WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ

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THIRTY-THIRD WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

Palais des Nations, Geneva
Wednesday, 21 May 1980, at 14h30

CHAIRMAN: Dr Elizabeth QUAMINA (Trinidad and Tobago)

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FOURTEENTH MEETING

Wednesday, 21 May 1980, at 14h30

Chairman: Dr Elizabeth QUAMINA (Trinidad and Tobago)

1. FORMULATING STRATEGIES FOR HEALTH FOR ALL BY THE YEAR 2000 (PROGRESS REPORT): Item 22 of the Agenda (Document WHA32/1979/REC/1, resolution WHA32.30 and Annex 2; document EB65/1980/REC/1, resolution EB65.R11; document A33/5) (continued)

Dr HELLBERG (Finland), chairman of the drafting group, presented the draft resolution prepared by the drafting group, reading as follows:

The Thirty-third World Health Assembly,

Recalling resolutions WHA30.43, WHA32.24 and WHA32.30, and convinced that primary health care as an integral part both of the country's health system and of the overall social and economic development of the community is the key to health for all, equally valid for all countries, whatever their state of social and economic development;

Recognizing the efforts being made by all countries and WHO in formulating strategies for health for all by the year 2000 in response to the Declaration of Alma-Ata;

Recalling resolutions of the United Nations General Assembly 3201 (S-VI), 3202 (S-VI), 3281 (XXIX) and 3362 (S-VII) relating to the establishment of a New International Economic Order;

Welcoming resolution 34/58 of 29 November 1979 of the United Nations General Assembly concerning health as an integral part of development, which endorsed the Declaration of Alma-Ata, welcomed the efforts of WHO and UNICEF to attain health for all by the year 2000, and called upon the relevant bodies of the United Nations system to coordinate with and support the efforts of WHO by appropriate actions within their respective spheres of competence, and in connexion with the preparation for the International Development Strategy to be considered during the Special Session of the United Nations General Assembly to be held in 1980, called for careful attention to be given to WHO's contribution, which will reflect the global strategy for health for all;

Reaffirming that health is a powerful lever for socioeconomic development and for peace and that in turn a genuine policy of peace, détente and disarmament could and should release additional resources for attaining health for all by the year 2000, which is essential for raising the quality of human life; and stressing the role of WHO in promoting such a process;

Bearing in mind the fundamental nature of the New International Economic Order and that its effective establishment will be greatly facilitated if due attention is paid to health and related social development as well as economic development in view of their reciprocally supportive nature;

Concerned by the progressive deterioration of the economies of many developing countries and the consequent stagnation of their social development, including health, and solemnly proclaiming that for the establishment of a just and equitable New International Economic Order and the formulation of an International Development Strategy with tangible and positive results for the developing countries, increased efforts of the international community in health and related social fields are vital;

Welcoming the fruitful outcome of the technical discussions at the Thirty-third World Health Assembly on the contribution of Health to the New International Economic Order;

1. CALLS on Member States

(1) to respond in concrete terms to the substance and the spirit of the resolutions mentioned in the preamble, as adopted, and to use them constructively in order to promote health and development in the spirit of the Alma-Ata Declaration, including the principles of national political commitment and self-reliance in health matters;

(2) to urge their delegates to the Preparatory Committee for the International Development Strategy to take active steps to ensure that, in the light of resolution 34/58 of the United Nations General Assembly, health receives prominent attention in the debate, in the final document and in resulting programme activities;

2. THANKS the Executive Board for its progress report on "Formulating Strategies for Health for All by the Year 2000", welcoming the cooperation that is taking place among Member States and between WHO and its Member States for the Development of these strategies;

3. REQUESTS the Executive Board
(1) to ensure that the Organization's programmes constantly support the formulation and refinement of national, regional and global strategies for health for all as well as the monitoring of their implementation;
(2) to ensure that the programmes of WHO in the fields of its competence are formulated and implemented in the spirit of the New International Economic Order wherever applicable, with due regard to activities in national, multinational and international trade and industry in the health sector, the transfer of resources and technology, as well as other factors relating to health, that would contribute to accelerated harmonious and balanced human development in developing countries.

4. REQUESTS the Director-General
(1) to take full advantage of the international climate of support at all levels and in all sectors for achieving the health goals of the Organization, through the recognition by all Member States and the whole United Nations system of the essential role of health in development and their endorsement of the Declaration of Alma-Ata and of WHO's main goal of Health for All by the year 2000;
(2) in particular, to respond effectively to the request of the United Nations General Assembly in resolution UN/GA34/58 concerning WHO's contribution to the International Development Strategy and the work of international organizations with primary responsibilities in other sectors;
(3) to continue to support Member States both individually, and collectively in the Regional Committees and the Health Assembly, in their efforts to formulate, implement and monitor strategies for health for all;
(4) to report to the Thirty-fourth World Health Assembly in 1981 on steps taken for the implementation of the United Nations General Assembly resolution 34/58 and resolution WHA32.24.

Dr VIOLAKI-PARASKEVA (Greece) proposed that the words "key to health for all" in the first preambular paragraph should be replaced by "key to the approach to health for all".

