not fact-finding, not an objective report, but a demand to substantiate predetermined charges. Could any physician present in this Assembly Hall undertake this task?

The resolution forces this distinguished Organization, that achieved its fame in constructing services worldwide, in setting standards for health delivery and for the control of disease, into an ugly political battle over issues that should be dealt with by the General Assembly of the United Nations. It is just another example of the grave dangers to the health systems when wrong priorities are chosen. The sponsors of the resolution do not care for the health of the Palestinian Arab, nor do they care for world peace. The resolution opens the door for an infinite number of fights and struggles - today, with regard to Israel, and tomorrow with regard to Afghanistan, Kampuchea or Iran.

Mindful of the basic principle laid down in the WHO Constitution which provides that the health of all people is fundamental to the attainment of peace and security, bearing in mind that the resolution refers exclusively to political issues that have no bearing on the health status of the population in the West Bank and Gaza and ignores totally the basic needs relevant to promoting and improving social, physical and mental wellbeing, I ask that this resolution should be voted upon in this meeting - voted upon and rejected by all those who sincerely care for the cause of health, for decency in international life, and for the image of the World Health Organization.

Fellow delegates, this meeting started with the unanimous proclamation of the conquest and eradication of a disease that for ages presented a threat to mankind. Let it not end with the initiation of a new malignant disease, the politicization of health affairs, a disease that has a short latent period, a very fast dissemination and from which no chemotherapy, no change in the immune system, not even the administration of interferon, will bring relief.

The ACTING PRESIDENT:

I thank the delegate of Israel. Somebody else wants to take the floor?

The resolution will therefore be put to the vote. All those in favour of the resolution, will they please raise their cards. Please hold them up until the count is made. All those against, please raise their cards. Those who abstain, please.

The result of the voting on the resolution is as follows: Number of Members present and voting, 74; votes in favour, 49; votes against, 25; abstentions, 22. The resolution is adopted.

I give the floor to the delegate of Austria.

Dr SAJDIK (Austria):

It is for an explanation of vote. My delegation has given deep consideration and reflection to the thrust of the resolution which has just been voted upon. My country is aware of the fact that the document which served as a basis for the resolution revealed several deplorable shortcomings in the health conditions in the occupied Arab territories which indeed need improvement. It is nevertheless our belief that the specialized organizations of the United Nations family should, within their own fields of competence, concern themselves with issues that truly can be solved and improved within the precincts of the work they carry out in pursuance of the constitutional goals. It is in this conviction that my delegation decided now to vote against the issue before us.

The ACTING PRESIDENT:

I thank the delegate of Austria. We now therefore approve the third report of Committee B.1

We will now adjourn for a few minutes, and then proceed to the next item in this plenary session.

The meeting was suspended at 9h25 and resumed at 9h35.

Dr Al-Awadi (Kuwait), President, resumed the presidential chair.

1 See p. 344.
3. PRESENTATION OF THE DR A. T. SHOUSHA FOUNDATION MEDAL AND PRIZE

The PRESIDENT (translation from the Arabic):

In the name of God Almighty, the meeting is called to order. I would like to thank Dr Acosta for presiding over the meeting on my behalf. We shall now consider the next item on our agenda - item 16: Presentation of the Dr A. T. Shousha Foundation Medal and Prize.

May I remind you that the Executive Board, after studying the reports of the Dr A. T. Shousha Foundation Committee at its sixty-fifth session, decided to award the Shousha Prize for 1980 to Dr Chaudhri Khurshid Hasan, for his outstanding contribution to public health in the geographical region in which Dr A. T. Shousha served the World Health Organization. On this occasion I should like to share with you some of my reflections on the late Dr A. T. Shousha, since a few of us were contemporary with whom we honour in our meetings. Dr Shousha was one of those people with unlimited faith in the mission of this Organization. As I mentioned on a previous occasion, in 1964 Dr Shousha was attending the Assembly held in this building and I was just beginning to represent my country here. One day when I was sitting with Dr Shousha he gave me some fatherly advice: he said that WHO has a much greater humanitarian mission than most people realize. He always hoped to see more and more young people convinced of this mission. In my discussion with Dr Shousha he told me a lot about what he himself had encountered or experienced in the establishment of WHO and other matters. I heard him say that "eventually in his life a man reaches one single hope, that is to die while serving the cause in which he believes". You may be astonished to know that he said that just one day before his death. He died the next day while attending the Assembly and Executive Board meetings. Today we commemorate Dr Shousha, whose personality has a very special place in the hearts of those who knew him.

Distinguished delegates, as you are aware, the Shousha Foundation award was established in memory of Dr A. T. Shousha, the first Director of the WHO Regional Office for the Eastern Mediterranean, and is given for outstanding public health work in that Region.

The award goes this year to a distinguished public health leader from the easternmost part of the Region - Dr Chaudhri Khurshid Hasan of Pakistan.

Dr Hasan, who determines and guides the health policy of Pakistan in his capacity as Secretary to the Ministry of Health, Social Welfare and Population, has held many positions of high responsibility in the health administration of his country. He has held successive appointments as Director-General of Health; Deputy Director, Army Medical Services; Commandant (Administrator), Armed Forces Medical College, Rawalpindi; and Surgeon General and Director-General of the Army Medical Services. He retired from the Army Medical Service of Pakistan with the rank of Lieutenant-General.

During his tenure of service with the armed forces, Dr Hasan gave a strong public health orientation to the army medical service. As Pakistan's Director-General of Health, he played a leading role in developing the country's statistical services and postgraduate education. The development of the Institute of Hygiene and Public Health in Lahore owes much to Dr Hasan's initiative. He reorganized the administrative machinery of Pakistan's malaria eradication programme, deploying the supervisory services in a most effective manner. It was under his leadership that the anti-malaria programme touched its high-water mark, and the parasite rate came down from 14.6% in 1961 to less than 1% in the years 1968 to 1970.

Dr Hasan is engaged currently in a major reorganization of Pakistan's family planning programme, which will be integrated in the country's maternal and child health services instead of being pursued as a vertical programme.

Dr Hasan is known to many of us as having been a member of the Executive Board and for many years head of the Pakistani delegation to the Regional Committee for the Eastern Mediterranean and the World Health Assembly. He has recently been appointed to the WHO expert advisory panels on health services and manpower development, and public health administration.

I have great pleasure in awarding the A. T. Shousha Prize to Dr Chaudhri Khurshid Hasan. I invite Dr Hasan to come to the rostrum.

Dr C. K. Hasan took his place on the rostrum.

Amid applause, the President handed the Dr A. T. Shousha Foundation Medal and Prize to Dr C. K. Hasan.
The PRESIDENT (translation from the Arabic):

I now give the floor to Dr Hasan.

Dr C. K. HASAN:

Mr President, Director-General, distinguished delegates, ladies and gentlemen.

In the name of God the beneficent and compassionate, I am so much overwhelmed with sentiments after having heard the applause of this august body on the award of the Shousha Foundation Prize and Medal to me, that I may not be able to express through appropriate words the gratitude I would have liked to express for the honour bestowed on me and my country.

I am grateful to the Shousha Foundation Committee for selecting me for the award and to the honourable delegates for their unanimous approval. I would be failing in my duty, on this occasion, if I do not pay tribute to the memory of that celebrated and talented public health personality of the Eastern Mediterranean Region, the late Dr Ali Tewfik Shousha, who also happened to be the first Director of the Eastern Mediterranean Region of the World Health Organization. His personal contribution to the development of public health services in his own country and in helping to create awareness among the Member countries in the Region of the prevailing health problems cannot be forgotten. This prize and medal continue to stimulate and encourage health workers in the Eastern Mediterranean Region to emulate the example and efforts of that eminent Egyptian doctor in the field of health and in sustaining the ideals for which he lived, worked and died. May I refer to the services he rendered to his own country, Egypt, as Under-Secretary of State of the Ministry of Health, for the establishment of public health laboratory services and control of communicable diseases, such as schistosomiasis and malaria, during the late '30s and '40s of this century and later in establishing a sound base of the Regional Office in Alexandria on which it has now grown to such a sound structure during the tenure of Dr Taba.

I in my own humble way in various capacities in which I have been engaged in the health services of my country over a period of 40 years, in both the civil and armed forces, have tried to promote the development of public health services and medical education, both undergraduate and postgraduate, at times drawing inspiration from the guidance and assistance of the World Health Organization. However, I never thought that my humble contribution would be acknowledged by this great Organization in this manner. With the recognition I have received today I feel more than rewarded in every sense.

