THIRTY-FOURTH
WORLD HEALTH ASSEMBLY

GENEVA, 4-22 MAY 1981

VERBATIM RECORDS OF PLENARY MEETINGS
REPORTS OF COMMITTEES

GENEVA
1981
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
ECA - Economic Commission for Africa
ECE - 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 (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
UNSCEAR - 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
WHO - 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.
CONTENTS

Officers of the Health Assembly and membership of its committees .......................... 1
Agenda ......................................................................................................................... 3

VERBATIM RECORDS OF THE PLENARY MEETINGS

First plenary meeting
1. Opening of the session ......................................................................................... 5
2. Address by the Director-General of the United Nations Office at Geneva .......... 6
3. Address by the Representative of the Conseil d’Etat of the Republic and Canton of Geneva .................................................. 7
4. Address by the President of the Thirty-third World Health Assembly ........... 7
5. Appointment of the Committee on Credentials ................................................... 9
6. Election of the Committee on Nominations ......................................................... 10

Second plenary meeting
1. First report of the Committee on Nominations .................................................... 11
2. Second report of the Committee on Nominations ............................................... 12
3. Review and approval of the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions ................................................................. 13
4. Review of the report of the Director-General on the work of WHO in 1980 .... 17
5. General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 .................................. 21

Third plenary meeting
1. Adoption of the agenda and allocation of items to the main committees .......... 32
2. General discussion of the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued) ........................................ 33

Fourth plenary meeting
1. Presidential address ............................................................................................. 60
2. General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued) ........................................ 62
3. Address by the Right Honourable Mrs Indira Gandhi, Prime Minister of India . 73
4. General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (resumed) ........................................ 77

Fifth plenary meeting
1. First report of the Committee on Credentials .................................................... 81
2. General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued) ........................................ 82
<table>
<thead>
<tr>
<th>Sixth plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Announcement</td>
</tr>
<tr>
<td>2. General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seventh plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eighth plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ninth plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tenth plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expression of sympathy to the Government of Singapore</td>
</tr>
<tr>
<td>2. Second report of the Committee on Credentials</td>
</tr>
<tr>
<td>3. Election of Members entitled to designate a person to serve on the Executive Board</td>
</tr>
<tr>
<td>4. General discussion of the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued)</td>
</tr>
<tr>
<td>5. Presentation of the Léon Bernard Foundation Medal and Prize</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Eleventh plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Expression of sympathy to the Holy See</td>
</tr>
<tr>
<td>2. General discussion on the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions and on the report of the Director-General on the work of WHO in 1980 (continued)</td>
</tr>
<tr>
<td>3. Presentation of the Dr A. T. Shousha Foundation Medal and Prize</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Twelfth plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First report of Committee B</td>
</tr>
<tr>
<td>2. Report by the General Chairman of the Technical Discussions</td>
</tr>
<tr>
<td>3. Presentation of the Jacques Parisot Foundation Medal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Thirteenth plenary meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Second report of Committee B</td>
</tr>
</tbody>
</table>
### Fourteenth plenary meeting

1. Third report of the Committee on Credentials ........................................... 258
2. Third report of Committee B ...................................................................... 258
3. First report of Committee A ....................................................................... 258
4. Review and approval of the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions (continued) .................................................. 259
5. Fourth report of Committee B .................................................................... 259

### Fifteenth plenary meeting

1. Fifth report of Committee B ................................................................. 261
2. Second report of Committee A .............................................................. 261

### Sixteenth plenary meeting

1. Third report of Committee A ................................................................. 268
2. Sixth report of Committee B .................................................................... 268
3. Seventh report of Committee B ............................................................... 270
4. Selection of the country or region in which the Thirty-fifth World Health Assembly will be held ................................................................. 271

### Seventeenth plenary meeting

Closure of the session .................................................................................. 272

### COMMITTEE REPORTS

Committee on Credentials ............................................................................ 283
Committee on Nominations ......................................................................... 285
General Committee .................................................................................... 286
Committee A ............................................................................................... 286
Committee B ............................................................................................... 287
Report of Committee B to Committee A .................................................... 290

Indexes (names of speakers; countries and organizations) .......................... 291
PREFACE

The Thirty-fourth World Health Assembly was held at the Palais des Nations, Geneva, from 4 to 22 May 1981, in accordance with the decision of the Executive Board at its sixty-sixth session. Its proceedings are published in three volumes, containing, in addition to other relevant material:

Resolutions and decisions,¹ and list of participants - document WHA34/1981/REC/1

Verbatim records of plenary meetings, and committee reports - document WHA34/1981/REC/2

Summary records of committees - document WHA34/1981/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 1980. 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 Méropi VIOLAKI-PARASKEVA (Greece)

Vice-Presidents: 
Mr M. C. JALLOW (Gambia)  
Mr M. M. HUSSAIN (Maldives)  
Dr J. ANDONIE FERNANDEZ (Honduras)  
Dr QIAN Xinzhong (China)  
Dr G. RIFAI (Syrian Arab Republic)

Secretary: 
Dr H. MAHLER, Director-General

Committee on Credentials

The Committee on Credentials was composed of delegates of the following Member States: Argentina, Bahrain, Belgium, Bulgaria, Denmark, Jamaica, Kenya, New Zealand, Nigeria, Senegal, Sudan, Thailand.

Chairman: Mr J. NJIRU (Kenya)  
Vice-Chairman: Dr H. J. H. HIDDLESTONE (New Zealand)  
Rapporteur: Mr V. BEAUGE (Argentina)  
Secretary: Mr H. J. SCHLENZKA  
(Assistant Legal Counsel)

Committee on Nominations

The Committee on Nominations was composed of delegates of the following Member States: Chile, China, Ecuador, France, Guatemala, Hungary, India, Ivory Coast, Lesotho, Libyan Arab Jamahiriya, Mexico, Morocco, Oman, Singapore, Sri Lanka, Trinidad and Tobago, Tunisia, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United Republic of Tanzania, Zaire, Zambia.

Chairman: Dr Elizabeth QUAMINA (Trinidad and Tobago)  
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: Chile, Costa Rica, France, German Democratic Republic, Kuwait, Libyan Arab Jamahiriya, Malaysia, Mongolia, Nigeria, Senegal, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United States of America, Zimbabwe.

Chairman: Dr Méropi VIOLAKI-PARASKEVA (Greece), 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 E. P. F. BRAGA (Brazil)  
Vice-Chairmen: Dr J. ROGOWSKI (Poland) and Dr A. A. K. AL-GHASSANY (Oman)  
Rapporteur: Dr J. M. KASONDE (Zambia)  
Secretary: Mrs I. BRUGGEMANN (Development of Health Programme Evaluation)

Committee B

Chairman: Dr Z. M. DLAHINI (Swaziland)  
Vice-Chairmen: Dr L. SÁNCHEZ-HARGUINDEY (Spain) - later: Dr M. DE LA MATA (Spain) - and Dr A. HASSOUN (Iraq)  
Rapporteur: Dr Deanna ASHLEY (Jamaica)  
Secretary: Dr O. W. CHRISTENSEN (Coordination with Other Organizations)
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-sixth and sixty-seventh sessions
10. Review of the report of the Director-General on the work of WHO in 1980
11. [Deleted]
12. Election of Members entitled to designate a person to serve on the Executive Board
13. Presentation of the Léon Bernard Foundation Medal and Prize
14. Presentation of the Dr. A. T. Shousha Foundation Medal and Prize
15. Presentation of the Jacques Parisot Foundation Medal
16. Approval of reports of main committees
17. Closure of the Thirty-fourth World Health Assembly

COMMITTEE A

18. Election of Vice-Chairmen and Rapporteur
19. Programme budget for the financial period 1982-1983
   19.1 Proposed programme budget and report of the Executive Board thereon
   19.2 Budget level and Appropriation Resolution for the financial period 1982-1983
20. Tentative budgetary projections for the financial period 1984-1985
21. Health for all by the year 2000
   21.1 Global Strategy
   21.2 The contribution of health to socioeconomic development and peace - implementation of resolution 34/58 of the United Nations General Assembly and of resolutions WHA32.24 and WHA33.24
22. The meaning of WHO's international health work through coordination and technical cooperation
23. Infant and young child feeding
   23.1 Progress report
   23.2 Draft International Code of Marketing of Breast-milk Substitutes

1 The agenda was adopted at the third plenary meeting.
2 Item referred to Committee B.
24. Technical activities and questions identified for additional examination during the
review of the proposed programme budget and of the Executive Board's report thereon

COMMITEE B

25. Election of Vice-Chairmen and Rapporteur

26. Review of the financial position of the Organization
   26.1 Interim financial report on the accounts of WHO for 1980 and comments thereon
       of the Committee of the Executive Board to Consider Certain Financial Matters
       prior to the Health Assembly
   26.2 Status of collection of assessed contributions and status of advances to the
       Working Capital Fund
   26.3 Members in arrears in the payment of their contributions to an extent which
       may invoke Article 7 of the Constitution
   26.4 Report on casual income and budgetary rate of exchange between the US dollar
       and the Swiss franc for 1982-1983

27. Reimbursement of travel costs of representatives to regional committees

28. [deleted]

29. Scale of assessments
   29.1 Assessment of new Members and Associate Members
   29.2 Scale of assessments for the financial period 1982-1983

30. Salaries and allowances for ungraded posts and for the Director-General

31. Appointment of External Auditor

32. Real Estate Fund

33. Headquarters accommodation requirements

34. [deleted]

35. Study of the Organization's structures in the light of its functions - implementation of
    resolution WHA33.17

36. Periodicity and duration of Health Assemblies

37. Transfer of the Regional Office for the Eastern Mediterranean

38. Amendment of the International Health Regulations (1969)

39. Organizational studies by the Executive Board
   39.1 Organizational study on the role of WHO in training in public health and health
       programme management, including the use of country health programming
   39.2 Future organizational studies

40. Recruitment of international staff in WHO: annual report

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

42. Collaboration with the United Nations system
   42.1 General matters
   42.2 Health care of the elderly (preparations for the World Assembly on Aging, 1982)
   42.3 International Year of Disabled Persons, 1981: WHO's cooperative activities
       within the United Nations system for disability prevention and rehabilitation
   42.4 Health assistance to refugees and displaced persons in Cyprus
   42.5 Health and medical assistance to Lebanon
   42.6 Cooperation with newly independent and emerging States in Africa: liberation
       struggle in Southern Africa - assistance to front-line States
   42.7 Cooperation with the Republic of Zimbabwe

43. United Nations Joint Staff Pension Fund
   43.1 Annual report of the United Nations Joint Staff Pension Board for 1979
   43.2 Appointment of representatives to the WHO Staff Pension Committee
VERBATIM RECORDS OF PLENARY MEETINGS

FIRST PLENARY MEETING

Monday, 4 May 1981, at 15h00

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

1. OPENING OF THE SESSION

The PRESIDENT (translation from the Arabic):

In the name of God, the Merciful, the Compassionate, the Assembly is called to order. Distinguished delegates, ladies and gentlemen, as President of the Thirty-third World Health Assembly, I have the honour to declare open the Thirty-fourth World Health Assembly. It is my privilege now to welcome, on behalf of the Assembly and the World Health Organization, Mr André Chavanne, President of the Conseil d'Etat, Mr Pierre Schmid, President of the Grand Conseil, Mr Roger Dafflon, Administrative Counsellor of the City of Geneva, Mr Jacques Dunand, President of the Conseil municipal, Mr Justin Thorens, Rector of the University of Geneva, Mr L. Cottafavi, Director-General of the United Nations Office at Geneva. I also welcome 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 Saint Lucia, a State which has become a Member of WHO since the last Assembly. I also welcome the observers of the national liberation movements invited in conformity with resolution WHA27.37, the representatives of intergovernmental and nongovernmental organizations in official relations with WHO, and the four representatives of the Executive Board.

It is now my sad duty to recall the death, since the Thirty-third World Health Assembly, of two most remarkable public health statesmen who had the greatest impact on the work of the World Health Organization: Dr Pierre Dorolle, on 13 November 1980, and Dr Karl Evang, on 3 January 1981. The Executive Board, at its sixty-seventh session, in January 1981, paid tribute to the memory of these two great friends of the World Health Organization and invited me to call attention to these sad events in suitable fashion at the opening of the Thirty-fourth World Health Assembly. Both were among my friends, and I met them on many occasions.

Dr Pierre Dorolle was the first Deputy Director-General of WHO. He occupied this post from August 1950 until October 1973 and witnessed the growth of the Organization from 71 to 138 Member States. He participated in numerous sessions of regional committees and assisted the Presidents of twenty-three Health Assemblies and an equal number of Chairmen of the Executive Board.

Dr Karl Evang was President of the Second World Health Assembly in 1949, and Chairman of the Executive Board at its thirty-sixth and thirty-seventh sessions, in May 1965 and January 1966. I happened to be a member of the Executive Board at that time and had the privilege to work with him, a most worthy man, God rest his soul. As delegate of his country, Norway, he took part in many World Health Assemblies, and was awarded the Léon Bernard Foundation Prize in 1966. Thus, to pay tribute to their memory, I propose that the Health Assembly express its sense of loss by observing one minute's silence.