Dr HELLBERG (Finland) said that the wording used in that paragraph was the same as that in the Alma-Ata Conference and had been agreed to by all.

Dr VIOLAKI-PARASKEVA (Greece) withdrew her proposal.

The draft resolution was approved.

Mr NAKAMURA (Japan) said that when the Sixth Special Session of the United Nations General Assembly adopted a resolution relating to the establishment of a New International Economic Order the delegate of Japan had made a statement indicating the position of his Government regarding that New International Economic Order. He wished to place on record that the position of Japan remained unchanged.

2. DEVELOPMENT AND COORDINATION OF BIOMEDICAL AND HEALTH SERVICES RESEARCH: Item 26 of the Agenda (continued)

Progress report: Item 26.1 of the Agenda (Handbook of Resolutions and Decisions, Vol. II (3rd ed.) p. 30, resolution WHA31.35, para. 5(3); document A33/9)

The CHAIRMAN drew the attention of delegates to the following revised draft resolution which incorporated the amendments proposed during the discussions:

The Thirty-third World Health Assembly
Having considered the Director-General's progress report on the development and coordination of biomedical and health services research,

Recalling resolutions WHA25.60, WHA27.61, WHA28.70, WHA29.64, WHA30.40 and WHA32.15;

Affirming that biomedical, health service and health promotion research in particular, and science in general, should be a major accelerator of the progress of all Member States towards Health for All by the Year 2000;

Recognizing that such research can only be effective if it relies on both strengthened national capabilities and international coordination;

Noting with concern that the achievements of biomedical and medicosocial sciences have not been accompanied by a decrease of the gap between the developed and developing countries in generating and applying scientific knowledge relevant to health development and promotion; that most developing countries still lack the resources, manpower and infrastructure necessary for health research; and that in many developed countries also the efforts and resources devoted to health research are inadequate;

1. URGES Member States to:

(1) ensure that biomedical, psychosocial and health services research is included in their national policies, plans and budget allocations related to the goal of Health for All by the Year 2000;

(2) intensify their cooperation, and particularly the cooperation between developed and developing countries in:

(a) building up or upgrading the health research capability of developing countries in its various forms, including separate research institutes, research arms of universities, components of specific health programmes or projects, and creation of national coordinating mechanisms;

(b) ensuring that an effective strengthening of national research capability of developing countries is the net result of every collaborative research activity;

(3) give high priority to research training and to measures that encourage scientists from developing countries completing their studies in developed countries to return home and apply their skills and knowledge there through:

(a) developing countries offering appropriate incentives, and

(b) countries providing the training refraining from offering facilities that might attract such scientists to remain there;

2. DECIDES that the World Health Assembly and the Executive Board shall monitor and evaluate the effectiveness of the Organization's programmes in biomedical and health services research, as well as policies aiming to improve the research capabilities of developing countries;

3. REQUESTS the Director-General

(1) to strengthen the global leadership of the Organization in the worldwide coordination and steering of research necessary for the attainment of Health for All by the Year 2000, by:

(a) intensifying the coordinating functions of WHO and reinforcing the actual implementation of research activities by Member States and institutions and individuals, particularly in developing countries, and utilizing, inter alia, the medium-term programmes for research promotion and development to this end;

(b) creating and maintaining within the Organization at all levels and especially at the global level a blend of scientific expertise of highest quality, which should be at the disposal of Member States in their efforts to harness research to national strategies for health development;

(c) expanding the involvement of scientists from developing and developed countries in the Organization's research programmes and utilizing fully the Global and Regional Advisory Committees on Medical Research;

(d) studying the possibility of setting up multidisciplinary groups of experts to evaluate progress in research and to examine ways and means of ensuring the speedy application of the results within programmes so that the benefits facilitate the attainment of the target of health for all by the year 2000;

(2) to cooperate with Member States in carrying out a thorough assessment of their current capabilities and needs regarding research and in mobilizing the intellectual and material resources of the Organization to improve such capabilities and meet needs;

(3) to take vigorous measures to increase extrabudgetary support for health research that is coordinated or sponsored by WHO and to concentrate both the Organization's regular budget and its extrabudgetary funds for research on programmes that are most relevant for attaining health for all by the year 2000;
(4) to improve the mechanisms for the dissemination of biomedical and health services research information;
(5) to submit to the Thirty-fifth World Health Assembly a report on the progress achieved in the implementation of this resolution.

Mrs BRÜGGEMANN (Secretary) recalled that the delegate of Algeria had proposed an amendment to operative paragraph 1 (3). However, the wording given in the revision under consideration had not accurately reflected his intentions. He agreed to subparagraph (3) (a) but would prefer subparagraph (3) (b) to read "countries providing the training refraining both from encouraging such scientists to remain there and from offering them facilities that could act as disincentives to their return to their own country;".

Dr LEPARSKIJ (Union of Soviet Socialist Republics) supported the proposed amendment and pointed out several minor inaccuracies of translation in the Russian version.

The draft resolution, as amended, was approved.