Mr President, in the recent years WHO, under the guidance of its present dynamic Director-General, Dr Mahler, has brought about a significant change in the concept and spirit of its mission, a shining example of which is the Declaration of Alma-Ata and "Health for all by the year 2000", as already approved by Member nations. Due to this commitment health planning departments are humming with activity aimed at meeting the challenge of providing primary health care to people living in the social and geographical periphery who had so far been left to nature and for whom disease and disability were evils suffered through misfortune and bad luck, and the course of these could not be turned by human ingenuity. The search for indigenous medicines, appropriate technology, motivation of the community to participate in health activity through health training within the cultural environment of each community, organizing various types of training courses for health workers through different modules of appropriate training programmes suited to each country, hitherto beyond the conceptual comprehension of health leaders having received sophisticated medical education, are some of the developments which are marvels of this age. The extent of interdependence among regions and inadependence within regions between countries, and the extent of multilateral and bilateral cooperation which is now available in tackling health problems, irrespective of social and political differences, speak of the dynamic potentials of the Organization and its capability to motivate the political will of nations towards health for their peoples.

The World Health Assembly has been consistently, during the past few years, facing resolutions from concerned quarters seeking increased assistance to improve the health conditions of refugees and victims of armed conflicts, and the Assembly has been endorsing such requests. This indirectly means additional strain on the resources of WHO, diverting them away from the sacred goal of health for all by the turn of the century.

I am glad that the United Nations General Assembly has declared 1981-1990 as the International Drinking-Water Supply and Sanitation Decade and this very much indicates the realization by Member countries of the urgency of these requirements. Obviously WHO is destined to play a vital role in collaboration with other agencies for the success of the Decade.
Prevention of physical and mental disability and rehabilitation of the handicapped to an extent that would make them capable of leading a useful life is another aspect where attention needs to be focused to a greater extent than ever before. In these days of rapid industrialization in countries which had hitherto been largely agrarian, increased numbers of automobiles, stress and strain of modern life, there is extreme urgency for the prevention and rehabilitation of the physically and mentally handicapped.

As regards use of indigenous medicines and integration of indigenous with western medicine, which WHO is rightly advocating, I would like to bring to the notice of the Organization that the slogan in some countries is being misinterpreted. A clear policy directive on this could be useful. A study of the integration of the two systems in China may help in formulating a policy guide by WHO for countries who wish to make scientific use of indigenous medicines and indigenous systems of treatment.

Finally, Mr President, I once again wish to thank the Assembly for the honour given to me and assure the Organization that service to the cause of health will be a part of my life as long as I live. Amen! (Applause).

The PRESIDENT (translation from the Arabic):

Thank you, Dr Hasan, for your excellent speech. Distinguished delegates, you will certainly agree with me that we should express once again our sincere congratulations to Dr Hasan on winning this Prize in reward for his outstanding services and to commemorate an outstanding personality.

That brings us to the end of our meeting. The meeting is adjourned.

The meeting rose at 9h50.
SEVENTEENTH PLENARY MEETING
Friday, 23 May 1980, at 9h10

President: Dr A. R. AL-AWADI (Kuwait)

1. FOURTH REPORT OF COMMITTEE B

The PRESIDENT (translation from the Arabic):

The Assembly is called to order. In the name of God we open our seventeenth plenary meeting.

We shall consider the fourth report of Committee B, as contained in document A33/49. Please disregard the word "draft" which appears on this document, since the report was approved by the Committee on Thursday without amendment. This report contains five resolutions which I shall invite the Assembly to adopt, one by one.

Is the Assembly willing to adopt the first resolution entitled: "Periodicity of Health Assemblies"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution entitled: "Organizational study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution entitled: "Collaboration with the United Nations system: Agreement between WHO and the International Fund for Agricultural Development"? I would recall that, in accordance with Rule 72 of the Rules of Procedure, any decision on the approval of agreements bringing the Organization into relation with intergovernmental agencies shall be made by a two-thirds majority of the Members present and voting. I shall therefore put this resolution to the vote. All those in favour of the adoption of this resolution, please raise their card. Against? None. Abstentions? None. Since there are no objections or abstentions, may I take it that the Assembly gives its unanimous approval to this resolution? Would you indicate your approval by applause, please. (Applause)

Is the Assembly willing to adopt the fourth resolution entitled: "Health assistance to refugees and displaced persons in Cyprus"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution entitled: "Health and medical assistance to Lebanon"? In the absence of any objection, the resolution is adopted and the fourth report of Committee B is thereby approved.1

2. SECOND REPORT OF COMMITTEE A

The PRESIDENT (translation from the Arabic):

We shall now consider the second report of Committee A, as contained in document A33/50. Please disregard the word "draft" which appears on this document, since the report was approved by the Committee yesterday, without amendment. This report contains three decisions and four resolutions, which I shall invite the Assembly to adopt one by one.

With regard to item 24, "Sixth General Programme of Work covering a specific period (1978-1983 inclusive): Annual review and progress report on medium-term programming for the implementation of the Sixth General Programme of Work", Committee A decided to recommend to

1 See p. 344.
the Thirty-third World Health Assembly that it take note of Executive Board resolution EB65.R4 and express its satisfaction with the progress made in converting the Sixth General Programme of Work into medium-term programmes, as illustrated by the medium-term programme for comprehensive health services in document A33/7. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided.

Concerning item 25, "Changes in the programme budget for 1980-1981", Committee A decided to recommend to the Thirty-third World Health Assembly that it note the report of the Director-General on changes in the programme budget for 1980-1981. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided.

The last decision in the report of Committee A concerns item 26.2, "Development and coordination of biomedical and health services research: UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (progress report)". Committee A decided to recommend to the Thirty-third World Health Assembly that, having noted the progress report of the Director-General on the Special Programme for Research and Training in Tropical Diseases, it compliment the Director-General on the rapid and effective implementation of all areas of the Programme, express its pleasure with the significant progress already made and its appreciation for the scientific and financial contributions to the Programme by over 80 Member States, and request the Director-General to continue the development and operation of the Programme along the lines described in his progress report and also to continue to make budgetary provisions for the Programme to be used according to the approved priorities of the Programme. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided.

We shall now consider the four resolutions contained in this report. Is the Assembly willing to adopt the first resolution entitled: "Formulating strategies for health for all by the year 2000: Health as an integral part of development and of the New International Economic Order"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution entitled: "Development and coordination of biomedical and health services research"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution entitled: "Tuberculosis control"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution entitled: "Action in respect of international conventions on narcotic and psychotropic substances: Abuse of narcotic and psychotropic substances"? In the absence of any objection, the resolution is adopted and the second report of Committee A is thereby approved.1

3. FIFTH REPORT OF COMMITTEE B

The PRESIDENT (translation from the Arabic):

We shall now turn to the fifth report of Committee B, as contained in document A33/51. Please disregard the word "draft" which appears on this document, as the report was approved by the Committee yesterday. This report contains two decisions and three resolutions, which I shall invite the Assembly to adopt one by one.

The first decision concerns item 47.1, "United Nations Joint Staff Pension Fund: Annual report of the United Nations Joint Staff Pension Board for 1978". Committee B decided to recommend to the Thirty-third World Health Assembly that it note the status of the operation of the Joint Staff Pension Fund, as indicated by the annual report of the United Nations Joint Staff Pension Board for the year 1978 and as reported by the Director-General. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided.

The second decision concerns item 47.2, "United Nations Joint Staff Pension Fund: Appointment of representatives to the WHO Staff Pension Committee". Committee B decided to recommend to the Thirty-third World Health Assembly that it appoint the member of the Executive Board designated by the Government of Brazil as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of Mongolia as alternate member of the Committee, the appointments being for a period of three years. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided.

1 See p. 343.
We shall now consider the three resolutions contained in this report. Is the Assembly willing to adopt the first resolution contained in this report, entitled: "Health legislation: Strengthening WHO's health legislation programme"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution entitled: "Health legislation: Reservations to the International Health Regulations (1969)"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution entitled: "Recruitment of international staff in WHO"? In the absence of any objection, the resolution is adopted and we have thereby approved the fifth report of Committee B.1

4. THIRD REPORT OF COMMITTEE A

The PRESIDENT (translation from the Arabic):

We shall now take the third report of Committee A, as contained in document A33/52. This report contains one decision and two resolutions which I shall invite the Assembly to adopt, one by one.

Concerning item 29, "Malaria control strategy (progress report)", Committee A decided to recommend to the Thirty-third World Health Assembly that, having reviewed the progress report by the Director-General on the malaria control strategy, the Thirty-third World Health Assembly note that the Executive Board will undertake a more detailed study on the implementation of the strategy. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided.