The Health Assembly stood in silence for one minute.

The PRESIDENT (translation from the Arabic):

Thank you for your kind gesture towards our regretted friends.
2. ADDRESS BY THE DIRECTOR-GENERAL OF THE UNITED NATIONS OFFICE AT GENEVA

The PRESIDENT (translation from the Arabic):

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, allow me, in an ecumenical spirit, to start with your own words:
Bismillah Al-Rahman Al-Rahim.

Mr President, Mr Director-General, distinguished delegates, it is my pleasure to welcome you to the Palais des Nations and to convey to you the greetings and warm wishes of the Secretary-General of the United Nations, Dr Kurt Waldheim.

This Assembly is meeting at a time when the world situation, politically and economically, is far from encouraging. Health as an essential part of economic and social development has invariably been affected. This is especially evident in reviewing the resources needed for the basic research and operational programmes to control and eliminate diseases in the poor countries. It appears all the more imperative that we renew and strengthen our determination to bring about the required fundamental changes in our approaches towards peace and development. Thus, as part of the efforts to establish a New International Economic Order, the International Development Strategy for the Third United Nations Development Decade, emphasizing an integrated multisectoral approach, has been initiated, and so have global negotiations relating to international cooperation for development in such fields as raw materials, energy, trade, money and finance. The solid cooperation of WHO in these activities and their own valuable contributions are well known. To illustrate: in 1977 the United Nations Water Conference at Mar del Plata, with the close and comprehensive collaboration of WHO, set the objective of safe drinking-water and hygienic conditions for all by 1990. As a result the number of people with available drinking-water doubled during the 1970s and the United Nations International Drinking Water Supply and Sanitation Decade for the 1980s was launched.

In 1978 your historic conference in Alma-Ata on primary health care called on governments and the world community to attain for all by the year 2000 "a level of health that will permit them to lead a socially and economically productive life". In order to implement this fundamental and noble ideal the Global Strategy for health for all by the year 2000 was formulated; in fact a review of the draft of the Strategy is on your agenda.

In the operational field there has been splendid cooperation with others in the United Nations system, particularly at the country level. The WHO Executive Board earlier this year embraced the concept of technical cooperation based on common and mutual interests in promoting self-reliance in health development.

All these endeavours remind me of a point recently made by the Secretary-General, Dr Waldheim. I quote: "One of the most important and least recognized functions of the United Nations is to keep alive ideas and principles which cannot immediately be realized but which remain as an objective to be strived for and eventually won". It is no wonder that we look forward with hope to two major international conferences later this year - the United Nations conference on new and renewable sources of energy, in Nairobi in August, and the United Nations conference on the least developed countries, in Paris in September.

The challenge that faces this Assembly and WHO is immense. Ill health continues to trouble the developing countries, and perhaps as many as a billion people are undernourished. As time goes by, the need for speedy action grows more urgent. It is encouraging, though, to note that the excellent report on the Global Strategy for health focuses attention on a systematic implementation of the Strategy. Others in the United Nations system will also have to contribute.

These are difficult and anxious times, and hence the pervading cynicism and growing criticism. Yet when I consider the remarkable achievements of your Organization under the wise and effective guidance of its legislative bodies and the able, dynamic and dedicated leadership of its Director-General, Dr Mahler, I remain convinced that the awesome challenge can be met.

The PRESIDENT (translation from the Arabic):

Thank you, Mr Cottafavi, for your kind words. Please give our regards to Mr Kurt Waldheim, urging more support for this Organization.
3. ADDRESS BY THE REPRESENTATIVE OF THE CONSEIL D'ÉTAT OF THE REPUBLIC AND CANTON OF GENEVA

The PRESIDENT (translation from the Arabic):

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

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

Mr President, Mr Director-General, your excellencies, ladies and gentlemen, it is a great honour for me to welcome you on behalf of the authorities of the Swiss Confederation and the Republic and City of Geneva, and to wish you success in your work within these walls, within this country. Ladies and gentlemen, as experts at the highest political and medical levels you are accepting responsibility for doing all you can for the thousands of millions of men and women throughout the world, almost all of whom are represented here. We are well aware how seriously you take your essential and urgent task of doing everything possible, under national and regional conditions and taking into account the available resources and the facilities offered by both science and tradition, to bring about a state of health defined not just by the absence of disease but by the highest physical and intellectual capacity.

We are very proud that you have come here to compare your experiences and exchange your views within the highly respected World Health Organization. I would like to stress that this is an extremely friendly Organization, and its relations with the local authorities are also friendly. It genuinely has a determination to serve, a determination to get results, a determination to think things out, a determination to succeed which, every time we have the opportunity to see it, is extremely salutary to us as well.

Ladies and gentlemen, you are assuming your responsibilities - heavy responsibilities - at a time when mankind is increasing rapidly; you fulfil them under normal conditions, and you fulfil them under abnormal conditions such as those created by epidemics, war and famine. Undoubtedly we can say in the name of all mankind that we genuinely hope that your meeting this year will once again prove useful to all those you represent, to all those you are helping. May you have an enjoyable stay in this city, and in this Assembly, enjoyable because you will leave again richer in experience and in capabilities for action.

Mr President, Mr Director-General, your excellencies, ladies and gentlemen, welcome to this city and this country.

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

The PRESIDENT (translation from the Arabic):

In the name of God, the Merciful, the Compassionate, distinguished brothers and sisters, it gives me pleasure to greet you and welcome you to the opening of the Thirty-fourth World Health Assembly. I should also like to welcome Mr André Chavanne, President of the Conseil d'État of Geneva and express, on behalf of all of you, thanks to the Swiss Government for its hospitality and unfailing welcome to us every year at this time. We appreciate its magnanimous efforts to facilitate our meetings and contribute to their success. Our thanks also go to Mr CottaFavi, the Director-General of the United Nations Office at Geneva, for his participation in this meeting and for the facilities provided to us by the United Nations to ensure the success of our conferences.

Let us thank God for his countless mercies, among which is the opportunity to meet again in this hospitable country, after a year full of work and achievements which, we hope, will all further the welfare of humanity. We also hope that all of us, in our own countries, have taken big steps for ensuring the welfare and health of our peoples. We meet, this year, still more determined and willing to work together sincerely, guided in every step by the will of God and hoping to achieve our humane mission which we promise to fulfil, before God, our conscience and our people.

I believe you expect the President to be both wise and brief in his address, according to our agreement at the last Assembly concerning the manner of conducting our discussions. We offered, as you may recall, an award for the shortest speech. It was, of course, a surprise to those who, unaware of the award, delivered long speeches! Though, this year, I am not in
a position to promise any awards, as that depends on the new President and what he has up his sleeve, I can assure you of the gratitude of all the participants in the Assembly, if we could save time in the meetings of our Organization. This being understood, I shall try to abide by the method we agreed upon.

On reviewing what we were hoping to achieve during the past year, we find that the world has made great advances in the important fields regarding which we have taken a number of decisions.

You will remember that during the last session we celebrated the eradication of smallpox and signed its death certificate ... thank God, the world has remained quite free of the disease during the first year after the declaration of its eradication and no cases have appeared in any part of the globe. This convincingly shows that by sincere cooperation, coordinated and constructive efforts, and self-sacrifice, much can be done for the wellbeing of mankind. The first achievement of this cooperation, under the aegis of our great Organization, was to free the world from this deadly epidemic disease which caused such fear and dread among peoples. There are great hopes that we shall soon meet again to celebrate, if God so wishes, freedom from another of the grave diseases that threaten mankind.

The second field of activity looks to the future, and calls for the exertion of the same efforts that resulted in freedom from smallpox so as to ensure that every member of mankind will enjoy a sound and healthy life during the few years of his existence so that he is able to participate in the advancement of the world. This is the great dream of all of us. A glimmer of hope appeared at our historic meeting in Alma-Ata, and became stronger when we emphasized this goal during our previous session. We now look forward to the year 2000 in the confident hope that it will be the year when mankind will enjoy for the first time an appropriate level of health and wellbeing for himself and his family, freed from the fear and terror of the diseases that threatened his life when he faced them unarmed.

Indeed, the man of the year 2000 will enjoy a healthy, decent life if we make a concerted effort to attain this goal. He will remember and respect your great and sincere efforts and will record in letters of gold your tremendous work throughout the 20 years that will elapse before achievement of the great dream in the year 2000.

It gives me pleasure to say today that our world has passed the stage of merely thinking about attaining this goal at the organizational level, for there is now a practical response and positive steps are being taken in every country of the world. Plans and methods of work are now under way for the creation of simple strategies that can be easily implemented and will cover everything related to human life so as to secure health and wellbeing for all mankind. Countries have begun to introduce this noble goal into their national and political programmes. The political parties have competed in presenting this goal as one of their main objectives. All this leads us to believe that health for all by the year 2000 is no longer a mere slogan devised by the Organization, no longer a mere hope, but that it is being brought about thanks to plans of action, strategies and programmes. This transition from the stage of hope to that of implementation naturally calls for greater coordination of effort and necessitates abolition of the political boundaries that separate human beings from one another, and obstruct and limit mutual aid. Through such coordination and cooperation among human beings all people could live a more healthy and enjoyable life.

As we inaugurate today the thirty-fourth session of the World Health Assembly we must not forget that we have gone a long way towards achieving health for all by the year 2000 and that we have been able to change hopes into actions. We must therefore intensify the efforts we have started during this and coming sessions, if God so wishes, as well as in our regional and national meetings until we attain our objective.

The third aspect which I would like to tackle in my speech concerns the obligation to follow up the proceedings of the meetings during our Assembly, the functions of WHO, and the reorganization of its structures and its programmes in the light of its worldwide responsibilities, as well as the implementation of its programmes in the various regions and countries of the world. In my opinion, the responsibilities of WHO in this connexion ought to be much more flexible, free from all complexities and complications (that is, after the reorganization of the structures of WHO) so as to guarantee the quickest possible response for the implementation of its strategies and targets. These have now become the special concern of every man and woman in this world. This means that the Organization must plan the budget for its various activities and programmes for all countries of the world in an all-inclusive way, taking into consideration the various national strategies, so as to ensure the health of all peoples in all these countries. It is imperative for all of us to face realities and facts in these assemblies of our Organization. The purpose in holding these meetings should not be just to
make decisions and issue recommendations and stop there. Each one of us should sincerely make every effort and give all possible help to enable the Organization to put these decisions and recommendations into effect.

Our Organization can in no way prosper and attain the success we all hope for unless we all of us help it and give it all possible support, continually following up its actions, and keeping them always under review. This also means that we should continually give it all the financial support it needs. Naturally this implies that the rich countries should always give it their support, and provide generous and unlimited financial backing for the Organization to enable it to work for the welfare of the other, less wealthy countries. I am certain that the Organization will then do the best it can to carry out its mission for the good of mankind in every corner of this world. I must not let this opportunity pass without praising the sincere efforts made by the Director-General of the Organization and his assistants. I have been able to observe their efforts at close quarters and must say that they really believe in their noble mission, and work very hard for their important cause - the cause of generously giving and selflessly working for the health of man. On behalf of all of us here I thank the Director-General and all his assistants for the noble services they render to this Organization.

It is painful for us indeed that our Assembly this year begins while the world still suffers from persecution, from oppression, from troubles everywhere, and from racial segregation - all of which are in utter contradiction to human rights. All these have their evil effects on the ties between the various peoples of this world. They destroy ways and means of friendship and rapprochement. All this has an adverse effect on the health of man, his work and his productivity. Let us hope that we all of us here will work hard and earnestly to bring justice to this world, and stand upright and firm against persecution, against oppression and against the occupation by sheer force of the lands of other peoples. We should also help all peoples fighting to achieve their national independence and struggling to keep their identity and free themselves from foreign occupation, so that all the peoples of the world will be able to enjoy health and happiness.

I, thank God, am a believer and an optimist. That is why I am certain injustice must and will be overcome. Right is always supreme. What this world lacks is faith. If we all of us believed in God, we would all of us aim at what is right; for what is right is good. We would all abstain from doing wrong, for it is evil. Because we know for certain that the evil in one's self leads on to disputes between individuals or between groups or between States, we should first of all conquer evil in ourselves, for the self always counsels wrong. The only way to conquer self is to call on our Creator, to keep faith in Him, and always believe in Him.

Let me conclude by praying to Almighty God to keep our feet on the right path and to help us realize our aim of providing health amenities for all by the year 2000. I wish every success to this our Thirty-fourth Assembly. Thank you all, and God bless you. (Applause)

Now, 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. Please remain in your seats; the meeting will be resumed in a few moments. Thank you.

5. APPOINTMENT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT (translation from the Arabic):

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, in which we have maintained an equitable geographical distribution: Argentina, Bahrain, Belgium, Bulgaria, Denmark, Jamaica, Kenya, New Zealand, Nigeria, Senegal, Sudan and Thailand.

Are there any objections? I see none. The list is approved. 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, 5 May, probably at 15h00, 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 (translation from the Arabic):

We now come to item 3: Election of the Committee on Nominations. This item is governed by Rules 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: Chile, China, Ecuador, France, Guatemala, Hungary, India, Ivory Coast, Lesotho, Libyan Arab Jamahiriya, Mexico, Morocco, Oman, Singapore, Sri Lanka, Trinidad and Tobago, Tunisia, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United Republic of Tanzania, Zaire and Zambia.