Tuberculosis control

Dr SANKARAN (India) presented the following draft resolution on tuberculosis control proposed by the delegations of India, Senegal, and the Union of Soviet Socialist Republics:

The Thirty-third World Health Assembly,

Noting with concern that tuberculosis remains one of the most important health problems in developing countries, and that efforts in control programmes and resources for research on the application of tuberculosis control measures are still inadequate or have been sharply reduced in the last decade;

Emphasizing that the technology in tuberculosis control has been simplified to such a degree that it is applicable under practically any circumstances and thus this is eminently applicable at the community and individual levels as part of the primary health care;

Recognizing that the discovery of new, potent, bactericidal drugs facilitates a considerable shortening of the duration of antituberculosis chemotherapy;

Noting that the Indian Council for Medical Research and WHO were currently reviewing the varying results of the various controlled BCG trials, in particular the Tuberculosis Prevention Trial at present in progress in the south of India,

1. URGES Member States to give earliest attention to the application of tuberculosis control as an integral component of primary health care;

2. REQUESTS the Director-General:
(a) to present a review of the tuberculosis situation in the world and of the implementation of national tuberculosis control programmes, to the Thirty-fifth World Health Assembly in 1982;
(b) to revive and promote new interest in research on the actual delivery of the tuberculosis control programme at the primary health care level and on the further simplification, if possible, of the diagnostic and treatment procedures, as well as on the effectiveness of the preventive measures;
(c) to take adequate steps to secure that antituberculosis drugs become more widely available in developing countries, within the programme of essential drugs, at the lowest possible cost.

In the discussion of item 26 at the eleventh meeting he had presented evidence accumulated recently in India on BCG trials. It had been a long time since attention had been focused on tuberculosis and on problems such as the nonavailability, particularly in developing countries, of drugs like rifampicin and pyrazinamide. The draft resolution was an attempt to make governments aware of the problem.

Dr FORTUINE (United States of America) said that his delegation wished to be included as a co-sponsor of the draft resolution. He proposed that in operative paragraph 2 (c) the word "secure" should be replaced by "ensure".

Dr ALUOCH (Kenya) said the draft resolution was most timely; while tuberculosis was disappearing in many developed countries it was still a major public health problem in developing countries. His delegation also wished to co-sponsor the draft resolution.

Because tuberculosis was no longer a major public health problem in developed countries, research into the various aspects of the disease and its management had largely ceased, yet there were few capabilities for such research in developing countries. Recent findings on BCG trials in India were most disturbing and should lead to re-examination of tuberculosis programmes.

The draft resolution requested the Director-General to present a review of the tuberculosis situation in the world to the Thirty-fifth World Health Assembly in 1982. That year would mark the centenary of Robert Koch's discovery of the human tubercle bacillus and it might be appropriate to designate 1982 as tuberculosis year.

Dr MARINOV (Bulgaria) said that, after 23 years' experience as a specialist in tuberculosis and respiratory diseases, some of it in developing countries, he fully understood the concern of the sponsors of the draft resolution. The statistics available were inadequate and did not reflect the real situation, particularly in developing countries. In most countries insufficient attention was paid to tuberculosis and its control. The defeat of tuberculosis had been proclaimed while the disease was still a most important medicosocial problem.

His delegation therefore welcomed the draft resolution, particularly operative paragraph 2 (b), and asked to be included as one of the co-sponsors. India's valuable experience should be made widely available to Member States. A new subparagraph (d) should be added to operative paragraph 2, reading: "To take appropriate measures to increase extrabudgetary support for health research on integrated tuberculosis control programmes, and to secure adequate allocations from the Organization's regular budget for the promoting of such national programmes in developing countries."

Dr VIOLAKI-PARASKEVA (Greece) welcomed the draft resolution. Tuberculosis remained a problem in some developed countries as well as in developing ones. She proposed that the third preambular paragraph, concerning antituberculosis chemotherapy, should include a suitably worded reference to the danger of Mycobacterium tuberculosis developing drug resistance.

Dr ROGOWSKI (Poland) said that his delegation also wished to be included as a co-sponsor of the draft resolution. Tuberculosis, as the delegate for Greece had said, remained a public health problem not only in developing countries but also in some developed ones. It had reached epidemic proportions in Poland as a result of the Second World War, and the country was still trying to combat the disease. Current calculations and epidemiological forecasts indicated that it would still be a problem, although not as serious, in the year 2000.

He supported the amendment proposed by the delegate of Bulgaria.

Dr ROSDAHL (Denmark) supported the draft resolution. He suggested deletion of the word "bactericidal" from the third preambular paragraph and supported the delegate of Greece's proposed addition. He further proposed the deletion of the word "varying" in the fourth preambular paragraph, since he understood that the findings were still under review.

Professor SYLLA (Senegal) supported the proposal by the delegate of Denmark that the word "bactericidal" should be deleted.

Dr RAMOS (Cape Verde) supported the draft resolution together with any amendments on which a consensus was reached. He endorsed the proposal made by the delegate of Greece to include a reference to drug resistance in the third preambular paragraph. It was necessary to consider that paragraph in the context of the strategies to be adopted to prevent the indiscriminate use of new drugs, with the consequent development of drug resistance.