Is the Assembly willing to adopt the first resolution entitled: "Workers' health programme"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution entitled: "Infant and young child feeding"? The delegate of the United States of America has asked to speak on this subject, and I wonder if he still wishes to take the floor. You want to take the floor after adopting the resolution? Is there any objection? In the absence of any objection, the resolution is adopted and the third report of Committee A is thereby approved.2

I now invite the delegate of the United States of America to make his comments. Will you please take the floor.

Dr BRYANT (United States of America):

I have just a brief comment to make on the resolution on infant and young child feeding, which we fully support. As I said yesterday in Committee A, my Government has asked me to note for the record our concern that any code should be developed through a process of intergovernmental negotiation and that the process that has been approved here should not necessarily serve as a precedent for the development of other codes in the United Nations system. We deeply appreciate the statements of the Secretariat regarding the participation of governments in this process; we fully support the resolution on infant feeding, and the United States Government will do its very best to assure its success.

The PRESIDENT (translation from the Arabic):

Thank you, the delegate of the United States of America. Your comments will be included in the record of the meeting.

5. SIXTH REPORT OF COMMITTEE B

The PRESIDENT (translation from the Arabic):

We shall now consider the sixth report of Committee B, as contained in document A33/53. The report contains two resolutions and one decision. I shall invite the Assembly to adopt them one by one.

1 See p. 345.
2 See p. 343.
Is the Assembly willing to adopt the resolution entitled: "Collaboration with the United Nations system: Cooperation with newly independent and emerging States in Africa: Liberation struggle in Southern Africa - Assistance to front-line States"? Are there any comments or objections? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the resolution entitled: "Collaboration with the United Nations system: Cooperation with newly independent and emerging States in Africa - Assistance to the Republic of Zimbabwe"? Are there any objections? In the absence of any objection, the resolution is adopted.

Regarding item 31, "Clean water and adequate sanitation for all by 1990", Committee B decided to recommend to the Thirty-third World Health Assembly that it request the Director-General, in implementing WHO's technical cooperation as outlined in his report, to give particular emphasis to strengthening the role of national health agencies and to the application of primary health care principles in supporting national action for the International Drinking-Water Supply and Sanitation Decade (1981-1990). Committee B further recommends to the Health Assembly that it request the Director-General to continue close cooperation with official donor agencies and international development banks to help in attracting additional external funding, and to cooperate with Member States as appropriate in following up the meeting of these agencies to be held at WHO headquarters in June 1980. Is the Assembly willing to accept this recommendation? In the absence of any objection, it is so decided, and the sixth report of Committee B is thereby approved.1

6. SEVENTH REPORT OF COMMITTEE B

The PRESIDENT (translation from the Arabic):

The seventh report of Committee B contains one resolution as stated in document A33/54. I shall now invite the Assembly to adopt it.

Is the Assembly willing to adopt the resolution entitled: "WHO's programme on smoking and health"? Are there any objection? In the absence of any objection, the resolution is adopted, and the seventh and last report of Committee B is thereby approved.1

7. THIRD REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the Arabic):

We shall now consider the third report of the Committee on Credentials, which held its meeting this morning. I invite Dr Bjarnason to present the third report on behalf of the Committee.

Dr Bjarnason (Iceland), Rapporteur of the Committee on Credentials, read out the third report of that Committee (see page 340).

The PRESIDENT (translation from the Arabic):

Thank you, Dr Bjarnason. Are there any comments on the third report of the Committee on Credentials? There are no requests to speak. We take it that the Assembly approves the report and it is so decided.

8. SELECTION OF THE COUNTRY OR REGION IN WHICH THE THIRTY-FOURTH WORLD HEALTH ASSEMBLY WILL BE HELD

The PRESIDENT (translation from the Arabic):

We shall now consider the last item on our programme for today - the selection of the country or region in which the Thirty-fourth World Health Assembly will be held. I would like to draw the attention of the Assembly to the fact that, under the provisions of Article 14 of the Constitution, the Health Assembly, at each annual session, shall select the country

1 See p. 345.
or region in which the next annual session shall be held, the Board subsequently fixing the place.

As there is no invitation from any Member State to hold the Assembly elsewhere, I propose that the Thirty-fourth World Health Assembly be held in Switzerland. Are there any comments? There are none. It is thereby so decided.

The meeting will now be adjourned for about 20 minutes and we hope to resume at about 10h00, if possible, for the final plenary session. The meeting is adjourned.

The meeting rose at 9h40.
EIGHTEENTH PLENARY MEETING

Friday, 23 May 1980, at 10h15

President: Dr A. R. AL-AWADI (Kuwait)

CLOSURE OF THE SESSION

The PRESIDENT (translation from the Arabic):

In the name of God, the Gracious, the Merciful, we open the closing plenary meeting. A number of delegations have asked to speak and I shall give them the floor one after the other. May I ask them to deliver their speeches from the rostrum. The first speaker is Dr Madiou Touré, Senegal. You have the floor, sir.

Dr Madiou TOURÉ (Senegal) (translation from the French):

Mr President of the Thirty-third World Health Assembly, Director-General and Deputy Director-General of the World Health Organization, Regional Directors of the World Health Organization, Ministers, honourable delegates, ladies and gentlemen, it is no chance that the noble and impressive setting of the Palais des Nations was chosen as the venue for the deliberations and closing meeting of the Thirty-third World Health Assembly. This building, which has witnessed the history of the United Nations, is a symbol of the will of the peoples of the world to live as brothers in freedom and equality.

That high ideal has pervaded our discussions on the different subjects before us. While all those subjects are worthy of attention, I should like to dwell particularly on the ones which seem fundamental to the attainment of the social objective of WHO, that is, health for all by the year 2000. First I should mention the New International Economic Order. If one were to take a close look at the history of the sociology of development, it would be easy to see the reasons for the disappointing results of all attempts to restore the world economic system to a state of dynamic equilibrium. Since 1961, when the programme for the United Nations Development Decade was announced, and 1975, when a declaration was made concerning the establishment of a New International Economic Order, neither the North-South dialogue through the United Nations Conference on Trade and Development, better known as UNCTAD, nor the negotiations within the Organization of Petroleum Exporting Countries (OPEC) following the oil crises of 1973 have succeeded in deciding the developed countries to take the firm action needed to convince the Third World of their will to work towards balanced, overall development ensuring a just distribution of resources among nations and within nations. I believe that our present lack of direction stems from the fact that culture is always left in the background and that the establishment of a new cultural order is being set aside. But man is the beginning and end of all activity; man is the concept and provides the motive force. Thus there will be no New International Economic Order unless a new social and cultural order is first created. The initial dialogue must be one between cultures, so that a better understanding and acceptance can be reached of our differences, which will necessarily be complementary if there is to be a constructive modification of ideas and a dynamic symbiosis of the values of all continents, culminating in our objective, universality. This is the only way to ensure that mankind, at last restored to love, respect and dignity, can have confidence in its destiny. Our goal, however, is still distant. Before it can be reached, many more victories must be won in the peoples' struggle for interdependence, in the war waged against apartheid in the name of human dignity and in the battle for human rights. All this provides ample justification - if any, were needed - for the resolutions adopted by the Assembly on these still burning questions.

When we accept the definition of health as a state of complete social, mental and physical wellbeing, and when we utter the cry of hope: "Health for all by the year 2000", are we not at the core of our Organization's social objective? It is against this background that health
must make its contribution to the New International Economic Order, which was the subject of the Technical Discussions at this Assembly. The conclusions reached were heartening. Suffice it for me to mention the priority given to the Declaration of Alma-Ata concerning primary health care and the new health strategies formulated for achieving health for all by the year 2000. Ensuring an acceptable level of health in the community means supplying, for the greater benefit of development, the human energy necessary for useful and socially productive work, which alone can bring about development.

Our determination to establish a New International Economic Order is stimulated by this statement made by the General Chairman of the Technical Discussions:

"Health as a universal human value, as an inalienable right of man and basic necessity for a fulfilled and happy life, is evolving into a banner and symbol of rapprochement among peoples, irrespective of their economic and social systems, and of their desire to strive for common objectives. The struggle for health is a standing repudiation of the arms race and an appeal for that indivisible peace to which all peoples and nations have a right, no matter what their level of social and economic development, their geographical extent, their population or their natural wealth. Health is undoubtedly one of the human values most intimately bound up with the struggle for world peace and most in need of progressive strengthening of international détente and cooperation among peoples."

There we have a very good reason for the importance we have attached to matters as basic as those discussed during the Thirty-third World Health Assembly.