Are there any observations? I believe you have all received the list. In the absence of any 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, God willing, tomorrow morning at 9h30 in this Hall. The meeting is adjourned.

The meeting rose at 15h55.
SECOND PLENARY MEETING

Tuesday, 5 May 1981, at 9h40

President: Dr A. R. AL-AWADI (Kuwait)
later: Dr N. VIOLAKI-PARASKEVA (Greece)

The PRESIDENT (translation from the Arabic):

In the name of God, the Merciful, the Compassionate. We thank Him for the opportunity of coming together again in this second meeting of the Thirty-fourth World Health Assembly. Before we start the discussion of the agenda and I hand over the presidency to my successor I should like to say a few words, and I hope you will bear with me.

First of all I must not fail to thank all those who have given their assistance and cooperation in running the meetings of the Assembly. This provided a good opportunity for me to get acquainted with many of you - though sometimes I may have gone beyond my terms of reference and limited the right to speak on certain items. But I hope I have done this in the interest of the Organization. I must also extend my thanks to the Director-General, Dr Mahler, the Deputy Director-General, Dr Lambo, and the Secretariat staff who have worked with me as President. They are the unknown soldiers who prepared everything for the President, with extreme precision. They deserve my full thanks and praise.

As you will recall, in my closing speech at the thirty-third Assembly last year, I suggested that the Director-General and the Deputy Director-General should wear the same national dress as that of the President, and it seems that no decision was taken in this respect. I hope that this Assembly will take a decision requesting the Director-General and Deputy Director-General to wear the same national dress as that of the President. However, I leave the matter to the new President.

I thank you for everything, and hope that we shall always work together for the welfare of humanity, and do everything in our power during these meetings so that all our endeavours may meet with divine favour. We shall continue, if God so wishes, along this path, for the world is in desperate need of mutual support and cooperation between the nations. Our Organization needs everything we can do to help it. It is a humane Organization; I hope it will always remain so, and that through us, it will be able to fulfil its mission.

1. FIRST REPORT OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT (translation from the Arabic):

Now we take up the first item on our agenda this morning, which is consideration of the first report of the Committee on Nominations. This report is contained in document A34/26. I invite the Chairman of the Committee on Nominations, Dr Quamina, kindly to come to the rostrum and read out the report.

Dr Quamina (Trinidad and Tobago), Chairman of the Committee on Nominations, read out the first report of the Committee on Nominations (see page 285).

Election of the President

The PRESIDENT (translation from the Arabic):

Thank you, Dr Quamina. 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 Méropi Violaki-Paraskeva of Greece is therefore elected President of the Thirty-fourth World Health Assembly. I wish Dr Paraskeva every success, and I invite her to take the seat on the rostrum.

Dr Violaki-Paraskeva took the presidential chair.

The PRESIDENT:

Your Excellency, distinguished delegates, ladies and gentlemen, thank you very much to honour me to be our chairman of this Assembly - or our chairwoman. I hope that we will work in harmony and in a good collaboration so we shall avoid any night session and our discussion by the end of this meeting will be very fruitful. As usual the presidential address is going to be held tomorrow morning and on this occasion I will be able to address you. I have to thank the outgoing President, who recalled that last year he suggested that all the Secretariat be dressed according to the official dress of the country of the President. Of course now we are dressed in the European style, but before our dress was the uniform of the Tsoliás, so I hope that if you do not mind next year I will bring you just a set of such a dress. Well, I wish you a good day and think it is now time to proceed with our work.

2. SECOND REPORT OF THE COMMITTEE ON NOMINATIONS

The PRESIDENT:

I now invite the Assembly to consider the second report of the Committee on Nominations. This report is contained in document A34/27. May I ask the Chairman of the Committee on Nominations, Dr Quamina, to read out the second report of the Committee. Dr Quamina, please. You see this is the age of women:

Dr Quamina (Trinidad and Tobago), Chairman of the Committee on Nominations, read out the second report of the Committee on Nominations (see page 285).

Election of the five Vice-Presidents

Election of the Chairmen of the main committees

The PRESIDENT:

Thank you, Dr Quamina. Just to save our time, I think you can combine the nomination of all the officers of this Assembly and have them just elected by acclamation if there is no other proposal. Are you ready to accept this? (Applause)

I invite the Vice-Presidents to take their seats.

Now, ladies and gentlemen, I shall determine by lot the order in which the Vice-Presidents shall be requested to serve should I be unable to act in between sessions. The names of the five Vice-Presidents have been written down on five separate sheets of paper which I am going to draw by lot.

Mr Jallow (Gambia) is the first Vice-President; Mr Hussain (Maldives) is the second; Dr Andonie Fernández (Honduras) is the third; Dr Qian Xinzhong (China) is the fourth; and the fifth is Dr Rifai (Syrian Arab Republic).

Establishment of the General Committee

The PRESIDENT:

Now, there being no objections about the nominations for the other members of the General Committee, 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. (Applause)
Now I think we will proceed with our normal work. 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 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 immediately after lunch.

3. REVIEW AND APPROVAL OF THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS

The PRESIDENT:

We shall now consider item 9, which concerns the review and approval of the reports of the Executive Board on its sixty-sixth and sixty-seventh 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. I can do this much better because I have acted twice as representative of the Executive Board at the World Health Assembly and I can assure you that this work is very difficult but, on the other hand, very fruitful.

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 the discussion and the flavour of the Board's discussion 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 Executive 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 the 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. They are purely expressing their statements as members of the Executive Board.

I have now pleasure in giving the floor to the representative of the Executive Board, Dr Barakamfitiye, who was the Chairman of the Executive Board last year.

Dr BARAKAMFITIYE (representative of the Executive Board) (translation from the French):

Madam President of the Thirty-fourth World Health Assembly, Mr Director-General, distinguished representatives of Member States, ladies and gentlemen, may I begin on behalf of my colleagues and myself by offering to you personally, Madam President, as one of the few ladies who has presided over one of our Assemblies since the creation of our Organization, and to the Vice-Presidents and the Chairmen of the main committees, my congratulations on the confidence shown in you by the Thirty-fourth World Health Assembly which has entrusted you with the most important responsibility of conducting and coordinating its work. I have no doubts as to the brilliant manner in which you will all accomplish these onerous tasks. I wish you every success and can assure you of the support of the representatives of the Executive Board.

Madam President, as you have just pointed out yourself, the role of the representatives of the Executive Board in the deliberations of the World Health Assembly is essentially to report on the work of the Board, to inform the Assembly of decisions taken and recommendations formulated by the Executive Board during its two previous sessions, and to provide clarification of any matters discussed by the Board during its deliberations, so as to facilitate the work of the Assembly. I can assure all representatives of Member States attending this Assembly that my colleagues and I shall do everything in our power to fulfil our obligations in a satisfactory manner, in the spirit of close collaboration and mutual trust which has come to govern relations between the World Health Assembly and the Executive Board over the years.

The task of reporting to the Assembly in plenary on the work of the Board at its sixty-sixth and sixty-seventh sessions has been simplified by the fact that for the first time the Assembly has before it a written account of the deliberations of the Executive Board.
This report (document A34/2), which is admittedly a summary one, was drawn up by the representatives of the Executive Board in accordance with a decision taken by the Board at its sixty-sixth session, in May 1980. Rather than reporting on the Board's discussions on all issues dealt with during the last two sessions, therefore, I propose to devote my speech to certain matters that my colleagues and I consider of particular interest to the Health Assembly.

To begin, honour where honour is due, the global strategy for health for all. You will certainly agree that formulation of a global strategy designed to provide health for all by the year 2000 is an important milestone in the history of our Organization. However, as Committee A is to conduct a thorough investigation of the strategy during this Assembly, I shall not embark upon a detailed analysis of the discussions held on the subject during the sixty-seventh session of the Executive Board. I should just like to point out that the mere process of elaborating the strategy, in which we have all been involved - the governments of the Member States participating individually on the national level and collectively at regional committees, the Executive Board and the World Health Assembly - has strongly contributed to a further reinforcement of the cohesion of the Organization. This process is obviously in line with the relevant resolutions of the governing bodies, particularly resolution WHA33.17 on WHO's structures in the light of its functions. It is in this spirit of cohesion, on the one hand, and on the basis of resolution WHA32.30 concerning the strategy for health for all, on the other, that the Board, rather than submitting to the Assembly a collection of 156 national strategies, six regional strategies and one global strategy, is presenting you with just one document, a single strategy, the global strategy. As I have just mentioned, the process was simple and yet complex: the Member States formulated their national strategies, on the basis of which the same States together worked out regional strategies. Using these appreciable regional contributions the Board, with the invaluable collaboration of the Director-General and the Secretariat as a whole, drew up the proposal which I have the honour of submitting to the Assembly as the global strategy, embracing objectives and approaches for global health development towards health for all by the year 2000. Furthermore, despite the cynics and opponents of change who condemn health for all by the year 2000 as a utopian notion or a dream, the Executive Board is unanimously convinced that this objective, which aims to meet the basic needs of the people, is a political, social and economic imperative and, moreover, one that is realistic and quite attainable.

The Executive Board also discussed the preparation of a plan of action for implementation of the global strategy. Should the plan of action be prepared and presented to the Assembly at the same time as the strategy of which it will form a part, or should it be worked out later? That is how the Board saw the question. After some consideration on the subject I submit the following proposal: that after adoption of the strategy by the Assembly, the latter might recommend that the Board prepare the plan of action in close collaboration with Member States through the regional committees and with the help of the Secretariat. The Board, having examined the plan of action at its sixty-ninth session, would then submit its proposals to the Thirty-fifth World Health Assembly in May 1982.

The Board turned its attention to another important matter: the draft programme budget for the two-year period 1982-1983. The Board felt that presentation of the programme budget had been improved following the remarks made during examination of the first biennial programme budget for 1980-1981. I hope the representatives of Member States at this Assembly will agree. In its scrutiny of the programme budget, the Board paid particular attention to certain major sectors. First, primary health care: the Board stressed that this programme, like the objective of health for all by the year 2000 to which it is the only path, is a social challenge which can be taken up only with good sense, faith and courage. What is needed is not adventurism or naivety but the rational approach which characterizes all, and I mean all, of the Organization's programmes at all levels, the top priority by far being the national level. In all events, the concept of primary health care in the spirit of Alma-Ata, with its eight components - a concept that has already become a programme - is the basis on which we worked out the strategy for health for all by the year 2000. In other words it is on the sound, firm basis of primary health care that the Board is recommending the Assembly to build a lasting structure: the global strategy.

The mental health programme which has taken shape over the last 10 years now occupies an important place. Since psychological factors play a role in a large proportion of the difficulties experienced by people in poor health, mental health must be an integral part of primary health care. The Board also stressed the need to step up the Organization's activities with regard to problems associated with the consumption of alcohol.

Turning to the action programme for essential drugs, the Board has adopted the recommendations of its Ad Hoc Committee on Drug Policies concerning strategies for the
programme, that is, to promote the formulation of national drug policies and to improve the situation with regard to the supply of pharmaceuticals, especially essential drugs. Here it was stressed that technical cooperation among developing countries would play a decisive role.

The Ad Hoc Committee also suggested, and the Board recommended, that the Secretariat prepare a report on the situation for presentation to the sixty-ninth session of the Board and, later, to the Thirty-fifth World Health Assembly.

The WHO programme for control of diarrhoeal diseases is another subject that the Board discussed at length. It was noted that the long- and short-term objectives of the programme and the importance attached to operational research and other aspects of management and logistics are all significant factors in the control of diarrhoeal diseases.

Turning to the Expanded Programme on Immunization, the Board felt that this is an excellent example of what WHO and the Member States can manage to do with the sometimes very limited means at their disposal. The Board emphasized the need for management training and noted with satisfaction the efforts made by the programme in this field, where the emphasis is no longer placed on higher-level personnel alone but more particularly on workers at the intermediate and peripheral levels. It is important, however, not to lose sight of the fact that even if the objective of immunizing all children were to be attained by 1990, the programme would not stop there. It would continue: the political commitment would have to be maintained and national resources increased, where necessary, to support it.

You will have noted that the programme budget for the two-year period 1982-1983 will be discussed and adopted at the same time as the global strategy for health for all. This means that the programme budget for 1982-1983 and the nine that will follow have a special significance, in that they will be specifically oriented to support the implementation of national, regional and global strategies in favour of providing health for all by the year 2000. I feel, therefore, that when the distinguished representatives of Member States discuss the programme budget for 1982-1983 and the tentative budget projections for 1984-1985 they should constantly bear in mind the undeniable link - I was about to say the interdependence - between implementation of the strategy and the preparation and execution of future general programmes of work and programme budgets of the Organization.