Dr JONES (Guyana) also supported the draft resolution. The Secretariat should express an opinion on the question of deleting the word "bactericidal" in the third preambular paragraph, since his impression was that shortening the duration of chemotherapy depended on the discovery and introduction of potent bactericidal drugs. He wondered whether, in connexion with treatment procedures, some mention could be made of the difficulty of supervising patients. Failure to take drugs regularly often led to the development of resistance, a problem that was of great concern to him. He therefore supported the proposal made by the delegate of Greece that a reference to drug resistance should be included.

Dr FIELD (United Kingdom of Great Britain and Northern Ireland) said it was clear from some of the reports of the Indian Medical Research Council and WHO that the results obtained in the BCG trials did vary. The word "varying" in the fourth preambular paragraph should therefore be retained.

Dr BORGOÑO (Chile) thought that the draft resolution was timely, since it gave fresh emphasis to the problem of tuberculosis and the need for tuberculosis control programmes, especially in the developing countries. Short-term treatment of all new cases had been provided for one-third of the population of Santiago Province for more than 18 months, and the only way of ensuring that drug resistance did not develop was to supervise the treatment in such a way that it was certain that patients were really taking the drugs. He therefore supported the proposal by the delegate of Greece to insert a reference to drug resistance in the draft resolution. If drugs were used indiscriminately or in the absence of such control, resistance would occur. Patients must be given every facility for taking the drugs, even at work, if they were capable of working. At the onset of the disease it was necessary to ensure that patients took the four drugs every day.

Dr VIOLAKI PARASKEVA (Greece) said that her amendment at the end of the third preambular paragraph should read: "though the danger of drug resistance remains".

Dr HADJ-LAKEHAL (Algeria) asked that Algeria should be included among the co-sponsors of the draft resolution, which was very timely. Algeria had experience in the field of tuberculosis and was willing to share it with other countries; it included some of short-term treatment, which was just being started.

Dr SANKARAN (India) accepted the amendments proposed by the delegates of Greece and the United States of America. With regard to the omission of the word "bactericidal" from the third preambular paragraph, he thought that the addition of the words "and other therapeutic agents" after "bactericidal drugs" would be preferable. The word "varying" in the fourth preambular paragraph should be retained because it described the existing situation correctly. He welcomed the additional paragraph suggested by the delegate of Bulgaria.

Dr ROSDAHL (Denmark), in the light of the explanation given by the delegate of India, withdrew his proposal that the word "varying" should be deleted.

Dr JONES (Guyana) agreed with the delegate of India that the word "bactericidal" should be retained. Perhaps some explanation could be given of what was meant by the new drugs mentioned in the third preambular paragraph.

Dr ROSDAHL (Denmark) withdrew his proposal that the word "bactericidal" should be deleted. He had been concerned only with the question of distinguishing between bactericidal and bacteriostatic drugs.

Professor SYLLA (Senegal) thought that the text should not be made more complicated. It would be sufficient to speak only of "new, potent drugs".

The CHAIRMAN proposed the words "new, potent bactericidal and other therapeutic drugs".

Dr FIELD (United Kingdom of Great Britain and Northern Ireland) suggested that confusion could be avoided by using the word "antibacterial".

Dr PIO (Tuberculosis and Respiratory Infections) said that it was only the use of a combination of bactericidal drugs that made short-term treatment possible; bacteriostatic drugs were of secondary importance in such treatment. Since the third preambular paragraph referred specifically to short-term treatment, it would seem essential that the word "bactericidal" should be retained.

The draft resolution, as amended, was approved.

3. ACTION IN RESPECT OF INTERNATIONAL CONVENTIONS ON NARCOTIC AND PSYCHOTROPIC SUBSTANCES: Item 27 of the Agenda (Document EB65/1980/REC/1, resolution EB65.R7; document A33/11). (continued)

Dr BECERRA (Peru) said that the Peruvian Government had ordered, and was in the process of carrying out, the eradication of coca cultivation over a large area as part of its activities in connexion with the drug problem. In those areas coca would be replaced by useful crops, and the land would be handed over to landless peasants. A number of multi-sectoral measures had been taken to prevent drug addiction and to treat and rehabilitate addicts, and legal measures had been taken to prevent illicit drug trafficking. In that way Peru was complying with the requirements of the conventions on narcotic and psychotropic substances, of which it was a signatory. His delegation supported the Director-General's efforts in the field and the proposed resolution in EB65.R7.

Dr AL-SAIF (Kuwait) supported the resolution in EB65.R7 and WHO's efforts in the area in question. Kuwait was trying to combat the misuse of narcotics and psychotropic substances. The Ministry of Public Health had organized a seminar on drug abuse in February that was attended by some 700 participants, with the aim of increasing awareness of the importance of the problem, especially among young people. The problem was also being studied by the University of Kuwait. The Ministry of Public Health had been made responsible for the detection of addicts and for their treatment and rehabilitation.

Dr GALEGO PIMENTEL (representative of the Executive Board) said that the importance of the subject had been demonstrated by the number of speakers, both in the Committee and at the Executive Board meeting in January. Many interesting suggestions had been made and information had been given on the activities being carried out in a number of countries. The resolution proposed by the Executive Board represented an attempt to meet all the concerns that had been expressed. It also suggested a number of measures that could be taken.