Development and coordination of biomedical and health services research have revealed the abyss that still exists between the developed countries and those which hope to become so; for we still have in the centre the brain and advanced technology, and at the periphery the hands and fields of application. Happily, the resolution adopted on this point emphasizes the need to build up the medical and health research capability of the developing countries in its various forms, ensuring that each collaborative research activity is directed towards human progress. An illustration is provided by the special programme for research and training in the six tropical diseases (malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy), which take such a toll of the human resources essential to our development. If I am gratified to note the importance accorded by the meeting to research in general and biomedical research in particular, it is because I have faith in man's essential wisdom; for "knowledge without conscience is the destruction of the soul".

The health indicators which are most pertinent and illustrate most vividly the gap between rich and poor countries are without doubt infant and maternal mortality rates. It is well known that those rates are abnormally high in developing countries, which explains our special interest in maternal and child health, within the meaning of Article 2 (1) of the WHO Constitution: "to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment". This is the context, as we see it, of our resolution concerning infant and young child feeding.

Honourable delegates, those are a few of the many matters dealt with during this Thirty-third World Health Assembly. There are obviously others which continue to cause concern, such as safe water supplies, environmental sanitation, control of narcotic and psychotrophic substances, etc. But as an old African proverb says: good intentions and fine words are useless without good deeds. As our Director-General, Dr Mahler would say, we must act, and act now. Indeed, activities are under way all over the world as part of the drive to provide health for all by the year 2000. These efforts need to be made more efficient through improved management. The importance of proper organization of and a methodical approach to the efficient administration of health services cannot be stressed too much.

Mr Director-General, the resolution on the study of the structures of WHO in the light of its functions can be seen as a positive response to the question you are continually asking the Member States, that is, "What kind of WHO do you want?" I think I can safely say on behalf of the countries of the African group that we want a more decisive Organization, one rendered more stimulating by its assimilation of national peculiarities, one which is unified in its concepts and decentralized in its activities, and generous because supported by active international solidarity and dynamic technical cooperation; in short, a WHO that will be a model among all the specialized agencies of the United Nations. I am sure, Mr Director-General, that you also earnestly wish to see WHO in this light and that you will spare neither your time nor your own health to make it so.

It is my wish to see our faith in the future of humanity shared by all, though the present international scene gives little encouragement. We must believe in mankind: the eradication of smallpox is a fine example of what can be done.
After three weeks of exceptionally hard work, of reflection and of valuable human contacts which have led to a better knowledge and understanding of each other, we must now leave, not without regret, this beautiful, interesting and gracious city of Geneva. It is said that to leave is to die a little - to leave a little of oneself behind. But I would add that it is also to gain something, to live. We are leaving perhaps not full of hope, but at least more determined than ever to act to enhance the lives of our peoples.

Before I finish I should like to express the thanks of the African group to the interpreters, to the messengers who have been so helpful and to the technicians and other indispensable workers behind the scenes. To you, honourable colleagues, who have made such a brilliant contribution to the work of the Assembly, I wish a safe return home and much courage in your effort to achieve health for all by the year 2000.

The PRESIDENT (translation from the Arabic):

Thank you, Dr Touré. I now give the floor to Dr García Barrios, Venezuela.

Dr GARCÍA BARRIOS (Venezuela) (translation from the Spanish):

Mr President, Director-General, Deputy Director-General, distinguished delegates, ladies and gentlemen, may I first say how grateful I am to my fellow delegates from the countries of the Americas for granting me the honour of speaking on their behalf at the closing meeting of the Thirty-third World Health Assembly. There can be no doubt that this major conference has provided all the countries in the world with a remarkable opportunity to unite in the common resolve to attain for our peoples the highest possible level of health and well-being.

Over the past three weeks our highly constructive discussions, held in a climate of harmony and mutual understanding, have endorsed the principles of solidarity and interdependence among countries for the promotion of health and social justice and for the full development of individuals and communities. Despite our political, economic, social and cultural differences we are all agreed that the present level of health of hundreds of millions of people in the world is unacceptable, and we have reaffirmed our determination and our obligation to ensure that the citizens of every country attain, within a given period, a level of health which enables them to lead socially and economically productive lives. This is in accordance with the spirit and meaning of the Declaration of Alma-Ata, considering primary health care as an integral part of the health system of each country and of the social and economic development of the community.

We are aware that time is short and that the obstacles to be overcome in achieving our goal are considerable. This Assembly, however, has demonstrated by the tenor of its deliberations and the character of its decisions its unshakeable faith and its determination to put into effect the social objectives to which we are all committed. It is evident from the reports presented by the distinguished delegates that in all or almost all countries there has been a new impetus towards the execution of the policies, strategy and plans drawn up by the Organization.

Speaking for the countries of the Region of the Americas, definite steps have been taken, with the indispensable help of the governing bodies and the administration of the Regional Office, towards the provision of basic health services for needy populations, particularly in rural areas and marginal sectors on the outskirts of cities, applying the principles of primary health care, community participation and the strengthening of the more specialized levels of national health assistance.

We strongly believe that the measures taken in our countries to make primary health care available to all the population impartially must be speeded up, extended and consolidated over the next few years. This has been included as a priority in the health policies of most of the governments in the Region, taking into account the invaluable support of the communities and the participation of other development sectors. The productive discussions held on the various items of the agenda have led to the adoption of resolutions of major importance; and it is now up to the individual countries which we represent to provide the impetus needed to give them optimum effect. For this we must draw upon our own resources and present capacities with the scientific, technical and administrative cooperation of WHO.

Mr President, may I offer to you and to my fellow Vice-Presidents, the committee Chairmen and other officers our sincere congratulations and thanks for all the work involved in the running of this great Assembly. We wish to express our gratitude to the Director-General and to the representatives of the Executive Board for the invaluable information they provided and for the documents and technical studies which have guided and assisted us in our consideration of the different items on the agenda. We should also like to thank the Regional
Director for the Americas and the other Regional Directors, together with the experts who helped draw up the basic reports, headquarters technical, administrative and secretarial staff and the interpreters; not forgetting the intergovernmental and nongovernmental organizations and all the individuals and institutions which in one way or another have provided assistance and cooperation for the conduct of our activities.

Finally, may we pledge once more our friendship for the distinguished delegates from all countries, with whom we have shared the splendid task of working towards the social, mental and physical health of our peoples.

The PRESIDENT (translation from the Arabic):

Thank you, Dr García Barrios, for your statement. I give the floor to Dr Mohammed Younus Dewan, Bangladesh.

Dr DEWAN (Bangladesh):

Mr President, Mr Director-General, Deputy Director-General, Regional Directors, distinguished delegates from the different countries of the world, I take it as my proud privilege and great honour and pleasure to speak on behalf of my fellow delegates from the South-East Asia Region at this closing session of the Thirty-third World Health Assembly. We should like to express our deep regard and tribute to the President of the Assembly for the able and judicious manner in which he has conducted the proceedings of the Assembly.

This Assembly has witnessed many significant developments, of which the certification of eradication of smallpox is the most significant and monumental in the history of health. This unique success has reassured many countries in placing their trust and confidence in the technical, administrative and coordinating ability of WHO as well as in the hope of dealing with other dreadful diseases in the future.

Besides smallpox, this Assembly has, among other things, very fruitfully discussed subjects such as health for all by the year 2000, infant and young child feeding, etc., and it appeared from the discussions that health for all may be within the reach of attainment by the various nations within that specific period, i.e. by the year 2000, and this beautiful world will be a really healthy place to live in by that time.

For all these good works, and the preparation of the excellent documents for the Assembly, we must express our deep regard and respect for the WHO Secretariat, especially its dynamic Director-General, Dr Mahler, the Deputy Director-General, Dr Lambo, and all those officers and staff who have worked behind the scenes so laboriously, with acumen and judgement, to produce such beautiful and valuable documents.

Here again, the Member States of the South-East Asia Region wish to record their appreciation of Dr Gunaratne, the Regional Director, for the harmonious way he has worked to face and tackle the problems of the Region.

The Chairman of Committee A and Committee B deserve my special regards for their able and beautiful conducting of the Committee meetings.

Before I conclude, I must congratulate the distinguished and learned delegates from different parts of the world who, by their educative, illuminative speeches, have enlightened the whole Assembly and kept it going on in a smooth and harmonious way.

Finally, Mr President, I wish you and all fellow delegates "God's blessings!" - Khuda Hafes!"

The PRESIDENT (translation from the Arabic):

I thank Dr Dewan and give the floor to Dr Violaki-Paraskeva, Greece. You have the floor, Dr Violaki-Paraskeva.