I should now like to pass on to the Board's deliberations on the tentative budget projections for 1984-1985. The Director-General had proposed that the same ceiling of 4% real growth be maintained for the period. The Board found this reasonable since in the health field a slight increase in the real value of the budget as a whole is essential to allow for factors such as demographic growth, scientific progress and increased expectations on the part of the populations with regard to health. It was stressed that this figure of 4% growth should be regarded as a ceiling and not as an objective. Still on the subject of the tentative budget projections for 1984-1985, it was proposed that a sum in the order of US$ 10 million might be allocated to the Director-General and used, through the appropriate mechanisms, for redressing any imbalance or making up any deficit that the Board may discover during execution of that budget or examination of future ones. The Board therefore asked the Director-General to prepare a detailed document on the matter for submission to a future session of the Board.

In recommending a real increase in the order of 4% the Board is quite aware that this may not be enough to cover the cost of programmes necessary for attainment of health for all by the year 2000. The volume of extrabudgetary funds will therefore have to be increased. If this is done, however, Member States must not begin to see the Organization as a funding agency rivalling bodies such as UNDP or the banks. On the contrary, WHO should be seen as a body which mobilizes resources in the interests of cooperation and for specific technical programmes; and which helps Member States to define their most pressing needs on the one hand, and on the other to implement their health development programmes in accordance with those needs.

Allow me now to say a few words on the meaning of WHO's international health work through coordination and technical cooperation, a matter which was discussed in depth by the Executive Board's Programme Committee at its autumn 1980 session. The Programme Committee clearly defined the nature of the problem when drawing the attention of the Board to this important matter. The difference between technical cooperation as a new mechanism in relations between the Organization and its Member States and the concept of technical assistance was emphasized. The Committee also suggested that the Executive Board carry out a more detailed examination of "technical cooperation" in WHO and prepare a draft resolution in the form of a policy declaration explaining the absolutely unique and indivisible nature of WHO's international health work, that is, coordination and technical cooperation. In the opinion of the Board, this work can be financed either by the regular budget or by extrabudgetary resources, subject to availability and to the Organization's existing administrative mechanisms.
The Board drew up a draft resolution accordingly, which it recommends to the Thirty-fourth World Health Assembly for consideration and adoption.

On the subject of the International Code of Marketing of Breast-milk Substitutes, distinguished representatives of Member States will no doubt recall that the Thirty-third World Health Assembly, in resolution WHA33.32 concerning infant and young child feeding, requested that the Director-General prepare an International Code of Marketing of Breast-milk Substitutes. As you are aware, this draft International Code is the result of wide-ranging exchanges of views among all parties concerned, that is, governments, experts, the baby-food industry, nongovernmental organizations interested in these problems and some organizations of the United Nations system, UNICEF in particular. Preparation of the Code was also preceded by a series of meetings and during their examination of the text at the sixty-seventh session, members of the Board made a number of comments on the Code itself, mainly with a view to clarifying certain points. Finally, the Executive Board unanimously approved the draft Code and submits it to this Assembly with the recommendation that it be adopted. If it subscribes to the Board's recommendation the Assembly will adopt the International Code within the meaning of Article 23 of the Constitution, that is, as a recommendation to Member States. In this same text recommended to the Assembly the Director-General is requested to report to the Thirty-sixth World Health Assembly on the situation regarding application of the Code and, if necessary, to formulate, on the basis of the conclusions of that situation report, proposals concerning revision of the text of the Code and any measures necessary for its proper application.

The Executive Board also considered the report of its working group on the organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming. This very comprehensive study reviewed all aspects of training in public health and health programme management and the report puts forward a number of important recommendations. One of the most important concerns national strategies for management training and advocates not only appropriate training in the subject for staff already at their posts but also a reform of basic and advanced instruction, so that all health agents receive some health management training and can thus make an effective contribution towards attainment of the objective of health for all by the year 2000. A number of specific observations made by members of the Board were noted and taken into account in the final version submitted to the Health Assembly. Here too the Board adopted a resolution including the text recommended for adoption by the World Health Assembly.

Thus, in addition to document A34/2 and document EB67/1981/REC/3 concerning the Board's report on the programme budget for 1982-1983, I have given you a brief outline of the activities of the Executive Board at its sixty-sixth and sixty-seventh sessions, during which I had the honour of presiding over this important governing body. Once again the Board recommends that the Assembly adopt a number of resolutions and take a number of decisions, some of which are indubitably of an historic nature.

As for myself, I firmly believe that the World Health Assembly, the Executive Board, the regional committees and all persons dedicated to the cause of health have demonstrated that the social objective of health for all by the year 2000, far from being a utopian notion, is a reality which is already taking shape. All these institutions and people have also shown that primary health care is the principal means, both social and technical, of achieving that objective.

The Alma-Ata Declaration and report, the Board's document on the formulation of strategies, the resolutions of the United Nations General Assembly, the World Health Assembly, the Executive Board and the regional committees, not to mention the enormous mass of documentation already available on health for all by the year 2000, primary health care and the eight components, are all political, judicial and technical tools that enable us to take the action needed to prevent the widening of the gap between rich and poor, between countries and within countries, but also (and this would be really regrettable) between resolutions, declarations, documentation and action. Nineteen years is quite a short time in which to do all the work needed if we are to attain the level of health desired. So those who have already set off must step on the gas - without speeding, of course. For those who have not yet started the time has come, and may I add that we cannot afford to put off action until we are sure of success.

The role of WHO in this undertaking is adequately covered in the document on global strategy which will be examined during this Assembly. All I can add is that WHO, where I have had the opportunity of observing the work of the Executive Board, the Director-General, the Regional Directors, the Deputy Director-General and their colleagues, is ready to do its part. We must use it to the full and use it rationally to avoid excessive bureaucracy.
These are my personal convictions and my fears, which I have taken the liberty of confiding to you. In conclusion, Madam President, allow me to thank Dr Mahler, our Director-General, Dr Lambo, the Deputy Director-General, the Regional Directors and all members of the Secretariat publicly for the support given to the Board on its work. May the Thirty-fourth World Health Assembly bear the fruit we expect from it. The struggle for health goes on.

The PRESIDENT:

Thank you, Dr Barakamfiteyi, for your most interesting and comprehensive presentation and statement. I should like also to take this opportunity of paying tribute to the work of the Executive Board, and in particular to express our appreciation and our warm thanks to the outgoing members who have contributed very actively to the work of the Executive Board.


The PRESIDENT:

And now I give the floor to the Director-General, Dr Mahler, so that he may present his report on the work in 1980, item 10. This report is contained in document A34/3. You cannot find any cover page, or green book or blue book - usually the delegates are a little bit lost as I was before - it is just a simple presentation. Dr Mahler, you have the floor.

The DIRECTOR-GENERAL:

Madame President, honourable delegates, friends, four years ago, you decided to adopt as your target what is popularly known as "Health for all by the year 2000". During the present Assembly you will be considering a global strategy for reaching that target. This strategy reflects the fruits of your efforts in the intervening years, efforts you have made in your own countries, and that you have made together in WHO. Now, what will you do with the strategy once you have adopted it, in whatever final form you decide to adopt it? Much will depend on how you conceive of it. According to my conception, it is no less than a contract, a contract for health - not legally binding but morally binding - a social contract for health accepted voluntarily by equal partners. It is a contract that is clearly implicit in WHO's Constitution; for need I repeat that, by its Constitution, WHO consists of Member States cooperating among themselves and with others to achieve the objective of the attainment by all peoples of the highest possible level of health, and you have decided that, by the year 2000, all people in all countries should have at least a level of health that would permit them to work productively and to participate actively in the social life of the community in which they live.

More than 200 years ago Jean-Jacques Rousseau, citizen of this very Geneva in which this Health Assembly takes place, described the nature of such a social contract. Now listen to how he described it: "A form of association which defends and protects with the whole force of the community the person and property of every associate and by means of which each coalescing with all, nevertheless obeys only himself and remains as free as before".

Who then are the partners in this contract for health? They are three: governments, people and WHO. Honourable delegates, you represent them all: each one of you represents your government and the people it governs; together you represent WHO. What happier circumstances could you wish for to enter into a contract for health?

What are the terms of the contract for health? Each of the partners has both rights and responsibilities, and they are spelled out in the strategy. I shall mention only a very few, and here they are. Health is a fundamental human right. People have the right and the duty to participate individually and collectively in the planning and in the implementation of their health care. Governments have responsibility for the health of their people and they have the right to discharge it in a self-reliant way. WHO has the rights and responsibilities of its 156 Member States as the directing and coordinating authority with respect to the strategy.

What then are the partners expected to do to carry out their responsibilities? Well, governments clearly are expected to take the necessary political, social, managerial and financial measures to ensure that the policies and principles contained in the strategy are in fact put into practice in their own country. So they are expected to adopt the strategy at
the highest political level and to ensure the means for implementing it. But at the same time they are expected to give people the right to assume growing responsibility for their own health and they are expected to help them to generate the means to do so. They are also expected to cooperate with other governments, as necessary, to ensure the strategy's success, because success will only come when all people in all countries have at least that level of health you have prescribed. So rich and poor alike will be expected to consort in various combinations, learning from one another and sharing with one another, and - and this is a big "and" - those countries in a position to do so sharing resources with those that are not. That is the international health solidarity, born out of enlightened self-interest, that I have so often referred to. For you all stand to gain from one another in the attempt to succeed and you will lose much more than the battle for health if you fail.

What of the people? Well they are expected to try to understand much better than they do today how to keep as healthy as possible under the circumstances in which they live and work, and to undertake to apply the knowledge they have gained. They are expected to do so as individuals, as families, as communities and as associations of individuals, whether for political, social or professional purposes. And this is where the nongovernmental organizations enter the picture. They are powerful sources in all societies, acting as they do as the intimate representatives of people in diverse walks of life. Their power must be harnessed to the goal of health for all as full signatories of the contract.

Honourable delegates, WHO obviously cannot stand between you and those you represent, but what it stands for can hover over you and your people when you come to deliberate on how best to attain your health goals. The policies you have adopted, the principles you have defined, and the programmes and managerial processes you have conceived in your Organization - they are all your collective strengths. If you apply them properly in your own countries they will become your individual strengths; so do use your collective strengths as political, as moral support to introduce in your own countries what you have prescribed in WHO. Otherwise your collective action will become a weakness that sorely troubles your conscience, rather than a strength that reinforces your decisions. Permit me in this connexion once more to quote Rousseau: "The citizens being all equal by the social contract, what all ought to do all can prescribe, while no one has the right to demand that another should do what he will not do himself". Your Organization brings you together to consolidate your collective strength and supports you in converting this into individual strength, and also helps you to mobilize the resources you require to this end, and that is WHO's part in this contract.

Now where should all this take place? Well, the terms of the contract are equally binding in individual countries, in regional groupings of countries, as well as here at the global level. Action at any one level cannot profitably take place without parallel supportive action at all the other levels. I have had occasion before to remind you that world health is indivisible, and that is certainly equally true for the global strategy. For in spite of its global character everything on which it is based is derived from the realities of countries' needs as expressed by countries themselves and by regional groupings of them, rich and poor countries alike, irrespective of their political and social ideology. In turn, its success will clearly depend on the extent to which it is being reflected in regional strategies and translated into action in countries. For it is there, in countries, where people live, and work and learn and dream and suffer, it is there that health is made or broken; it is there that the world's many, living in utter squalor, can each spare only a few dollars per year to maintain their health in spite of the dire social and economic consequences of their ill health; and it is there that the world's few, living in affluence, each spend hundreds and hundreds of dollars a year in the mad rush to keep up with the latest in medical technology without much thought for its social and economic consequences.

What has the strategy to offer in response? Well, it offers health systems, organized with the needs of whole populations in mind, common problems being dealt with first where action is more needed, and less important problems being relegated deliberately to a lower priority. It points to the development of such health systems in keeping with the political, social and cultural characteristics, as well as economic capacity, of each country and to the use by the health infrastructure of health technology that is really suitable scientifically, technically and economically, for those for whom it is used and for those who use it. It indicates how to ensure proper coordination within the health sector, but also pragmatic collaboration with all the other sectors concerned.

You may legitimately ask: are these measures so simple as to be universally true, but naively impractical? I have been playing both angel's advocate and devil's advocate in my own mind, in attempting to relate this strategy to different kinds of country, poor,
rich, east, west, north and south. In summing up, I do believe that it has everything in it for some countries, and something in it for all countries if - and there are some very big "ifs" attached - if you, your governments and your people truly want to use it, if you use it systematically, and if you use your WHO properly to help you.

Forgive me then if I return for a moment to the theme of the use you are making of your WHO. I am sorry to say that, in spite of the spectacular use you are making of your Organization at global and regional levels, very few of you are using it properly inside your own country. How often do I still see you misusing its very limited financial resources by perpetuating fragmented projects, requesting fellowships that have very little relevance to your essential manpower needs, and asking for equipment and supplies of marginal utility! And how often do I see the representatives of your Organization in the Secretariat passively acquiescing in this outmoded form of technical assistance, however laudable their motives! Your Organization's precious resources deserve to be put to better use than that. Indeed, some years ago you formally adopted a process for ensuring flexible and effective use of WHO's resources in countries, almost in uncanny anticipation of the strategy for health for all that was to come; so please, honourable delegates, do not consider WHO's country planning figures as acquired property for use as an expedient stopgap in indifferent projects. Instead, use them wisely to exploit the gold-mine of knowledge that has accumulated, and is accumulating, in WHO; use them to build up health systems, as prescribed in the strategy, based on primary health care and on socially attuned and technically competent health manpower; use them to plan country-wide programmes for delivery by the health system in response to your most important health problems; use them to ensure that these programmes do enjoy employed technology that is really appropriate to your needs and your capacities, and use them, above all, in such a way that, when they are spent, they leave something permanent and something valuable in their wake.