Dr SARTORIUS (Director, Division of Mental Health) said that he would deal with the points of a general character that had been raised. The valuable discussion that had taken place had confirmed that drug dependence was a global problem, common to both the developed and the developing countries. It had also confirmed the correctness of the multisectoral approach and the need for technical cooperation among countries and with WHO; progress would be made possible by appropriate coordination at all levels and the mechanism of mental health coordinating groups served that purpose well.

The representatives of Finland and Australia had stressed the importance of linking programmes dealing with alcoholism and drug dependence. WHO would try and do so wherever possible, though there were certain difficulties; tradition and other factors sometimes made it necessary to separate the two problems. WHO however tried to deal with those matters in a coordinated way and had, for example, designated collaborating centres dealing with both problems. There was also a link between programmes dealing with drug dependence and with road accident prevention. The drug dependence programme was a part of the mental health programme on life styles and their health consequences. There was also a link with the essential drugs programme, because it was important to be able to assure countries that essential drugs had no dependence potential; where they did have such a potential, their use and prescription should be made subject to certain safeguards. He stressed the support that WHO had received from United Nations agencies, nongovernmental organizations, and countries.

Dr ARIF (Division of Mental Health), referring to comments by the delegate of Hungary on the indiscriminate prescribing of methadone in the treatment of drug addiction, said that the question had recently been discussed at the Sixth Special Session of the United Nations Commission on Narcotic Drugs. The WHO representative had presented the Organization's views and a resolution sponsored by ten countries had been adopted, warning Member countries to be very cautious in using methadone. The use of methadone in treating heroin addiction had been introduced in the United States of America in 1964 and subsequently in detoxification and maintenance centres in a number of countries in Europe and the Western Pacific. The issue had also been raised in the WHO interregional workshop held at the Regional Office in Alexandria in 1978 and it had been recommended that developing countries should be extremely careful in using methadone and that it should be subjected to careful experiment and evaluation, under strict control, before being used at treatment centres.

In response to the question of a number of delegates, he said that the latest WHO report on the increased use of cannabis and its adverse effects was that of a WHO Scientific Group which had met in Geneva in 1970 (WHO Technical Report Series, No. 478). The Group had discussed the broad aspects, such as epidemiology and effects on man, and had made recommendations on research that needed to be done. Since then there had been a great deal of study and research on the use of cannabis. To reply to the many questions raised by countries in the Health Assembly and in the United Nations Commission on Narcotic Drugs, WHO had started a study on the adverse health and behavioural consequences of the use of cannabis, jointly with the WHO collaborating centre (the Addiction Research Foundation, Toronto, Canada) at the beginning of 1980. The study would include a comprehensive scientific review of the literature on epidemiology, psychiatry, experimental pharmacology, including behavioural toxicity, endocrinology, reproduction, immunology and effects on human behaviour, including psychomotor performance, the central nervous system, and respiration.

A number of delegations had spoken of the preventive aspects of the drug abuse problem. That was one of the main activities of the WHO collaborative programme at country level and had been discussed in many seminars and workshops organized by WHO. A programme had been approved for the development of strategies and guidelines in the field of prevention of drug dependence, in cooperation with 32 Member countries in all the regions, and a meeting would be held to consider all the aspects and prepare the second phase, the publication of the strategies and guidelines by the Organization.

Another point raised by a number of delegations was the seriousness and the continuing increase of drug abuse, particularly of heroin, cocaine, and cannabis, and the problems of statistical information and data collection. The latter was a difficult matter because of the continual lack of epidemiological data needed to make a systematic worldwide assessment of the problem. The Organization had been trying to tackle the problem for some years and in 1979 had made an effort to review available information on drug abuse in the world, with the aim of providing at least a provisional data base to assist policy-makers in setting appropriate national and international priorities. With the great variation in the scientific quality of the data available for estimating the extent of drug abuse in any one country, any effort on a global basis could be only preliminary. However, the review gave an estimate of several million regular users, abusers, and drug-dependent persons, with cannabis as the most widely used drug. While the distribution and use and abuse of cannabis and other psychotropic drugs were worldwide, the distribution of other major types of drug appeared to be regional or in groups of countries, which suggested specific regional groupings for international cooperation in planning control, prevention, and treatment programmes. Among the most significant trends in recent years were the spread of heroin among urban youth in South-East Asia and Western Pacific countries, the spread of coca paste smoking among urban youth of the Andean countries, and a worldwide increase in the use and abuse of psychotropic drugs such as amphetamines, barbiturates, and other sedatives and tranquillizers. The study would be completed and published during the current year.

Lastly, some delegates had referred to drug control and legislation. The terminology and classification of drug abuse had always been a complicated issue in international and interregional meetings and, because of the lack of a uniform and accepted terminology, it was difficult for legislators to produce simple and effective control measures. However, WHO, with the valuable support of the United States alcohol, drug abuse, and mental health administration, had started a project on the diagnosis and classification of mental disorders alcohol, and drug-related problems. A meeting was to be held in the Regional Office in Washington in August 1980.