Dr VIOLAKI-PARASKEVA (Greece):

Mr President, Director-General, Deputy Director-General, Assistant Directors-General, Regional Directors, dear colleagues, ladies and gentlemen, it is a great honour for my country, Greece, that I have been asked to be the spokesman or - if you prefer - spokeswoman, on this occasion, for the countries of the European Region.

The present, Thirty-third, World Health Assembly has come to a close after successful discussions on the planned agenda in an atmosphere of cordiality, demonstrating the friendship between the delegates from different countries all over the world.

Looking back on the work of the Health Assembly during the last three weeks, useful views and opinions have been exchanged on health problems of common concern, and a number of
resolutions and decisions have been adopted which will make contributions to the development of the work of WHO and to our goal of the attainment of health for all by the year 2000, whose aim is to ensure the best productive and healthy life for all people.

The resolution, "Formulating strategies for health for all by the year 2000: health as an integral part of development and of the New International Economic Order", is a very important one, reaffirming that health is a powerful lever for socioeconomic development and for peace, and stressing the role of WHO in promoting such a process.

The resolution for the "Study of the Organization's structure in the light of its functions" is very important, and the European Office took a very active role in the background preparatory information for it.

Our Director-General, in his outstanding address in presenting his report for 1978-1979 to the Thirty-third World Health Assembly, asked us, as representatives of our governments, four questions. I think we, in the European Region, can give an affirmative reply, because in the past we had good examples to verify the efforts made by all European countries, in spite of having different economic, social and cultural characteristics. Because we have characteristic respect among us and we take an active and responsible part in health matters.

The success of this Assembly must be attributed to you, Mr President, to the Vice-Presidents who have assisted you in your task, to the Chairmen, Vice-Chairmen and Rapporteurs of the committees, the members and representatives of the Executive Board, and the officers of the Technical Discussions.

I should not be forgiven by my colleagues, nor myself, if I omitted to express our thanks to the Director-General, Dr Mahler, and to the Deputy Director-General, Dr Lambo, who inspire us with enthusiasm, each one in his own way, and to the staff of WHO, from the highest to the lowest, for their supreme patience and efficiency, and to our interpreters, without whom our deliberations would have been impossible. Permit me to say that we in the European Region thank our Regional Director, Dr Kaprio, who in a very discrete and invisible manner guides and coordinates our work.

Delegates from the European Region wish, on this occasion, to say farewell and extend their thanks to all retiring personnel of this Organization for their enormous work for our Organization, and particularly to our conference officer, Mrs Marilou Howard-Jones, and to the Assistant Director-General, Dr Flache, they being among the oldest staff of WHO - not by age, by any means!

Mr President, I hope that some prize has been left for me also in the meantime, because I was not very long. And, with your permission, I should like to ask Dr Lambo, if he does not mind, to apply to myself Rule 89 of the Rules and Procedures and let me express my few goodbye words to all of you in Greek: Kalé tyche, "Good luck"; Eutychia, "Prosperity"; Hygia, "Health"; Kalé antamosè, "Till we meet again"; and Euharisto, "Thank you" - "Shukran" to you, Mr President!

The PRESIDENT (translation from the Arabic):

Thank you, Dr Violaki-Paraskeva. I now give the floor to Mr Hassan Al-Dabbagh, Ambassador of the State of Kuwait. You have the floor, sir.

Mr AL-DABBAGH (Kuwait) (translation from the Arabic):

In the name of God the Gracious, the Merciful.

Mr President, Mr Director-General, Deputy Director-General, ladies and gentlemen, on behalf of the delegations of the Arab States, Members of the League of Arab States who participated in the Thirty-third World Health Assembly, I have the pleasure to join the other delegates who have expressed their feelings about this meeting. I have the pleasure to express the satisfaction of members of the Arab delegations for the way in which you conducted the meetings of this Assembly. We believe that the results achieved, in spite of the problems encountered in our meetings, demonstrate the extent of our belief that the work of our Organization should always be at the same high level as the objectives that the Organization had set itself.

Mr President, you will certainly have noticed that nobody has spoken this year on behalf of the Eastern Mediterranean Region. This is because the Members of that Region are in a most unenviable position. I believe that by resolution WHA33.16 the Assembly has done a great wrong to the Eastern Mediterranean Region. Since we have adopted resolutions that affirm the sovereignty and independence of the regions to take their own decisions in accordance with Article 50 of the Constitution of our Organization, we regret that the Assembly has also adopted a self-contradictory resolution, contrary to the spirit of the
discussions which took place about changing the method of work in our Organization so as to give more independence to the regions. This injustice must be recorded in WHO records. We sincerely hope that this injustice will not last, and that our Region will be free to decide its own destiny, in accordance with the wishes of the majority of its members, at the Thirty-fourth World Health Assembly.

I must mention, on behalf of the members of the Eastern Mediterranean Region, that we have always been on the best of terms with our Regional Director; we appreciate Dr Taba very much. Unfortunately, our present circumstances do not permit the Arab States in the Region to deal with him as the chief of the executive body in the Eastern Mediterranean Office as long as this Office is located in Alexandria. Until the Office is transferred to Amman, Jordan, we shall deal directly with Dr Mahler, WHO Director-General. We are all aware of the difficulties created by resolution WHA33.16 for the Director-General and his Secretariat, but we are convinced of his deep commitment to serve every Member of the Organization in such a way as to continue the services pledged by WHO to the members of the Region. We sincerely hope that the difficulties faced by Dr Mahler will not last and that the situation will return to normal.

Finally, I wish to express to you, Mr President, our personal appreciation and pride in having an Arab president who skilfully conducted the meetings of our Assembly. I want to extend my appreciation to the Vice-Presidents and the Chairmen of the committees for the way they carried out their tasks. I wish our Organization every success and progress, and express full appreciation to all its staff. I wish you all a safe return to your countries and until we meet again, next year, I wish you all good health. Thank you. (Applause)

The PRESIDENT (translation from the Arabic):

Thank you Mr Al-Dabbagh. I now give the floor to Professor Xue Gongchuo, China.

Professor XUE Gongchuo (China) (translation from the Chinese):

Mr President, Director-General, Vice-Presidents, Deputy Director-General, Honourable Ministers, Regional Directors, distinguished delegates, ladies and gentlemen.

It is indeed a great honour for my country and for myself to address the closing session of the Thirty-third World Health Assembly on behalf of the distinguished delegates from the Western Pacific Region.

At the start of this Assembly we put ourselves to the task of reviewing once more the work of our Organization. Indeed, we deliberated on the Organization's structure in the light of its functions. The views and opinions expressed on the various items discussed during this Assembly have again confirmed our common concern about achieving health for all by the year 2000. We in the Western Pacific Region are glad to put on record that we shall do our utmost to achieve the goal of health for all by the year 2000, not only through our own efforts but also through the exchange of collective efforts in the spirit of technical cooperation in accordance with the WHO concept which fosters cooperation among the countries themselves, so that together we make a lasting impact on health development.

This Thirty-third World Health Assembly was particularly marked by its historic declaration of the eradication of smallpox. I am sure my distinguished colleagues will agree that this is only one chapter of our voluminous task if we want to achieve our goal of health for all by the year 2000. The lessons we learned from the eradication of smallpox - both technical and political - should provide us with the necessary tools and guidelines to carry out our future tasks. We learnt particularly that collective effort and collaboration are necessary if we want to achieve our goals.

Mr President, allow me on this occasion to extend to you and all the officers of the Thirty-third World Health Assembly our sincerest gratitude for the efficient and excellent manner in which you and your colleagues have conducted the deliberations of this Assembly.

On behalf of my distinguished colleagues from the Western Pacific Region, I would like to extend our profound appreciation to the Director-General and his staff for their guidance, cooperation and assistance. We thank all those behind the scenes in the supportive services for the smooth operation of this Assembly. I wish particularly to thank Dr Hiroshi Nakajima, our Regional Director for the Western Pacific Region for his leadership in the work of the WHO Regional Office and for his ready assistance and guidance. Finally, we also wish to express our thanks to the Federal Government of Switzerland, and particularly to the Canton of Geneva, for the hospitality which made our sojourn a memorable one.

We are happy to have been able to participate in the deliberations of the Thirty-third World Health Assembly. The resolutions adopted by this Assembly, I am sure, will be
communicated upon our return to our respective governments and I can assure you, Mr President, that we shall do our best to contribute our share to the collective universal effort to achieve health for all by the year 2000.

Mr President and distinguished delegates, we bid you farewell and wish you a safe and pleasant journey home.