I mentioned only a few moments ago the responsibility devolving on WHO in fulfilment of its part in the contract. It is again your duty, honourable delegates, to make sure that WHO fulfils these responsibilities, and it is of course no less the duty of those in your Secretariat, be they in countries, in the regional offices, or here at headquarters. Remember, we are bound by the same contract! And here I turn to my colleagues in the Secretariat, wherever they are and whatever their function, please remember WHO's activist role in supporting its Member States, with no hint of supranationalism, but with full responsibility as an equal partner to carry out the strategy in good faith. That means supporting vigorously those activities that lie within the terms of the contract and resisting those that lie outside them, whether in the form of government request or professional or public pressures; as indeed you, honourable delegates, instructed your Regional Directors and my humble self to do in this very Assembly Hall one year ago.

To carry out faithfully the terms of the contract you will have to take your people into your confidence, and these include simple citizens and professionals, paupers and politicians. Without their confidence you will be unable to break away from yesterday's conventions and we shall continue to talk in the future and act in the past. To gain their confidence you will require educational efforts of unprecedented magnitude. You will also have to take WHO into your confidence, risking external irritation of your internal sensitivities. In like manner, WHO will have to take you, the representatives of its Member States, into its confidence, making you full and equal partners in all its deliberations and decisions, as indeed you again instructed it to do one year ago in this Assembly Hall.

I have no illusions about the difficulties you will encounter, and I do hope that you will appreciate the delicate situations in which your Secretariat often will find itself. Yet I believe nothing short of such measures will guarantee success. The key to acceptance is the voluntary nature of the contract for health. It is a social contract, and must therefore be subject to social control. This applies first of all in countries, where individuals, communities, and associations of people will be expected to participate actively in shaping health policy and in controlling the health infrastructure and the programmes it delivers.

But voluntary social control will be required internationally too; and this is where WHO's democratic network of organs will be invaluable, its regional committees governing regional health policies, its Health Assembly determining global health policy and controlling its implementation, its Executive Board giving effect to the decisions of the Health Assembly and monitoring the way they are carried out, and your Secretariat supporting all these activities. Moreover, we do not constitute a closed system: we are part of a broader
world in which the people whose needs we serve have other problems and other interests, many of which clearly impinge on ours and on many of which ours impinge; so we must let the world at large know what we are attempting and we must be ready for external criticism and guidance, with all the risks that this entails, be these due to misunderstandings of our intentions, suspicions, or even frank jealousy.

Are these risks really worth taking? To answer this I should like very briefly to review the prospects of succeeding with our global strategy. We have already demystified the road to better health and we have laid bare its essentials for all to know and for all to use. We have indicated how to adapt and how to apply what we know at a cost we can afford. We have devised ways of mobilizing the resources needed, both from within the countries and from external transfers. At the same time we have not shunned admitting what we do not know, yet still require to know. We are trying hard to learn, we are groping towards better ways of learning, and so I do submit: our strategy has every prospect of success because we are well following the managerial exhortation - think and fail, fail and learn, learn and succeed.

What are the obstacles? They are those inherent mainly in carrying out technically what the strategy entails. Formidable but surmountable, they are political obstacles of two types: gaining government commitment to the strategy, and international political strife. As for the first, all the signs are that there is growing government acceptance, in principle, of the movement towards health for all. As for international political strife, we have succeeded in weathering many storms and I am confident we shall continue to succeed because our aspirations transcend political ideology and national ambitions and strike at the very roots of the desire not only to survive, but to enjoy surviving.

My greatest concern is with the immediate prospects of socioeconomic success; the vicious circle of ill health and socioeconomic deprivation for the world's majority could become a happier circle of good health and socioeconomic development thanks, in no small measure, to the strategy, if indeed it is really implemented. For it is to implement it that we have devised ways of mobilizing the resources needed, but will these resources be forthcoming? That is my greatest doubt and fear. Most of the industrialized countries, rightly or wrongly, feel themselves in the throes of an economic crisis. Surely then, this is the time for them to use the strategy to rethink their health systems and make the health of their people a boon to their economy, rather than a burden on it. And if they recall their obligations as signatories to the contract for health, they will surely not forget their less fortunate co-signatories - the developing countries.

I have been told by responsible economic authorities in the United Nations system that the economic outlook for the developing countries is so bleak that they will have no alternative but to reduce their consumption, worsening incidentally the vicious international circle of economic exchange. And yet, these same authorities are convinced that the developing countries must increase their investment in health if they are truly to generate that indispensable human energy required to extricate themselves from their dire economic situation. And I should add that, in so doing, they will bring nearer, not only their own socioeconomic salvation, but also the socioeconomic salvation of the more developed countries.

Are we then on the threshold of an impasse? Honourable delegates, I humbly submit that, while we clearly are on a dangerous threshold, the impasse can be converted into an unusual opportunity. For there is an important psychological key to overcoming any impasse and that is any prospect for success; and, as I stated a few moments ago, the strategy of health for all has enormous potential for success. Three years ago, I appealed from this platform to the political leaders of the world to accept, in principle, the target of health for all by the year 2000. I now appeal to them to accept, in practice, the strategy to make that target attainable. If you, the political leaders of the world, support that strategy, you will give a much needed impetus, not only to health development but, through it, to social and economic development as well. You have had few, if any, other worldwide strategies in any other spheres with such well-defined policies, objectives and ways of attaining them. You have few other areas in which the representatives of your countries have displayed such collective solidarity. If we succeed, you will doubly gain - in your own countries and in your social and economic relationships with other countries, not to speak of the salutary effects, in promoting peace, of joint endeavours in politically non-controversial areas. So I appeal to you, political leaders, once more from this platform: add your weight to the worldwide social contract for health. The risks for you are few, if any, the benefits for mankind will be enormous.
Madam President, honourable delegates, as you can hear, my very doubts and fears can be a key to hope. I have drawn freely today on Jean-Jacques Rousseau. Many of his concepts were considered outrageously revolutionary when he wrote them; his ideas were spurned, and his books were burned. But these revolutionary ideas became democratic practice shortly after. This will become true of the revolutionary ideas about health that together we have generated over the years in WHO and that have given rise to this strategy for health for all that you are now considering. Spurned today, in many influential circles, a source of cynical amusement in many others, these ideas will soon become increasingly adopted and applied. Indeed, I am sure that future generations, on reading the strategy as an historical document, will wonder what novelty it contained, since its contents will have become accepted practice.

Madam President, honourable delegates, your decisions here today can shape the history of health. Your actions later on can turn the innovations of today into the commonplaces of tomorrow. So I turn to you now to enlist your support but above all your enthusiasm. I turn to you to lay another cornerstone to the edifice of health for all mankind. Let us enter into our contract for health - governments, people, WHO - bound together more closely than ever not only by our efforts in the past, but by our common dreams and joint determination for the future. As the outgoing President implied, development consists of knowledge and faith. Let us not forget the decisive role of faith in moving towards a better world:

The PRESIDENT:

Thank you, Dr Mahler, for your presentation and also for your very deep philosophical approach and aspect. I keep in my mind one very realistic aim: that each nation has to use systematically our Organization, as you say, but I think that each nation should be much more informed in a simple way how they can use this Organization so that it is our Organization.

5. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980

The PRESIDENT:

We now have to start the general discussion on item 9: Review and approval of the reports of the Executive Board at its sixty-sixth and sixty-seventh sessions as well as item 10: Review of the report of the Director-General on the work of WHO in 1980.

I would recall that, in accordance with resolution WHA26.1, delegations wishing to take part in the debate on the reports of the Director-General and the Executive Board concentrate their intervention on matters related to those reports, thus providing guidance which may assist the Organization in the determination of its policy; and delegations wishing to report on salient aspects of their health activities make such reports in writing for inclusion in the record, as provided in resolution WHA20.2.

Up to now I have to inform you that there have been inscribed 104 Member States to take part in the discussion. If we calculate that the average time is ten minutes, and if I am not wrong in my mathematics, we need 1040 minutes, that means almost 18 hours, up to now - of course the list of speakers is not closed - but we have to take it into consideration when you are coming here to the rostrum for your speech.

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 - in order to save time - 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 in order to assist in the 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 nine to ten minutes duration, as decided by the Health Assembly a few years ago, a system of lighting has been installed. For this reason, the green light will change to amber on the ninth minute and finally to red on the tenth minute.
I now invite the first two speakers on my list, the delegates of Togo and the Maldives, to come to the rostrum.

The delegate of Togo has the floor.

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

Madam President, distinguished delegates, on behalf of the delegation of Togo which I have the honour of leading, I should like to give a brief account of some of the results achieved in the field of primary health care in Togo. First, however, I wish to say that the theme for World Health Day this year has aroused great interest in all circles and at all levels. "Health for all by the year 2000" is indeed a theme that will be talked about until the year 2000.

Turning to primary health care in Togo, I should first like to mention that, following completion of the selective list of essential drugs and national nomenclature, regulations were signed by the President of the Republic defining the conditions in which pharmaceutical and biological products must be sold thus checking their indiscriminate sale and reducing the risk of self-medication with all its harmful effects. As for the traditional pharmacopoeia, efforts have continued and an increased awareness in rural areas promises further progress in the future. Malaria control procedures have also been revised and a national strategy, worked out on the basis of the human and financial resources of the country, gives emphasis to active community participation.

Graduation of the first class of physicians to be trained entirely in Togo was a happy event: they are now in the field and giving complete satisfaction. They have even enabled us to give a new impetus to many public health activities.

Our nutrition sector which operates in the framework of Organization for Coordination and Cooperation in the Control of Major Endemic Diseases (OCCGE) began implementation of programmes focused on malnutrition in rural areas, and we anticipate that it will play an important role in solving problems of this nature. The sector is part of the Ministry of Public Health.

There has been considerable activity in the field of technical cooperation among developing countries since the thirtieth session of the Regional Committee at Brazzaville. This year the Malagasy Minister of Health came to Togo on a visit to study our work. Two physicians who are senior civil servants in Zaire recently spent five days in Togo for the same purpose, while two Togolese physicians were visiting Gabon and the Seychelles to exchange experiences, for this is the only way to achieve our objective for the year 2000.

We wish to make special mention of the efforts made in connexion with the expanded programme on immunization in our country. It was launched in August 1980 in the savanna region, which has a population of 300,000, and by December 1980 a considerable number of children aged 0-3 years had been immunized against diphtheria, tetanus, pertussis, measles and tuberculosis. A large proportion of women of childbearing age were also vaccinated against tetanus. While it is true that there were some difficulties in the field at the start, they were rapidly overcome thanks to the active participation of the population and to our agents' determination to succeed. Now the programme is operating normally in the savanna region as an integral part of the daily activities of the local dispensaries and health centres. Here I must mention the very effective assistance provided by several countries and organizations in terms of vaccines, vaccination materials and logistic facilities. We make special mention of France for her support in logistics and vaccination equipment, the Federal Republic of Germany which has provided vaccine, UNICEF for its constant help with vaccines and logistic requirements, and USAID which regularly supplies us with measles vaccine. Our Regional Office in Brazzaville and those responsible for the Expanded Programme on Immunization in Geneva follow our activities closely and help regularly with advice and vaccines. Finally, special mention must be made of the Armand Frappier Institute of Canada, which not only supplies us with measles vaccine and vaccination materials but is also carrying out a study in collaboration with our own reference institute on seroconversion of the vaccine in children between nine months and three years of age in rural and periurban areas. The results are very convincing and confirm the thermostability of the new measles vaccine. The expanded programme on immunization continues to develop and will be launched this year in the Kara area, following training of local health personnel.

To conclude, we wish to thank all those who have helped and are still helping us with vaccines, vaccination materials and logistic requirements. We invite them to come and observe our work in the field so that they can gain a better understanding of our needs and tailor their support accordingly. Through our own determination, and thanks to the encouraging results of technical cooperation among developing countries, Togo is very optimistic about being able to report with all other countries at the rendezvous of the year 2000.
Mr HUSSAIN (Maldives):

Madam President, distinguished Director-General, honourable delegates, ladies and gentlemen, may I at the outset join the previous speaker in congratulating you, madam, on your unanimous election to the esteemed chair of the World Health Assembly. My felicitations go to the other newly-elected office-bearers for the Thirty-fourth Assembly of the World Health Organization. Maldives also records its congratulations to the outgoing President of the World Health Assembly on the efficient and tactful manner in which he conducted the affairs of the Thirty-third World Health Assembly. The other office-bearers without whose support and guidance the business of the last Assembly could not have reached a successful conclusion are also most cordially remembered and must carry the honour for their dedicated services.

It is my special privilege to convey the greetings and remembrance of the Government and the people of Maldives to our dynamic Director-General, Dr Halfdan Mahler, who is known in our country not only as the dedicated Director-General of WHO but also as a good friend of Maldives. The people of my country cherish the human friendship extended by him to our people during his visit in the year 1980.