Dr KHAN (Division of Mental Health) said that WHO's main function in relation to international treaties was evaluating drugs for international control. The Organization could act in the case of drugs notified to the United Nations Secretary-General or review problem drugs on its own initiative. During the current year nine anoractic drugs were being reviewed. Among drugs to be reviewed in the future were: anxiolytics, including benzodiazaphines, the main difficulty there being lack of information on the long-term effects; and mixed agonist and antagonist opiate-type drugs, including pentazocine.

The delegate of Norway had asked whether WHO had the capacity to carry out a more active programme in drug evaluation than at present. The capacity obviously depended on the input. However, the present programme had been commended by the United Nations Commission on Narcotic Drugs, and he had been encouraged by the statement made by the Executive Director of the United Nations Fund for Drug Abuse Control, with whom he would cooperate in the interests of a more active programme.

On the question of how to control amphetamines, he said that, in accordance with article 13 of the Convention on Psychotropic Substances, any country that had ratified the Convention could write to the United Nations Secretary-General stating that it did not want any of the drugs controlled by the Convention and that none should be sold to it. That was a good safeguard.

Regarding the question asked by the delegate of Finland, the Single Convention on Narcotic Drugs (1961) had been ratified by 110 countries, its 1972 Protocol by 68 countries, and the Convention on Psychotropic Substances (1971) by 66 countries.

The delegate of Ecuador had raised the important issue of information on drug consumption, a question on which WHO had been working for the past 11 years. The problem had now been referred to the Regional Office for Europe and two publications were available there, one prepared by the European Region and one by the Nordic countries. At seminars, such as that held in Moscow and those forthcoming in Jordan and Manila, drug consumption experts played an active and important role and advised delegations on the need for such studies.

With regard to the important question of problems in the ratification of the 1971 Convention, raised by the delegate of Nigeria, WHO had been exploring the situation for four years. The four country studies carried out in 1979 - on Finland, Thailand, Madagascar, and Argentina - had been precisely for the purpose of finding out what those problems were and what could be done to overcome them.

The delegate of France had asked about the publication of guidelines in book form. WHO was now seeking extrabudgetary funds to carry out an in-depth study in four countries. Regarding the use of drugs along with alcohol, an expert committee meeting in September would deal with the question how to assess the social and public health damage caused by those drugs, alone and combined with alcohol.

The CHAIRMAN invited the Committee to consider the draft resolution submitted in resolution EB65.R7 (document EB65/1980/REC/1, pages 8-10).

Mrs BRÜGGEMANN (Secretary) read out the following amendments, which had been proposed by the delegates of Nigeria and Pakistan: addition of the words "and to measures aimed at reducing the incidence of illicit supply of drugs of abuse in their societies" at the end of operative paragraph 2; addition of the words "as soon as possible" at the end of operative paragraph 5; the alteration of the first line of operative paragraph 7(1) to read: "to foster the reporting, publication and dissemination of information . . .".

After a brief discussion, in which suggestions were made by Dr ÖSTÜRK (Turkey), Dr KHAN (Division of Mental Health), the VICE-CHAIRMAN, the DEPUTY DIRECTOR-GENERAL, and Dr SARTORIUS (Director, Division of Mental Health), the proposed amendment to operative paragraph 7(1) was amended to read: "to foster the collection, processing and dissemination, through publication and other means, of information . . .".

The draft resolution submitted in resolution EB65.R7, as amended was approved.

4. WORKERS' HEALTH PROGRAMME (PROGRESS REPORT): Item 28 of the Agenda (Document WHA32/1979/REC/1, resolution WHA32.14, paragraph 5; document A33/12)

Dr CH'EN (Assistant Director-General) said that the progress report contained in document A33/12 provided a summary of the development of the programme of action called for by resolution WHA32.14 and of the current state of coordination with ILO and other United Nations agencies.

In developing the programme of action the Secretariat had made use of the medium-term programme, which had been prepared in consultation with countries, WHO collaborating centres for occupational health, and regional offices. New programme areas had been included, while the target for the year 2000 had been identified as to make available to all workers, including those employed in remote areas, preventive health care based on appropriate technology and workers' participation.

There were two main areas of concern. The first was the development and promotion of workers' health programmes as part of occupational health but fully integrated with public health services and the development of health care for underserved working populations; it emphasized the development of occupational health manpower. The second was the development of occupational health technology, including epidemiology, occupational hygiene, early detection of occupational and work-related diseases, the development of health-based occupational exposure limits, and the study and control of adverse psychosocial factors at work.

On the question of coordination with ILO, positive results had been achieved and had led to an increasing number of joint projects at the country level and at headquarters. Discussions with ILO were continuing. Coordination with other agencies had also been pursued. The United Nations Environment Programme (UNEP) was taking active steps towards a coordinated programme of action by the United Nations system for the improvement of the working environment, and meetings for that purpose had taken place between WHO, UNEP, ILO, IAEA, UNDP, UNIDO, FAO, and ECE. Further discussions would take place towards the end of 1980.