The PRESIDENT (translation from the Arabic):

In the name of Almighty God, ladies and gentlemen, it gives me pleasure to address you at the closing meeting of this Thirty-third World Health Assembly.

Thanks to God, and with your sincere support and cooperation, we have been able to bring this Assembly to a happy conclusion and to achieve the hoped-for success. The spirit of goodwill shown by every member of this Assembly has had the greatest effect on the constructive action we have taken and the objective decisions we have reached, always in an atmosphere of sincere cooperation and full understanding of the health problems that face mankind in this world. This cooperation has been clearly reflected in the plenary meetings and the discussions on the Director-General's and the Executive Board's reports. As compared with previous Assemblies we have saved a lot of time in these discussions. I hope you have accepted my idea that an award should be given to the briefest speaker in the discussion on the Director-General's and the Executive Board's reports. I have heard from some colleagues that the award came as a surprise to them, and I meant the award to be a surprise to everyone this time. Had I announced the awards from the beginning our discussions would have been over in record time. As I have already told you time is precious here, human life is measured in terms of time, and every hour is very costly for the Organization. I therefore request the Director-General to continue presenting three awards every year for the briefest statements in the discussions on those two items. If the Organization's budget does not permit this I believe he would have no objection to paying for the awards out of his own pocket, provided it saves the Organization's time and hence money, which the Director-General has always been keen to save.

I would like in this connexion to announce to you that I have agreed with the Director-General, Dr Mahler, and the Deputy Director-General, Dr Lambo, that we start a new tradition at the opening of subsequent World Health Assemblies each year. This new tradition may be a surprise to you. The Director-General and his Deputy are to be dressed in the official national dress of the President of the Assembly. We have accordingly agreed that on opening the Thirty-fourth Assembly next year the three of us will be wearing traditional Arab dress. The President elect of the Assembly will of course provide the dress for the Director-General and his Deputy. I request the Assembly to approve this new tradition by acclamation.

(Applause)

You will no doubt agree with me that our Thirty-third Assembly this year has been a historic one in that we have taken major decisions which affect the life of every human being in the world and concern his health and prosperity. One of the most important events has undoubtedly been the declaration of the global eradication of smallpox and the final signing of the death certificate of that disease. Major decisions have also been taken on our programmes and on the methodology of action for the coming years. Our Assembly has also been historic in that we have taken a major decision on the review of our Organization's structures in the light of its new functions as these relate to the intensification and coordination of efforts to attain health for all by the year 2000. Any man must feel proud and happy when, with the help of God, he manages to achieve something for the benefit and happiness of his fellow men.

It is not unusual for meetings of international organizations sometimes to run into difficulties. Participants may differ in their approach to certain goals. Although our Assembly this year had no small share of such difficulties and although we may sometimes have differed heatedly in our views or strongly criticized one another, it is a heartening thought that, whatever our differences in approach to our objectives, we have never differed - and, God willing, never shall differ - on the subject of the essential task that we have been given by the peoples of the world we have the honour to represent, that of collectively and cooperatively making every possible effort to provide every human being in this world with health, well-being and prosperity. Naturally there can be no differences concerning such a noble objective, though we may differ in our ways of attaining it.

Some people may imagine I am among those who have been attending the Organization's meetings longest. But certain of our honourable colleagues have attended them longer than I have. Since I have been regularly attending these meetings of the Organization since 1963,
EIGHTEENTH PLENARY MEETING

I believed I had learnt everything about them, but I found there is always something more for one to learn. Many things were new to me, but with the assistance of my aides, the Director-General and the Deputy Director-General, and thanks to the way in which the excellent Secretariat arranged and organized our meetings, I have been able to learn a lot. I am sure that every one of you has also learnt things and has extended his knowledge of the work of this humanitarian Organization. I also hope that we have learnt how to understand one another better.

Please forgive me for speaking at some length. I have spent a great deal of time listening to you and I hope you will give me a little of your time to share my thoughts with me.

After all the discussions, I believe we now have a greater will to make health a way and mode of life for every individual in this world. Discussions and cogent argument, together with unremitting and expedient action, are the means through which we should invariably work in pursuit of our noble objective, about which I am sure we are all agreed, of achieving health for all through the attainment of our national, political and social aims.

It is our responsibility to work at all levels and in every field, endeavouring to influence everyone whether they be close to us or far distant, old or young, man or woman, and to stimulate them in their endeavours and to invite them actively to participate with us in creating a world in which the banners of prosperity, friendship, well-being and health are held aloft.

As I have said, we are capable of overcoming many difficulties and of dealing with a number of diseases - the eradication of smallpox being one example of this. We have found out many of the unknown aspects of disease and many secrets of the universe. But what we have not yet managed to do is to understand ourselves, to overcome the selfishness of man and his desires and instincts. How can we strengthen the holy aspects of this human self which is created at once holy and sinful, and strengthen belief in them in order to overcome its sinful aspects, in this present-day world which is going through a period of the ascendancy of self? The rising generation is utterly at a loss and appeals to us to light it on its way and lead it by the hand to a more harmonious and less contradictory world.

Just as a man needs a physician to deal with his ailments, so I believe the world needs the World Health Organization to play a more active part in showing us how to escape from this painful conflict, which concerns every single individual in the world.

I believe then that the World Health Organization has this almost impossible part to play. This is a task for devoted workers, who seek to create a better world for mankind.

It is my ardent hope that we should support our Organization in its endeavour to assume this leading role in the service of man.

Ladies and gentlemen, I have listened to the statements made by the representatives of the Member States attending this Assembly and been overwhelmed by the kind expressions of approbation and commendation they have addressed to me. I feel I have no right to that approbation and commendation, however, and that they ought to have been addressed to you, who by your sincere cooperation with me, the Vice-Presidents, the committee Chairmen, the Chairman of the Technical Discussions and all the working groups formed in this Assembly, have enabled us to achieve remarkable results at our meetings, and to take major decisions for the well-being of people all over the world.

On behalf of myself, of the Vice-Presidents, of the committee Chairmen and of every individual whom you gave responsibilities to discharge in this Assembly, I have the honour to express my gratitude to you all. I should like on this occasion to express my thanks and appreciation to the Director-General, Dr Mahler, his Deputy, Dr Lambo, his assistants, the officers of the Assembly and everyone who has contributed to the efficient preparations for and work of this Assembly and to the successful conclusion of our meetings. Nor must we forget of course our brothers and sisters the interpreters, those unknown soldiers working behind glass doors and rendering us most valuable services. Though there may have been occasional interpretation difficulties, without those unknown soldiers we should not have been able to communicate with one another in this hall or other assembly halls, and without that communication we should not have reached any decisions or have achieved any cooperation. I should therefore like, on behalf of you all, to express our thanks and appreciation to the interpreters. I should also like to commend the efforts of all the members of the Secretariat, who have been working tirelessly day and night to supply our meetings with the fruit of their long experience and sincere efforts - all the members of the Secretariat, without distinction between seniors and juniors, since they are all dedicated to work for the success of our meetings. Our thanks and appreciation go to all of them.
I should like to thank the authorities of the Canton of Geneva for the facilities they have provided us with as host to this Assembly and for their contribution to its success. Thanks are also due to the United Nations for accommodating the World Health Assemblies in this magnificent Palais des Nations and for enabling us to discuss the problems and miseries of the world in its spacious halls. From these halls proceed the light of knowledge and the springs of justice, and in them people come together without distinction of race, religion, colour, ideology or creed. Whatever political or ideological differences there may be, everyone here is working here for the same objective: the well-being of mankind as a whole.

I hope I have not left out anyone to whom my thanks are due. If I have, the omission is unintended and I apologize for it.

Before I conclude, it is my agreeable duty, I believe, to repeat our congratulations and cordial good wishes to the new Member States, San Marino and Zimbabwe, on the occasion of their joining our Organization - an event which takes us one more step along the road to our esteemed Organization's universality. I hope our Organization will continue its endeavours to give everyone in this world of ours the benefit of its humanitarian services.

In conclusion I pray to God that our meetings may always be successful in bringing health and well-being to every individual in this world.

I wish you all - may God be with you - a safe return to your home countries, so that you may continue your work for the welfare of your people. I wish you good luck, now and every year. The Thirty-third World Health Assembly is now closed. Thank you. (Applause)

The session closed at 11h15.
COMMITTEE REPORTS

The texts of resolutions and decisions recommended in committee reports and subsequently adopted without change by the Health Assembly have been replaced by the serial number (in square brackets) under which they appear in document WHA33/1980/REC/1. Summary records of the meetings of the General Committee, Committee A and Committee B appear in document WHA33/1980/REC/3.