A year has elapsed since the Member countries met here and discussed subjects pertaining to health that are common to all countries. Today yet again it is important to look back over the twelve months to analyse the events that have taken place in our countries.

We have launched the international water supply and sanitation decade. It is aimed at harnessing world support to provide safe water and acceptable sanitary conditions in order to achieve a healthier and better quality of life.

Further, we as a world of human beings who enjoy the social and gregarious life-pattern require full capacity to engage and mobilize our bodies and minds, but there are a large number of us who are deprived of these pleasures as a result of congenital or other handicaps. This year, we have pledged to devote ourselves to the noble cause of helping and providing better conditions and better alternatives to this disabled community of the world. This endeavour must take full account of the psychological and scientific implications of both the disabled and the rest of the community.

Although a global march to provide a better quality of life either through better health or through any other means has been effected, the individual nations must on their part take into consideration the importance of national commitments and the existing national problems. Further, we cannot ignore the interwoven, intricate difficulties that exist as a result of past errors. Such an approach, only, can put aside the seemingly innocent obstacles in our path.

We in Maldives have taken a step closer to the forefront of the nations of the world to join hands in the overall moulding of a healthy and a prosperous world in the said light. Maldives hosted the thirty-third session of the Regional Committee for South-East Asia last September, taking a giant step by moving from the position of a mere passive recipient in the international arena to that of an active participating contributor because we believe that each nation can share its experience with the others, at least as a favour to them. Similarly, we share our experience which is unique to ourselves in exchange for those experiences that are unique to themselves. His Excellency the President of the Republic of Maldives said in his inaugural address to the thirty-third session of the Regional Committee for South-East Asia, regarding WHO's commitment to providing health for all by the year 2000: "We are all too conscious of the fact that health is the birthright of every individual whether his habitation is confined to frozen wastes, to tropical deserts or oceanic archipelagos. It is therefore the moral duty of every Government to organize a comprehensive health service and translate it from a lofty ideal to a commonsense reality which would reach out to the ordinary citizens everywhere".

Maldives strongly believes in the philosophy prescribed by primary health care. Our national health plan is a good example of this. It is a collective effort of multisectoral collaboration and community participation. It has taken into account all demands and capabilities of the community and infrastructure to generate an effective health delivery system. It advocates maximum motivation of the community both outward and inward. It encompasses all facets of a good quality of life. It encourages the provision of community services in the form of a package which can be received by the community, in return, from a close proximity at an affordable cost. The policy of the Government of Maldives as declared by the President, Maumoon Abdul Gayoom, "to endeavour for the provision of an overall distribution of basic health services to all citizens through the primary health care approach in keeping with the aims of the 'Health for all by the year 2000' declaration". Maldives further demonstrated its commitment to the policy of providing health services to the people
by signing the Charter for Health Development amidst the representatives of the Member countries of the South-East Asia Region. His Excellency the President's personal attendance to this signing of the Charter made the importance of this event truly of national significance.

Looking at the global problems related to health we cannot ignore the fact that developing countries are passing through a period of speedy transition. Therefore it is imperative that all countries are able to exchange views and experiences regularly. The World Health Assembly is and shall be used as the vital forum for this purpose. Therefore, all Member countries may take into consideration the importance of the World Health Assembly, where highest representation is made by them, in taking important decisions. Although the Executive Board functions as the executive body of this Organization all crucial problems emanate from the discussions held during the World Health Assembly. The delegations utilize this opportunity of meeting in Geneva for both formal and informal contacts with countries of all geographic regions.

My delegation wishes to record its profound tribute to Dr Herat Gunaratne, who relinquished the seat of Regional Director for South-East Asia after 13 years. He served untiringly during that period. We are indeed grateful to him for the keen personal interest he took in providing advice and assistance to Member countries, in particular, to my country. At the same time we are pleased to have a new Regional Director who has served in our Region with the guidance of Dr Gunaratne; we are confident that Dr Ko Ko will further the dedicated efforts founded by his predecessor.

In conclusion, my delegation assures the Director-General of WHO of our country's full support and cooperation in all his dedicated efforts to provide better health for mankind.

He who has health has hope and he who has hope has everything.

The PRESIDENT:

Thank you. I now invite the delegate of Mexico to come to the rostrum and I give the floor to the delegate of the United States of America.

May I remind the speakers first of all that the red or the orange light is on the right of the rostrum, and they have to take it into account.

I would ask them, if they don't mind, to avoid all these congratulations in order to save time. I know that all of you wish to congratulate the officers of WHO.

Finally, I would ask you to speak slowly because the interpreters have a difficult time sometimes to translate or to interpret from one language to another.

You have the floor, sir.

Dr BRANDT (United States of America):

Madam President, Dr Mahler, distinguished guests and fellow delegates, I am delighted and deeply honoured to be here to address this important Assembly of the World Health Organization. It is my privilege to share with you today the direction to be taken in public health in the United States and our continued commitment to deal with global health problems.

In that connexion let me convey to this Assembly the pride we feel in being able to participate in almost every phase of the life of the World Health Organization. We support WHO's concept of health for all by the year 2000 and we encourage all countries to pursue that goal. We support the WHO Special Programme for Research and Training in Tropical Diseases, an area in which my country has a longstanding interest and has made many contributions. We also support WHO's Expanded Programme on Immunization and have collaborated in such other areas as prevention of blindness and the quality and safety of drugs. Five of our government agencies are cooperating in the new International Programme on Chemical Safety, a programme we believe should contribute a great deal to our knowledge of the hazards associated with toxic chemicals in the world's environment. In addition, more than 50 institutes and laboratories in the United States serve as WHO collaborating centres. They include the very first WHO collaborating centre on research on care of the aged. Furthermore, in response to a resolution of this body three years ago, we have joined WHO, UNICEF and the European Economic Community in providing Yaws control assistance in West Africa. Yaws control will provide one index of the effectiveness of primary health care initiatives.

While we value our close working relationship with WHO, we do not limit our concern for the health of mankind to the work of WHO. This year our own Agency for International Development (AID) will spend an estimated US$497 million to directly assist many developing countries in such health concerns as nutrition, primary health care, family planning, maternal and child health and the control of infectious diseases. USAID is also cooperating in the United Nations Drinking Water Supply and Sanitation Decade. The activities of our Public Health Service and of USAID which may not involve WHO nevertheless often focus upon WHO priority
issues or help other nations to participate more directly in the work of the World Health Organization.

I have chosen to speak of these activities first, in order to make clear to everyone that we are proud of our association with WHO and with the world health community, and that it is our intention to strengthen that association in the years ahead. At the same time my delegation will make clear at this meeting the new concern of my Government for economic stringency. This policy of budgetary discipline, of zero growth, is being applied not just at home in our domestic activities but in our relations with international organizations as well. We will not be supportive of increased expenditures in the United Nations agencies and will strongly argue for economizing steps of all kinds in WHO and in all international bodies.

In speaking of our support for WHO I want to emphasize our conviction that the Organization and its activities will be strengthened through greater budgetary discipline and administrative efficiency. WHO has done well in this regard, especially in comparison to other United Nations agencies, but it can do more.

Now I would like to address several developments in my own country that we believe will contribute towards advancing the United States towards achievement of the goal of health for all by the year 2000 in concert with the other Members of this Organization. We have placed the concept of prevention at the top of our health agenda in the United States. Preventive health measures are far less costly in economic and social terms than strictly curative or reparative health measures. Therefore we are placing more emphasis on the detection and control of hypertension, on proper nutrition and physical exercise and on the changing of individual behaviours such as smoking and the excessive use of alcohol. As a result of our total preventive efforts, the American people are experiencing a lower death rate from stroke and cardiovascular disease, and a decline in most of the diseases of childhood, with the virtual disappearance of others. Our national commitment to immunize all children against the infectious diseases of childhood is also a major preventive health measure. In fact even measles, with its high transmissibility, is expected to disappear as an endemic disease by 1982.

This emphasis on prevention is especially appropriate during this International Year of Disabled Persons. We know that many of the 35 million disabled Americans incurred their disabilities through a disease condition, through an accident at home or at work or as a result of some other preventable circumstance. In February of this year, when President Reagan proclaimed United States participation in the International Year he pledged that our country would "make that extra effort in 1981 to assist our disabled in moving into the main stream of American life. It takes so little and it offers the promise of so much, because our most valuable resource is our people."

Other major approaches that the United States is now taking towards health are closely related to the efforts of President Reagan and his administration to directly confront the issue of inflation. One new emphasis is being put on the evaluation of the effectiveness of all programmes receiving federal funding, with greater priority being put on those that have demonstrated their worth. While reducing our overall spending on health programmes, we are now targeting our federal resources with more care and improving the level of management of the most effective activities.

A second emphasis is on making the individual state and territorial governments within the United States the agencies with primary responsibilities for the delivery of vital health services. We believe our citizens will be better served if they receive health services from the agencies closest to and most familiar with their needs. We believe the providers of health care will be stimulated to offer better health services at lower cost, and we believe that private voluntary organizations which perform a range of important health services at the community and neighbourhood level will also be strengthened.

While all of these shifts in approach are being implemented, my Government intends to continue its strong support of biomedical research, a programme of which all of our citizens are proud and which moves us closer to the goal of health for all by the year 2000. While balancing the resources that are available for research with the priorities for research, we want to ensure that ample attention is given to such important areas as: cell biology, with special attention to the new recombinant DNA technology; immunology, including the hybridoma cell fusion technique which is so promising with respect to vaccine development; tropical disease research, particularly research on vaccines against malaria, rotavirus and hepatitis B; the epidemiology of schistosomiasis, in preparation for the testing of new drugs to combat it; and the causes of premature birth and low birth weight, which threaten the newborn in all countries of the world.

Through all of these steps - reduction of spending for low priority programmes, the shifting of programme responsibilities from the federal to the state and territorial governments, increased emphasis on prevention and the continuation of important biomedical research - we believe that we can improve health services in our country and at the same time contribute
to the international search for answers to the important public health issues that confront all mankind.

In conclusion, and on behalf of our new Secretary of Health and Human Services, Richard Schweiker, I would like to express our appreciation to WHO for its leadership role in the field of international health. We are pleased to be called here by WHO and its Director-General to join with all of you in pursuing our very first priority, the improvement of health of all the people of the world.

Dr CALLES (Mexico) *(translation from the Spanish):*

Madam President, Mr Director-General, distinguished delegates, it is a great honour for me to speak on behalf of Mexico in congratulating the President and the Vice-Presidents on their election. We are sure that their work will result in an improvement in the health and wellbeing of our people. I must also say that the ideas expressed so clearly and succinctly in the Director-General's report deserve the unanimous acclaim of all Members of the Organization, for they are an effective response to the aims and objectives towards which the activities of this great World Organization are directed.

The problems that the future will bring to my country are being dealt with in a development strategy which sees health and improvements in the level of wellbeing in the population as fundamental requirements. The President of the Republic of Mexico, José López Portillo, has proposed in the Global Development Plan to make properly paid work available to all citizens as a priority and, by this means, to enable all citizens to attain a minimum acceptable level in terms of food, education, housing and health. The social benefits promoted by these programmes include extension of health coverage to the whole population; considerable improvement in the care provided for mothers and babies; and ensuring the effectiveness of rural and marginal urban health services. "We cannot go on repeating these proposals", the President of Mexico has said, "as a set of good but unrealizable intentions. Only by committing ourselves from today can we succeed in making these rights a reality before our country reaches the year 2000."

Among the programmes being implemented by the Secretariat for Health and Welfare, the body responsible for the health sector, high priority has been accorded to reducing morbidity, regulating and slowing down demographic growth, and establishing and developing the necessary food and nutrition systems. Measures aimed at reducing rates of morbidity are continually being intensified. During the period 1980-1981 efforts have been redoubled in the field of preventive medicine, concentrating mainly on infectious diseases that can be prevented by immunization. For this it is considered vital for us to produce the necessary drugs and biological substances; hence the efforts being made to develop the technical capacity needed to produce BCG, diphtheria/pertussis/tetanus, tetanus toxoid, polio, measles and rabies vaccines, with respect to which Mexico is already 80% self-sufficient. It should be stressed that intensive measures to eradicate malaria also continue. Efforts in this direction are being applied according to a new strategy which consists of detection and early treatment of cases and vector control on the one hand, and training of the necessary personnel on the other.

A similar system is being applied to control programmes for onchocerciasis, Chagas' disease and pinta.

In addition to developing basic, applied and ecological research on malaria, all research programmes on tropical diseases have been strengthened considerably by the setting-up of two specialized centres, one in Mexico City and the other in the south-east of the country, where the problem is most prevalent. Moreover, peripheral field study units have been set up, where health professionals and other categories of staff from other Latin American countries receive training as part of a programme of solidarity. My country's Secretariat for Health and Welfare is contributing to the efforts made by the Federal Government to achieve coverage of the whole population by medical and preventive services. The Secretariat is implementing programmes designed to take such services into marginal areas, poor quarters of the urban periphery and rural areas, particularly localities with less than 2500 inhabitants. The Mexican Institute of Social Security and the body responsible for the coordination of the programme for marginal zones in the office of the President of the Republic are participating in the latter programme, which is one of the most ambitious ever undertaken in the health field in Mexico. The joint action of these bodies will make it possible to provide medical services to some 20 million marginal citizens living in rural and urban areas by 1982.