Dr WILLIAMS (Nigeria) said that, until recently, occupational health had been a neglected field in the health programmes of developing countries. The increasing importance of such programmes was a consequence of the accelerating tempo of industrialization and awareness of the fact that industrial development had its drawbacks as well as its advantages.

His Government was anxious to raise living standards and improve the quality of life of the people of Nigeria and was firmly committed to transforming the life of the population through accelerated industrial development and the green revolution. Both the private and the public sector were involved in the effort. The Government had also provided generous incentives to attract foreign capital and know-how.

Rapid development had led to an increased incidence of work-related diseases and injury. Hazardous industries had sprung up in asbestos, lead, mining and other fields and there was evidence that Nigerian workers had been exposed to an unacceptable level of risk to health. Following a survey of the asbestos industry, which had disclosed that some employees had suffered lung damage, his Government had sought and obtained the assistance of WHO for a short-term consultant to visit Nigeria and formulate a code of practice for the industry. WHO should produce more such codes of practice to cover industries common in the developing countries, as for example textiles, plastics, and mining.

Nigeria had adopted a multidisciplinary approach to its occupational health problems. It proposed to offer incentives to employers to provide adequate facilities for health supervision of their employees complementing the Government's efforts. Many progressive companies were already taking such action, recognizing that a healthy worker was a more productive worker. An effective occupational health programme was being developed to reduce the health hazards to which agricultural workers were exposed as a consequence of the modernization and mechanization of agriculture, which still provided a livelihood for over 70% of Nigerians. All large-scale agricultural projects would in future have health components. Monitoring of the industrial environment to ensure that workers were not exposed to unacceptable levels of toxic chemicals and noxious physical agents was carried out regularly. Manpower constraints, however, confined that activity to metropolitan Lagos, which contained over 40% of all the country's industries. Medical screening of workers in hazardous industries was being intensified.

Regular training courses for nurses in occupational health were being given, and steps were being taken to include occupational health in the curriculum of training schools for nurses. Industrial first-aid courses were organized on a regular basis by the Ministry of Health for first-aid workers attached to industry, and spot checks were made to ensure that first-aid boxes had the necessary drugs and materials. A programme of health education in industry had also been launched. Legislation on occupational health was being reviewed and would be brought up to date. It had not been easy to secure the cooperation of industry in reporting work-related diseases and injuries. Forms for regular statistical returns had been sent to all industries, but the response had been unsatisfactory.

He warned about the danger posed by the incipient tendency in some advanced countries to export polluting industries to the developing countries in order to avoid their own stringent pollution standards. Many developing countries did not possess the technical capacity to control such industries and some indeed waived all pollution control regulations because of illusory economic benefits. WHO had an important role to play in preventing such a happening and in protecting workers from the possibly adverse effects of the thousands of new chemical products being introduced by industry.

Responsibilities and efforts in the field of occupational health were obviously duplicated in WHO and ILO. There was an urgent need to define more clearly the respective functions of the two organizations.

Professor DORON (Israel) attached great importance to coordination of the roles and activities of WHO, ILO, and other agencies operating in the occupational health field. A clear definition of their respective responsibilities was needed.

The occupational health services network in Israel was an integral part of the workers' health insurance system, which covered the vast majority of the population. The service was basically a preventive one functioning at the place of work; and it was closely related to an coordinated with the primary health care system and the specialist services. It worked for the benefit of the workers' health and did not represent employers, employees, or the Government. It therefore enjoyed the confidence of both employers and employees to a greater degree than did other service patterns.

The definitons of special objectives and targets by the year 2000 contained in the report required further elaboration. There was a danger of duplication in connexion with the third sub-objective in paragraph 1.3 of section B, the development of occupational health services in workplaces and at the national level, particularly for underserved working populations. A case in point would be when curative health care units were located in places of work when at the same time primary care units were developed for the same population within the communities to which the workers and their families belonged.

Occupational health services should bascially be preventive and be closely coordinated or fully integrated with the primary health care structure and other parts of the health service. Such coordination would be consistent with the first of the four sub-objectives in paragraph 1.3.

Occupational health research and the development of appropriate technology required significant resources. In his country 1% of the tax collected from employers for the financing of the health insurance system was allocated to occupational health and safety research. The employer's tax covered more than 50% of the budget of the health insurance system. It was of particular importance to develop occupational health institutes that would integrate research, manpower training, and services for the early detection of health impairment owing to occupational hazards.

Dr OSMAN (Sudan) said that the success of development projects in developing countries depended on the delivery of a well-balanced and coherent package of services to the working population, whose members were the keystone of development. From that point of view the contents of the Director-General's report were valid, but action was still required to implement his recommendations. In relation to the important programme for occupational health services for underserved workers, who were essentially agricultural workers and workers in small industries, the first regional expert meeting on occupational health in the African Region had stated that the question of workers' health in the African Region was not limited to the privileged sector in which workers in firms using advanced technology already obtained coverage corresponding to the risks they ran, but included the entire active population of the country. Agricultural workers handled pesticides and dangerous agricultural chemicals

and even ionizing radiations. They constituted about 80% of the working population in the developing countries and provided the food for neighbouring oil-producing countries. Some developing countries spent millions of dollars on imported pesticides and other agricultural chemicals, and they might well be required to spend several times as much before the year 2000 on allaying the sinister effects of those products. The practical solution to the health problems of the underserved lay in the proper training of primary health care workers in elementary occupational health practice. Legislation, where it existed, could offer little, and in any case there was an acute shortage of trained staff to enforce it. Other programme areas, while important, could be considered after the question of alleviating the complex health problems of the underserved sector had been tackled. Such other areas included industrial hygiene and the early detection of health impairment.