COMMITTEE ON CREDENTIALS

FIRST REPORT\(^1\)

[A33/36 - 6 May 1980]

1. The Committee on Credentials met on 6 May 1980. Delegates of the following Members were present: German Democratic Republic, Greece, Guinea-Bissau, Guyana, Iceland, India, Mauritius, Paraguay, Qatar, Rwanda, Tonga.

The Committee elected the following officers: Dr S. Tapa (Tonga), Chairman; Dr I. Musafili (Rwanda), Vice-Chairman; and Dr P. Sigurdsson (Iceland), Rapporteur.\(^2\)

The Committee examined the credentials delivered to the Director-General in accordance with Rule 22 of the Rules of Procedure of the Health Assembly.

2. The credentials of the delegates of the Members listed below were found to be in conformity with the Rules of Procedure; the Committee therefore proposes that the Health Assembly should recognize their validity: Afghanistan; Albania; Algeria; Angola; Argentina; Australia; Austria; Bahrain; Bangladesh; Belgium; Benin; Bolivia; Botswana; Brazil; Burma; Burundi; Canada; Cape Verde; Central African Republic; Chile; China; Colombia; Comoros; Congo; Costa Rica; Cuba; Cyprus; Czechoslovakia; Democratic People's Republic of Korea; Democratic Yemen; Denmark; Ecuador; Egypt; El Salvador; Ethiopia; Finland; France; Gabon; Gambia; German Democratic Republic; Germany, Federal Republic of; Ghana; Greece; Guatemala; Guinea; Guinea-Bissau; Guyana; Haiti; Hungary; Iceland; India; Indonesia; Iran; Iraq; Ireland; Israel; Italy; Ivory Coast; Jamaica; Japan; Jordan; Kenya; Kuwait; Lebanon; Lesotho; Liberia; Libyan Arab Jamahiriya; Luxembourg; Madagascar; Malawi; Malaysia; Maldives; Mali; Malta; Mauritania; Mauritius; Mexico; Monaco; Mongolia; Morocco; Mozambique; Nepal; Netherlands; New Zealand; Nicaragua; Niger; Nigeria; Norway; Oman; Pakistan; Panama; Papua New Guinea; Paraguay; Peru; Philippines; Poland; Portugal; Qatar; Republic of Korea; Romania; Rwanda; Samoa; Sao Tome and Principe; Saudi Arabia; Senegal; Seychelles; Singapore; Spain; Sri Lanka; Sudan; Suriname; Swaziland; Sweden; Switzerland; Syrian Arab Republic; Thailand; Togo; Tonga; Trinidad and Tobago; Tunisia; Turkey; Uganda; Union of Soviet Socialist Republics; United Arab Emirates; United Kingdom of Great Britain and Northern Ireland; United Republic of Cameroon; United Republic of Tanzania; United States of America; Upper Volta; Uruguay; Venezuela; Viet Nam; Yemen; Yugoslavia; Zaire; and Zambia.

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\(^1\) Approved by the Health Assembly at its fifth plenary meeting.

\(^2\) See paragraph 1 of the second report, and paragraph 1 of the third report of this Committee, below.
3. The Committee, having reached no consensus on the question of the credentials of Democratic Kampuchea, referred this question to the Assembly. One member of the Committee declared that his delegation did not recognize the validity of the credentials submitted by Democratic Kampuchea. Another member declared that in a vote on the validity of the credentials concerned he would have abstained.

4. The Committee examined notifications from the Member States listed below which, while indicating the names of the delegates concerned, could not be considered as constituting formal credentials in accordance with the provisions of the Rules of Procedure. The Committee recommends to the Health Assembly that the delegates of these Member States be provisionally seated with all rights in the Assembly pending the arrival of their formal credentials: Bulgaria; Djibouti; Dominican Republic; Equatorial Guinea; and Sierra Leone.

5. The Committee also examined the credentials submitted by San Marino and Zimbabwe, whose requests for membership had been approved by the Health Assembly. These credentials were found to be in conformity with the Rules of Procedure and the Committee proposes that the Health Assembly recognize their validity, thus enabling the delegations concerned to participate with full rights in the Assembly as soon as the membership of the two States becomes effective upon deposit of their instruments of acceptance of the Constitution with the Secretary-General of the United Nations.

SECOND REPORT

\[\text{A33/45 - 13 May 1980}\]

1. The Committee on Credentials held its second meeting on 13 May 1980 under the chairmanship of Dr S. Tapa. The Committee was informed that Dr Musafili (Vice-Chairman) and Dr Sigurðsson (Rapporteur) had been obliged to leave the Assembly for other duties and that Dr Tapa would have to leave shortly. The Committee therefore elected Dr Ö. Bjarnason (Iceland), Dr K. H. Lebentrau (German Democratic Republic) and Dr J. B. Rwasine (Rwanda) to constitute the new Bureau of the Committee.

2. The Committee examined the credentials of the delegations of Honduras and Somalia, which had been received by the Director-General since the Committee's first meeting. These credentials were found to be in conformity with the Rules of Procedure of the Health Assembly and the Committee therefore proposes that the Assembly should recognize their validity.

3. The Committee had before it a notification indicating the name of the representative of the Associate Member, Namibia, which, however, could not be considered as a formal credential in accordance with the Rules of Procedure. The Committee recommends to the Assembly that the representative of Namibia be provisionally seated in the Assembly, thus being able to exercise the rights of an Associate Member, pending the arrival of formal credentials.

4. The Committee further examined formal credentials for the delegations of Bulgaria, the Dominican Republic and Sierra Leone, which had been seated provisionally in the Assembly upon the recommendation made by the Committee at its first meeting. The former credentials now received for these delegations were found to be in conformity with the Rules of Procedure and the Committee therefore recommends their acceptance by the Assembly.

THIRD REPORT

\[\text{A33/55 - 23 May 1980}\]

1. The Bureau of the Committee on Credentials met on 23 May 1980 in the following composition: Dr J. B. Rwasine (Rwanda), Chairman; Dr K. H. Lebentrau (German Democratic Republic), Vice-Chairman; and Dr Ö. Bjarnason (Iceland), Rapporteur.

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1 Approved by the Health Assembly at its eleventh plenary meeting.
2 Approved by the Health Assembly at its seventeenth plenary meeting.
2. The Bureau of the Committee was informed that the two Member States whose provisional notifications were considered by the Committee at its first meeting, and for whom no formal credentials were subsequently received, had in fact been unable to send delegations to the World Health Assembly. The Bureau of the Committee concluded that there was consequently no need for a final decision by the Assembly on acceptance of credentials for these Member States.

3. The Bureau of the Committee was further informed that formal credentials had been received on 22 May 1980 for the representative of the Associate Member, Namibia, who had been seated provisionally by the Assembly upon a recommendation made by the Committee at its second meeting. In accordance with the last sentence of paragraph 1 of Rule 23 of the Rules of Procedure of the Health Assembly, the Bureau of the Committee examined these credentials and found them to be in conformity with the Rules of Procedure. The Bureau, acting on behalf of the Committee on Credentials, therefore recommends to the Health Assembly acceptance of the formal credentials of the representative of Namibia.

COMMITTEE ON NOMINATIONS

FIRST REPORT

[\textit{A33/33 - 5 May 1980}]

The Committee on Nominations, consisting of delegates of the following Member States: Argentina, Bangladesh, Benin, Burundi, Canada, China, El Salvador, France, Gambia, Jordan, Lebanon, Mauritania, Pakistan, Panama, Papua New Guinea, Sao Tome and Principe, Somalia, Spain, Swaziland, Thailand, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, Venezuela, and Yugoslavia, met on 5 May 1980. Dr C. K. Hasan (Pakistan) was elected Chairman.

In accordance with Rule 25 of the Rules of Procedure of the Health Assembly, and respecting the practice of regional rotation that the Assembly has followed for many years in this regard, the Committee decided to propose to the Assembly the nomination of Dr A. R. Al-Awadi (Kuwait) for the office of President of the Thirty-third World Health Assembly.

SECOND REPORT

[\textit{A33/34 - 5 May 1980}]

At its first meeting, held on 5 May 1980, the Committee on Nominations decided to propose to the Assembly, in accordance with Rule 25 of the Rules of Procedure of the Assembly, the following nominations:

\textbf{Vice-Presidents of the Assembly:} Dr P. Mocumbi (Mozambique), Dr H. García Barrios (Venezuela), Professor R. Vannugli (Italy), Dr S. Surjaningrat (Indonesia), Dr A. N. Acosta (Philippines);

\textbf{Committee A:} Chairman, Dr Elizabeth Quamina (Trinidad and Tobago);

\textbf{Committee B:} Chairman, Dr E. M. Samba (Gambia).