As for preventive measures, the Secretariat has established a system of national vaccination cards, which enables parents to keep an efficient check on the immunization of their children. This service is provided free of charge throughout the country. It operates in conjunction with the civil register, educational programmes and the process of
updating functions relating to fiscal records and the census. The needs observed in different strata of the population have given rise to a system based on three levels of care. The first level, which is under the responsibility of trained medical and paramedical staff, is designed to show the population how to make rational use of food and water, also providing education in hygiene and sanitation so that the people can make an effective contribution to the establishment of an infrastructure to deal with matters ranging from sanitation and safe water supplies to means of checking the safety of their own food. The programme has been implemented through education and participation on the individual, family and community scale, guided by health promotion teams and naturally supported by the social communication systems and various bodies involved in the sector. This first level of care described above leads to a second level, which groups all the resources necessary for solving less common and more clinically complex health problems. The structure is completed by a third level, whose function is to work out methods and establish principles for providing more effective service on the other two levels.

This last area also includes research at the highest levels, supervision and development of human resources. The system began with modest medical dispensaries capable of providing primary care and dealing with emergencies, set up in localities with few inhabitants. The dispensaries depend on small rural hospitals which offer more comprehensive services. Dealing with specialties and major problems remains the responsibility of regional clinics which provide all services.

This structure makes for greater flexibility in health care, permitting detection of problems that can be checked through specific epidemiological systems and helping to develop more local and regional solutions.

Like any developing country, Mexico has felt the impact of modern medicine on its demographic growth rates. There has been a considerable fall in mortality and an increase in both life-expectancy at birth and fertility rates. In 1977, at the start of the administration of the present President of Mexico, a clear national development policy was established. Our country recognizes at constitutional level the right of the couple to decide on the number and spacing of children and at the same time maintains that it is the State's obligation to provide the couple with the necessary knowledge about responsible parenthood so that the decision can be taken consciously, freely and with sufficient information. This policy has led to regulation of demographic growth and establishment of growth rates that are more appropriate for the country's economic development potential. In 1970 annual population growth stood at 3.4%. In 1982 it will have fallen to 2.5% and we hope to bring it down to 1% by the year 2000.

Since health can be considered only globally, it is very important to mention here the efforts made by Mexico with respect to nutrition. The Secretariat of Health and Welfare is effectively collaborating in the implementation of food programmes through its own system and, moreover, is providing the public with information about foodstuffs and balanced diets. It should be noted, finally, that the global development plan, like the different sectoral plans and programmes which depend on it, includes projects designed to ensure that our country will be self-sufficient in basic foodstuffs in the next decade.

Ensuring that health is not the privilege of a few inhabitants of our planet but accessible to every man, woman and child is a step towards justice that mankind must hasten to make. The tasks and endeavours undertaken to this end by the World Health Organization and its Director-General therefore deserve all our support and all our gratitude.

Mr SURJANINGRAT (Indonesia):

Madam President, Director-General, your excellencies, distinguished delegates, ladies and gentlemen, on behalf of the Indonesian delegation I am very pleased to convey to all of you our most sincere greetings. The Indonesian delegation is proud to be part of this distinguished gathering to discuss matters affecting the health of all people and all citizens of the world. The business before us and the decisions we are required to make will not be easy, but I assure you that the Indonesian delegation will give them its highest consideration.

The end of the century is just around the corner and we may well ask the question, how close we are to our target: health for all by the year 2000. It is rather hard to give an accurate answer and it is even more difficult to predict the health status of all people around the world in the year 2000; using conventional indicators such as life expectancy at birth and infant mortality rates the well developed countries are well ahead compared to the less developed countries. There is also a wide gap between the annual income per capita in
the developed and the less developed countries. Scenario analysis of various world models shows that this gap will grow wider towards the year 2000. On what basis can we hope for the contrary with regard to the health status? None. Therefore, in all probability the gap in health status will also become wider. It appears that our target of health for all is "playing hard to get", and it will need a global concerted action more than ever before to strive for it.

According to the WHO Constitution, the objective of the Organization shall be the attainment by all peoples of the highest possible level of health. In the light of this objective and confronted with the widening gap in health status between countries, we should work more closely together towards a global strategy for health development. In this connexion, it is of utmost importance that we should also combine our efforts and intensify our activities in the field of population control, because if the ever-increasing world population cannot be brought under control the benefits gained by all the development efforts will have no impact on the quality of life of the greater part of the people in this world. In this connexion we should like to put the question to the distinguished house how much our Organization has been committing itself to cope with this global problem?

At the national level, health development in Indonesia is recognized as an integral part of national development. Our approach to development is "growth and equity", which in operational terms means that our people should have equal access to whatever health services can be made available to them. With our more than 4000 health centres in all the subdistricts we are trying to provide basic health services to our people. The impact of the national development effort in all sectors on the death rate is quite encouraging: in 1971 population census showed an average crude death rate of 18.7 annually for the period 1961-1971, while for the period 1971-1978 it dropped to 12.48 as shown by the national socioeconomic survey conducted in 1978. The final report of the 1980 census is under preparation, but according to preliminary analysis the annual crude death rate was estimated at 11 for the period 1971-1981.

We attach great importance to community participation for the implementation of all development programmes. As for our health programmes, we also aim for an integration of health services to be provided by the health centres, particularly for the rural areas. The provision of an integrated health service made accessible to the rural population and the less privileged is one of our major health development programmes.

The other three cornerstones are the programmes dealing with drugs, health manpower and environmental health. Drugs - meaning any substance used as medicine or in making medicine - is a very essential component of the health service delivery system. Therefore it is of utmost importance that drugs should be provided at the right time in the right place at a cost that the people can afford. An essential drug list and a hospital formulary have been prepared, and steps are being taken to minimize the amount of drug imports and to increase in-country production.

The problem of manpower has been taken into serious consideration, since it is the man behind the bench who will determine the success or failure of the health service programme. The basic education curricula is being reviewed, additional training to improve professional and managerial performance is being implemented, and last but not least is the development of a suitable career structure.

Preliminary steps are being initiated for the formulation of an environmental health programme which we hope will contribute substantially to the impact of our health development efforts. Considered as one of the most important components of the total health system, the participants in the environmental health programme are mainly outside the Ministry of Health; therefore it is a sort of test case for the formulation of a national health strategy, but we have no doubt that we will pass this test.

In closing I would like to reassure you that the Indonesian delegation will do its utmost to make this distinguished gathering a complete success. Finally we would like to share with you our ability and experience for the attainment of health for all by the year 2000.

Mr RASMUSSEN (Denmark):

Madam President, distinguished delegates, ladies and gentlemen, I would like to thank the Director-General for his excellent report and the introduction to the report of the World Health Organization in 1980, which reflects the hard efforts and successful achievements of the Director-General and his staff in the past year.

My remarks today on the work of our Organization will concentrate on a few of the many issues with which WHO is faced today. Good health is the basis of all human undertakings in
SECOND PLENARY MEETING

29

society, whether it is viewed in a micro-perspective locally, or in a macro-system in a global sense. The structure of the society, its prosperity and development in human cultural, social and economical terms, depend on a healthy population. No country can develop its human resources, which are the most valuable that we have, as long as large groups of the population do not enjoy adequate health. From the very beginning it has been a recognized fact that the principal role of WHO is to facilitate technical cooperation and coordination in international health work to support basic development viewed in a global perspective. WHO has contributed significantly in the development of better health in many countries through its plans and programmes, also in the Third World.

The work which has been thus carried out for decades found its preliminary culmination in the ambitious motto launched by the Conference on Primary Health Care in Alma-Ata in 1978: Health for all by the year 2000, a goal which can be reached only within the framework of global cooperation among all governments of the world. Although the goal is ambitious, WHO has proven that global cooperation does indeed bring about notable results. I am here referring to the eradication of smallpox from all over the world carried through by governments under the auspices and leadership of WHO. This is an undertaking to be remembered when obstacles to international cooperation seem too difficult to overcome. The fact that this result could be achieved lends hope to the expectation that it may be done again. The WHO campaigns against tropical and communicable diseases are therefore most important and would also in the future have the support of my Government.

Whether it is the case of controlling the sweeping diseases which destroy the health of millions of people, or when it comes to the preventive effort, we must build on primary health systems. This applies in particular when making people aware of the importance of their own efforts in maintaining good health. This is a recognition which has been adopted in several WHO-type programmes leading to the target of health for all by the year 2000.

The work of WHO in this and other fields is not only of the greatest importance for the development potentials in the countries directly affected; the multilateral activities also serve as an inspiration and a ground for gathering experience for the work we do on a bilateral basis. In bilateral development cooperation Denmark has laid emphasis on the recommendations of the Alma-Ata Conference. More than 90% of the bilateral health assistance from Denmark to the countries we mainly cooperate with is spent on activities within the sector of primary health care. This covers, among various activities in Africa, immunization programmes, provision of rural health clinics and essential drugs for these clinics as well as training of paramedical personnel. Primary health care is one of the components in the integrated rural development project in Wakali in Bangladesh. Furthermore, this year my Government, in cooperation with the Government of India, will be starting a big project in nine districts in two Indian states aimed at developing primary health care in the villages.

At this point I should like to mention two of the more specific initiatives of WHO which we consider important elements in the overall long-range health strategy. The decision to establish an essential drugs programme was made by a Health Assembly resolution in 1978 and is an indication of the weight attached to the fact that all countries should select the drugs that each country needs and can afford to pay for, and the importance that the essential drugs should be distributed and used properly in the combat and prevention of diseases. WHO has since 1978 taken great pains in preparing such a programme, and I would therefore strongly urge that the programme be put into effect as soon as possible. It is of great importance that WHO takes the lead in this important and complex field. The action programme has appeal for the governments in the industrialized countries and the big drug manufacturers in that they ascertain that the drugs produced are of high quality. Furthermore, these governments, in accordance with the requirements of the individual countries, act as advisers to those countries which have not yet reached a point of development where they are able to select the essential drugs, thus ensuring the proper distribution and use of the drugs. I am glad to say that the Danish national health organization's authorities fully support the objectives of such a programme and that also our pharmaceutical industry has shown great understanding and willingness to take up the invitation to participate in the programme. Denmark is favourably inclined to support the work of WHO in the field of essential drugs. We expect that experience gained in this field will also be of value in our bilateral cooperation with developing countries.

The second more specific initiative I have touched upon is the endeavours of our Organization concerning infant and young child feeding. The right nutrition is a prerequisite for good health and for a good start in life. Food becomes necessary within a few hours after birth, and nature has provided in such a way that the best nutriment for an infant is the one which in most cases is most readily available - breast milk. We all agree that breast-feeding is best and should be encouraged whenever possible. Where substitutes and supplements are
necessary it is important that these products are of good quality and are properly prepared. Experience has shown that marketing of these products has produced ill-effects, and it is therefore necessary that these marketing practices be regulated in order to secure better infant nutrition.

WHO and UNICEF, in conjunction with government representatives and organizations and industries, have now agreed upon views and recommendations concerning the regulation of the rules governing the marketing of breast-milk substitutes. We have before us for adoption by the Health Assembly a draft resolution and a recommended international code on marketing of breast-milk substitutes which in its adopted form and content reflects a very delicate act of balance between various interests. I believe that in passing the present draft resolution this Assembly will contribute greatly to achieving the goal in which we all agree - sound infant and young child nutrition. I likewise believe that it will serve as an instrument to prevent potential misuse and improper marketing of substitute products. I have noted that the Executive Board has recommended the present draft unanimously and I would like to stress my Government's favourable attitude and recommendation that the present draft resolution be passed, thus making a significant contribution in the field of health.

Let me finish by wishing this Assembly every success.

Dr GARCÍA CÁCERES (Peru) (translation from the Spanish):

Madam President, Mr Director-General, distinguished delegates, Peru is a nation which, like some other American countries and many in the Third World, has experienced fascinating cycles of economic and social development, followed by periods of real decline, often corresponding to a succession of political regimes. Representative democracy was finally restored in Peru in 1980, after 12 years. We found ourselves with a country where infant mortality is truly horrendous: 50% of deaths in Peru occur in children under five; maternal mortality has reached 30.4 per 10,000 live births; and communicable diseases which had almost disappeared in the 1960s, such as malaria, bartonelliasis or verruga peruana, leishmaniasis and others, have reappeared in force.

The Government of Peru has set three objectives for development of the health sector: (1) to reduce morbidity and mortality, especially in children; (2) to launch an intensive policy of maternal and child health, bringing down the birth rate at the same time; and (3) extending health coverage. Now Peru has a number of very important features which condition the pursuit of these objectives. First, there is one physician per 1,450 inhabitants and one nurse per 750; nevertheless in some areas of the country there is one physician per 30,000 inhabitants. This in itself is quite an obstacle when planning and mobilizing human resources. Often the elaboration of primary health care projects has to take account of an excess of human resources. We must adopt appropriate technology so as to mobilize our physicians and trained professionals as far out on the periphery as possible, thus moving away to some extent from orthodox methods of primary health care based on health agents.