There was also a need for research and research training in workers' health as well as for the establishment of priorities. The appropriate mechanism for seeking extrabudgetary resources, to which operative paragraph 5(3) of resolution WHA32.14 referred, might include a voluntary fund for workers' health, to be used in particular for solving the problems of the underserved. In that connexion he inquired what action had been taken to implement that paragraph.

On the question of coordination with other agencies, the report referred to a 1954 memorandum of understanding between WHO and ILO on technical cooperation. He asked about the contents of that memorandum and about the constraints that might prevent it from being brought up to date.

Member States should endorse the programme of action on workers' health set out in document A33/12. He believed that the following two draft resolutions before the Committee, the first by the Algerian and other delegations and the second by the Bahraini and other delegations, should be amalgamated.

The Thirty-third World Health Assembly,

Having considered the progress report of the Director-General on the workers' health programme;

Confirming the importance and validity of resolution WHA32.14;

Noting the humanitarian and ethical obligation to make workers' health protection a task for society at large;

Stressing the particular obligations of all those responsible in the Government, the economy and other sectors of society for the establishment and maintenance of safe working conditions and thus for meeting the requirements of workers' health protection;

1. UNDERLINES the great significance of WHO's workers' health programme for attaining the aim of health for all by the year 2000, especially for the developing countries;

2. REQUESTS the Director-General

(1) to implement step by step the programme of action for the promotion of workers' health mentioned in his progress report, taking into account the proposals for the Organization's future activities made during the discussion;

(2) to support the developing countries in ensuring safe working conditions and effective protective measures for workers' health in agriculture and in industrial enterprises which already exist or which will be set up in the process of industrialization;

(3) to make comprehensive use of the experience gained in this field by developing countries by designating more WHO collaborating centres for occupational health in these countries;

(4) to report to the Thirty-fifth World Health Assembly on the results achieved in developing and implementing this programme of action and on the problems encountered.

The Thirty-third World Health Assembly,

Having examined the summary of the Programme of Action on Workers' Health, contained in the Director-General's report on this subject;

Confirming the importance and validity of resolution WHA32.14 which views with much concern the magnitude of health problems suffered by the "underserved working populations", mainly workers in agriculture, small industries and construction who constitute the majority of working populations throughout the world;

Stressing the particular obligations of all those responsible in the government, the economy and other sectors of society for the establishment and maintenance of safe working conditions and thus for meeting the requirements of workers' health protection;

Convinced that there is a growing need for a new perspective integrating occupational health in the primary health care of "underserved" working populations, particularly in the developing countries,

Recalling that, for setting and implementing strategies for health for all by the year 2000, it is necessary to promote occupational health services and to strengthen institutions, training and research in this field,

Noting that the response to the call for voluntary contributions to this field has so far been limited,

1. ENDORSES the Programme of Action on Workers' Health summarized in the progress report and requests the Director-General to implement it;

2. URGES Member States to pay special attention to the provision of health care to working populations, particularly "underserved workers", and to contribute financially to WHO's Programme of Action in this field;

3. INVITES industries, voluntary agencies, nongovernmental organizations and individuals to contribute, both in funds and in kind, to WHO's work in this field;

4. REQUESTS the Director-General:

(a) to implement in decisive steps the Programme of Action on Workers' Health, taking into account the proposals for the Organization's future activities made during the discussions;

(b) to approach governments and other potential donors to seek extrabudgetary funds for the implementation of this programme and to designate a Special Account for Workers' Health in the Voluntary Fund for Health Promotion;

(c) to continue his dialogue with ILO and other United Nations agencies with a view to developing mechanisms of coordination and strengthening cooperation in this field;

(d) to submit progress reports to future Health Assemblies on the implementation of this Programme of Action.

Dr DOLGOR (Mongolia) said that the report on the workers' health programme represented a new and important initiative on the part of the Organization. He noted that the programme had already prescribed the respective areas of activity of WHO, UNDP and ILO and hoped that overlap could accordingly be avoided.

The topic of workers' health differed from those of the Organization's other work in that it related to industry and its complex processes. His delegation accordingly felt that Member States should not ask too much of the programme at its current stage. The proposed programme of action and, in particular, the four sub-objectives specified in paragraph 1.3 of section B all merited attention.

In Mongolia workers' health care was integrated into the government health structure. Occupational health clinics were responsible for developing preventive measures as well as for improving the work environment. Polyclinics and sanatoria in the industrial areas treated workers whose health had become impaired.

His delegation supported the draft resolution submitted by the Algerian and other delegations and wished to become a co-sponsor. The draft resolution was appropriate to the current state of development and required no further strengthening.

The meeting rose at 17h25.

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