Concerning the members of the General Committee to be elected under Rule 31 of the Rules of Procedure of the Health Assembly, the Committee decided to nominate the delegates of the following 16 countries: Angola, Argentina, Benin, Botswana, Burundi, Chile, China, Czechoslovakia, France, Iraq, Saudi Arabia, Sri Lanka, Sudan, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, and United States of America.

1 Approved by the Health Assembly at its second plenary meeting.
THIRD REPORT

At its first meeting, held on 5 May 1980, the Committee on Nominations decided to propose to each of the main Committees, in accordance with Rule 25 of the Rules of Procedure of the Assembly, the following nominations for the offices of Vice-Chairmen and Rapporteur:

**Committee A**: Vice-Chairmen: Dr E. G. Beausoleil (Ghana) and Dr N. W. Tavil (Papua New Guinea); Rapporteur: Mr N. N. Vohra (India)

**Committee B**: Vice-Chairmen: Mr D. J. de Geer (Netherlands) and Mr B. C. Perera (Sri Lanka); Rapporteur: Mrs T. Raivio (Finland).

GENERAL COMMITTEE

REPORT

Election of Members entitled to designate a person to serve on the Executive Board

At its meeting held on 12 May 1980, the General Committee, in accordance with Rule 102 of the Rules of Procedure of the Health Assembly, drew up the following list of 12 Members, in the French alphabetical order, to be transmitted to the Health Assembly for the purpose of the annual election of 10 Members to be entitled to designate a person to serve on the Executive Board:

Brazil, Canada, Gabon, Gambia, Guatemala, Kuwait, Maldives, Mongolia, Nicaragua, Romania, United Kingdom of Great Britain and Northern Ireland, Yemen.

The General Committee then recommended the following 10 Members which, in the Committee's opinion, would provide, if elected, a balanced distribution on the Board as a whole:

Brazil, Canada, Gabon, Gambia, Guatemala, Kuwait, Mongolia, Romania, United Kingdom of Great Britain and Northern Ireland, Yemen.

COMMITTEE A

FIRST REPORT

Committee A held its first meeting on 8 May 1980 under the chairmanship of Dr Elizabeth Quamina (Trinidad and Tobago). On the proposal of the Committee on Nominations, Dr E. G. Beausoleil (Ghana) and Dr N. W. Tavil (Papua New Guinea) were elected Vice-Chairmen, and Mr N. N. Vohra (India) Rapporteur.

During the course of its third meeting, held on 13 May 1980, Committee A decided to recommend to the Thirty-third World Health Assembly the adoption of a resolution relating to the following agenda item:

21. Review of the report of the Global Commission for the Certification of Smallpox Eradication

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2 See section 3 of the verbatim record of the eleventh plenary meeting.
3 Approved by the Health Assembly at its eleventh plenary meeting.
SECOND REPORT

During its ninth, tenth, eleventh, twelfth, thirteenth and fourteenth meetings, held on 19, 20 and 21 May 1980, Committee A decided to recommend to the Thirty-third World Health Assembly the adoption of decisions and resolutions relating to the following agenda items:

   Annual review and progress report on medium-term programming for the implementation of the Sixth General Programme of Work


26. Development and coordination of biomedical and health services research:
   26.1 Progress report
   - Tuberculosis control
   26.2 UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (progress report)

27. Action in respect of international conventions on narcotic and psychotropic substances

THIRD REPORT

During its fifteenth and sixteenth meetings, held on 22 May 1980, Committee A decided to recommend to the Thirty-third World Health Assembly the adoption of the decision and resolutions hereafter, relating to the following agenda items:

29. Malaria control strategy (progress report)

28. Workers' health programme (progress report)

23. Follow-up of WHO/UNICEF Meeting on Infant and Young Child Feeding

COMMITTEE B

FIRST REPORT

Committee B held its first, second, third and fourth meetings on 8, 13 and 14 May 1980 under the chairmanship of Dr E. M. Samba (Gambia). On the proposal of the Committee on Nominations, Mr D. J. de Geer (Netherlands) and Mr B. C. Perera (Sri Lanka) were elected Vice-Chairmen, and Mrs T. Raivio (Finland) Rapporteur.

It was decided to recommend to the Thirty-third World Health Assembly the adoption of resolutions relating to the following agenda items:

34. Review of the financial position of the Organization:
   34.1 Financial report on the accounts of WHO for 1979, report of the External Auditor, and comments thereon of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly

Approved by the Health Assembly at its seventeenth plenary meeting.

Approved by the Health Assembly at its fourteenth plenary meeting.
34.2 Status of collection of annual contributions and of advances to the Working Capital Fund [WHA33.6]

34.3 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution [WHA33.7]

36. Financial reports and extrabudgetary resources [WHA33.6]

37. Assessment of new Members and Associate Members:
   Seychelles [WHA33.9]
   Equatorial Guinea [WHA33.10]
   San Marino [WHA33.11]
   Southern Rhodesia (unpaid contributions) [WHA33.12]
   Zimbabwe [WHA33.13]

38. Amendment to the scale of assessments to be applied to the second year of the financial period 1980-1981 [WHA33.14]

39. Real Estate Fund [WHA33.15]

SECOND REPORT1

[A33/47 - 20 May 1980]

During its sixth and seventh meetings, held on 16 May 1980, Committee B decided to recommend to the Thirty-third World Health Assembly the adoption of a resolution relating to the following agenda item:

42. Transfer of the Regional Office for the Eastern Mediterranean [WHA33.16]

The delegation of the Libyan Arab Jamahiriya, on behalf of 19 countries of the Eastern Mediterranean Region as well as a number of other Arab countries, expressed its opposition to the resolution contained in this report (document A33/47).

THIRD REPORT2

[A33/48 - 20 May 1980]

During its ninth meeting, held on 19 May 1980, Committee B decided to recommend to the Thirty-third World Health Assembly the adoption of a resolution relating to the following agenda item:

45. Health conditions of the Arab population in the occupied Arab territories, including Palestine [WHA33.18]

FOURTH REPORT3

[A33/49 - 20 May 1980]

During its eleventh and twelfth meetings, held on 20 May 1980, Committee B decided to recommend to the Thirty-third World Health Assembly the adoption of resolutions relating to the following agenda items:

41. Periodicity of Health Assemblies [WHA33.19]

43. Organizational studies by the Executive Board:
   43.1 Organizational study on the role of WHO expert advisory panels and committees and collaborating centres in meeting the needs of WHO regarding expert advice and in carrying out technical activities of WHO [WHA33.20]

1 Approved by the Health Assembly at its fifteenth plenary meeting.
2 Approved by the Health Assembly at its sixteenth plenary meeting.
3 Approved by the Health Assembly at its seventeenth plenary meeting.
46. Collaboration with the United Nations system:
46.2 Agreement between WHO and the International Fund for Agricultural Development [WHA33.21]
46.4 Health assistance to refugees and displaced persons in Cyprus [WHA33.22]
46.5 Health and medical assistance to Lebanon [WHA33.23]

FIFTH REPORT

During its thirteenth and fourteenth meetings, held on 21 May 1980, Committee B decided to recommend to the Thirty-third World Health Assembly the adoption of decisions and resolutions relating to the following agenda items:

47. United Nations Joint Staff Pension Fund:
47.1 Annual report of the United Nations Joint Staff Pension Board for 1978 [decision 14]
47.2 Appointment of representatives to the WHO Staff Pension Committee [decision 15]
32. Health legislation [WHA33.28]
- International Health Regulations [WHA33.29]
44. Recruitment of international staff in WHO [WHA33.30]

SIXTH REPORT

During its fifteenth meeting, held on 22 May 1980, Committee B decided to recommend to the Thirty-third World Health Assembly the adoption of resolutions and of a decision relating to the following agenda items:

46. Collaboration with the United Nations system:
46.6 Cooperation with newly independent and emerging States in Africa: Liberation struggle in Southern Africa:
Assistance to front-line States [WHA33.33]
Assistance to the Republic of Zimbabwe [WHA33.34]
31. Clean water and adequate sanitation for all by 1990 [decision 17]

SEVENTH REPORT

During its sixteenth meeting, held on 22 May 1980, Committee B decided to recommend to the Thirty-third World Health Assembly the adoption of a resolution relating to the following agenda item:

30. Health hazards of smoking [WHA33.35]

1 Approved by the Health Assembly at its seventeenth plenary meeting.
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