Some 40% of deaths in children under five are due to acute respiratory ailments. Owing to transculturation, traditional methods of delivery care have fallen into disuse, and to attenuate this problem, within the concept of primary health care, 30% of women in the last three months of pregnancy receive blankets or little clothes to cover their babies. Even this elementary precaution is overlooked because of transculturation. At the same time we are improving all our neonatal care services, equipping them with modern facilities. We are also investigating the possibility of mass vaccination with antigens of the numovax type. A further 30% of child deaths are due to diarrhoea, as a result of the subsequent acute dehydration. We have made massive use of the communication media such as radio and television, for although it seems a contradiction in an undeveloped country like Peru, there are transistor radios in even the most remote corners. Thanks to broadcasts we have made mothers aware that they should use oral rehydration solutions, of which one and a half million doses have been distributed nationwide. The results are truly spectacular: mortality due to this cause has already been brought down during the first quarter of this year. Finally, 17% of deaths in children are caused by diseases but are preventable by immunization.

At the same time we have serious logistic problems, mainly connected with the reliability of our cold chain. We are making a great effort for the complete reorganization of our expanded immunization system and are committed to a policy of birth control. In the latter field we fortunately enjoy a considerable degree of understanding on the part of the clergy, in a traditionally Catholic country. I am happy to say that we have reached an agreement with the Church whereby our health centres can call on Catholic advisers and thus apply the birth control methods they advocate. At the same time, however, mothers are provided with information on all current methods and are free to choose whichever they prefer.
Primary health care projects are now in operation and negotiations are under way to find the necessary investment to cover their cost. In a country with so many professional resources we feel that primary health care should start in small hospitals, from which our young medical workers will be mobilized and put into direct contact with the more peripheral zones. Two strategies are already being implemented, one for urban areas where, as in a large proportion of Latin American countries, there are vast numbers of marginal inhabitants of suburbs which have lately known a resurgence. In Peru, these suburbs have a very special character in that they represent an inexhaustible pool of people who can accomplish a common task without much government investment. The marginal suburbs of my country, unlike the slums of other latitudes, represent a nucleus which is beginning to grow from nothing, and to develop and progress. We have taken advantage of this almost atavistic mass of humanity to develop a health system that conforms to traditional values. In rural areas, on the other hand, especially in the forest region, we are applying a model of primary health care along lines that are now conventional, based on health organizers. These, broadly, are the problems experienced by a Government Minister of Health when faced with a sector which has notoriously been neglected and has to be brought up to date before it can begin to develop.

The PRESIDENT:

Thank you very much for your cooperation. The meeting is adjourned.

The meeting rose at 12h30.
THIRD PLENARY MEETING

Tuesday, 5 May 1981, at 14h40

President: Dr M. VIOLAKI-PARASKEVA (Greece)

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

The President:

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 A34/1) was sent to Members and Associate Members 60 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.

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 11, "Admission of new Members and Associate Members (if any)"; item 28, "Supplementary budget for 1980-1981 (if any)"; and item 34, "Working Capital Fund", with its sub-items 34.1, "Advances made to meet unforeseen or extraordinary expenses as authorized by resolution WHA32.10, part C., para. 2 (1) (if any)" and 34.2, "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? I see none. In the absence of any objections, it is so decided.

Concerning item 26.3, "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.

With regard to item 26.4, "Report on casual income", the General Committee recommends that the title of this agenda item be amended to read "Report on casual income and budgetary rate of exchange between the US dollar and the Swiss franc for 1982-1983". I trust that there is no objection to this amendment of the title? In the absence of any objection, it is so decided.

We shall now consider the allocation to the main committees of items of the agenda. The provisional agenda of the Assembly (document A34/1) 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, it may become necessary to consider the transfer of items from one committee to the other, depending on the workload of each committee and the progress of the committees.

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 A34/1 will be issued and distributed tomorrow.

The General Committee decided that the hours of work should be as follows: plenary meetings and meetings of the main committees, 9h30 to 12h30 and 14h30 to 17h30; General Committee, 12h30 or 17h30.

In accordance with resolution WHA31.1, paragraph 2, the Technical Discussions will take place on Friday, 8 May, morning and afternoon, and Saturday, 9 May, in the morning only.

1 See p. 3.
Detailed arrangements for these discussions are to be found in document A34/Technical Discussions/2. Assembly participants who wish to take part in the Technical Discussions, on "health system support for primary health care", are requested to return their registration forms by 14h00 tomorrow, Wednesday, 6 May. It will not be possible for anyone not having registered before that time-limit to take part in the group discussion.

While examining the programme of work of the Assembly the General Committee noted the decision of the Executive Board that the Thirty-fourth World Health Assembly should close not later than the end of its third week. As you may be aware, the Thirtyith 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, 6 May, and Thursday, 7 May, will be as follows: Wednesday, 6 May, at 9h30, plenary meeting: Presidential address, General discussion on items 9 and 10 (continued); at 11h20, adjournment of plenary, and at 11h30, resumption of plenary, and Address by the Right Honourable Mrs Indira Gandhi, Prime Minister of India; at 14h30, plenary meeting: Consideration of the first report of the Committee on Credentials, General discussion on items 9 and 10 (continued); Thursday, 7 May, at 9h30, 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); from 14h30 to 17h00, plenary meeting: General discussion on items 9 and 10 (continued); from 17h00 to 17h30, first meeting of Committee A, and first meeting of Committee B.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The PRESIDENT:

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 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, a list of speakers will be published in tomorrow's Journal; the final list will be closed tomorrow at 17h00. Delegates who have to leave Geneva and are not able to deliver their speech can ask for the publication of their text in the records of the Assembly.

I now invite the first two speakers on my list, the delegate of Venezuela and the delegate of Mongolia, to come to the rostrum, and I have pleasure in giving the floor to the delegate of Venezuela.

Dr GONZALEZ HERRERA (Venezuela) (translation from the Spanish):

Dr Mêropi Violaki-Paraskeva, President of the Thirty-fourth World Health Assembly, Mr Director-General of the World Health Organization, Dr Mahler, Vice-Presidents, representatives of the health regions, distinguished delegates, ladies and gentlemen, Venezuela has come to this Thirty-fourth World Health Assembly full of sincere satisfaction with the technical and administrative matters covered in its agenda. They reflect and record for the future the concern of Member States for the development of health programmes on the global level, summed up in the simple but significant expression "health for all by the year 2000", the theme of this year's World Health Day.

The progress achieved over the last three years in elaborating strategies for attaining as rapidly as possible a satisfactory level of health and thus an acceptable quality of life has demonstrated the social sensitivity of the Members of this Organization. It has highlighted, moreover, the organizational capacity of the great majority of countries, which have succeeded in directing their activities along these lines and which will see the results within a short period. It has also served to establish the idea that the purpose of health work is to benefit the vast majority of people, replacing the restricted and individual view of health care held by some members of the medical profession, who have now accepted the compromise involved in considering health as a mass phenomenon producing results in the community that amount to far more than the sum of its parts.

Our country has just approved the Sixth National Five-Year Development Plan, which will come into force this year and according to which the primary objective of the health sector is provision of services to the population with the following features: they must be feasible,
appropriate and integrated, concentrating on high-quality preventive activities, and must be dispensed to all individuals equally. To reach this objective we propose as the first premise of a health policy to strengthen and further develop ambulatory medical attention, still based on general medicine practised on the family scale and emphasizing preventive and social activities. To develop these ideas our constitutional Government intends to continue extending coverage, a process that began 20 years ago, through the programme known as "simplified medicine" which, taking into account the demographic structure and scattered nature of the population, provides services in the most remote of our communities. In view of this dispersion of the population, only primary health care organized as a system within the structure of the medical care pyramid can be effective and give positive results.

It should also be noted that ours is above all a young country, with a birth rate of 36.7 per 1000 and a natural increase of 31.2 per 1000. Some 52% of the population is under 18 years of age and only 3.2% is over 65, figures which compel us to give high priority to the development of maternal and child health and preventive immunization programmes in the primary levels of health care.

Various plans for organizing agricultural and livestock production and for marketing, preserving and distribution of the products are being carried out, in addition to specific projects being developed by the National Institute of Nutrition using school canteens, school meals, distribution of mother's milk and various nutrition programmes for pregnant women. As I mentioned previously, we wish to stress our concern for the idea of ensuring adequate nutrition for the communities, as shown by our conceptual approach to primary care and, in more concrete terms, for the nutritional problems that occur mainly in the younger members of the population. The progressive social changes being brought about by Christian Democracy and Social Democracy, the chief political forces in the country, will enable us to achieve a more equitable distribution of income. These changes are accompanied by a decrease in illiteracy, an improvement in education and an increase in employment opportunities, all basic conditions for achievement of our objective. All these programmes and trends are contained in the Sixth National Plan, drawn up by the present constitutional Government. Moreover, extension of coverage and of the social security system play a decisive role in improving the quality of life of our people. Social security, which covers 39% of the population at the moment, is to be extended and economic assistance for the elderly poor, which now covers 26% of the estimated number, is to be gradually increased.

I shall touch briefly on the drive to promote active and conscious community participation in health programmes, in line with the principles of the present administration, which considers itself to be a Government of popular participation. This idea is being developed and spread to encourage the social promotion of health throughout the country. Development of the infrastructure is also envisaged in our Sixth National Plan, to cater for the expansion and needs of the services, and we are concerned about the problem of investment and of clinical equipment which are essential elements of the health care strategy. This, as we all know, is subject to the scientific and technological development of more advanced countries, which hold in their hands the power to make the equipment more accessible when acquired and to ensure its proper maintenance thereafter, particularly where various marketing factors are being manipulated, sometimes with adverse effects on its utilization.

The decision to provide the national health service with a proper structure is being implemented and the different components of the health sector have been mobilized for this reorganization. The use of resources will be restricted once all the elements required for sound diagnosis and identification of the specific problems of the sector have been brought under a single system and planning process. This will provide wide support and practical results such as the extension of primary health care coverage and coordination of relations with other levels of health care. At the same time it will favour the full development of programmes for prevention, treatment and rehabilitation. The regionalization of the health sector, which was recently initiated, is another basic factor favouring the extension of coverage through administrative decentralization. To this is added development of the family physician programme, which will complement the activities of the public sector. This restructuring process involves a revision of the urban resources programme in its form and application, as well as a drive to increase the operational capacity of systems and services.

In conclusion I should like to comment on the opinion expressed by the Director-General, Dr Mahler, in relation to the commitment implied by the social contract for health which we have accepted for the development of this programme of health for all. This is a realistic concept that obliges us to take action on the three levels essential to development of the idea: on the level of the people, the governments and WHO. Our objective can be attained only if its message is effectively spread in the communities and if it is pursued with the
combined efforts of all parties, thus ensuring that awareness of their rights and responsibilities promote its fulfilment. We consider that these strategic guidelines are being accepted in principle, so that our desire to bring health to all can become a reality before the year 2000. This wish is expressly included in Article 76 of our national Constitution, which states that everyone has the right to health protection and that the authorities will take steps to maintain public health and provide the means for making prevention and care available to all who lack them.

We are aware of our responsibilities and are convinced that, taking our social, political, cultural and economic circumstances into consideration, the first steps have been taken. Humanitarian ideals, represented here by the health sector, are in perfect accordance with the efforts undertaken by our authorities and we hope to relieve our apprehensions at this historic moment in the knowledge that a worldwide review of integrated health action is under way for the health of our people.

Dr NYAM–OSOR (Mongolia) (translation from the Russian):

Madam President, Director-General, honourable delegates, ladies and gentlemen. Allow me to congratulate you Madam President on your election to the high office of President of the Thirty-fourth World Health Assembly. I also congratulate the Vice-Presidents and the Chairmen of the main committees.

The Thirty-fourth World Health Assembly, by virtue of the questions under discussion, is of great and even historic importance in the life of WHO and of world health in general. I say this because at this Assembly we shall discuss and take decisions on such important questions as the global strategy for health for all by the year 2000, the indicators for evaluating activities to achieve health for all, the programme budget for the financial period 1982–1983, the contribution of health to socioeconomic development and peace, the importance of WHO’s international activities in public health, etc. Hence it is clear that this Assembly will be busy and almost overworked but we are sure that under your wise leadership, Madam President, in close collaboration with the Secretariat headed by the Director-General, we shall bring this Assembly to a successful conclusion and take decisions that are important for the health of the peoples of our planet.

In regard to the Director-General’s report on the work of WHO in 1980, submitted in accordance with resolution WHA28.69, I wish to point out that the work was carried out under the two-year programme adopted at the Thirty-second Assembly. Taking into account what was done in 1980, I believe that our achievements in 1981 will be no less successful. We expect at the Thirty-fifth Assembly to listen to and discuss the full biennial report of the Director-General. The consistent purposeful work of the Director-General and his Secretariat in developing national, regional and global strategies for the achievement of health for all by the year 2000 merits approval. As a result of our joint efforts we now have a strategy at three levels and this Assembly will be discussing a draft global strategy, together with draft indicators for evaluating activities designed to achieve our aim. Although this question will be discussed in detail at meetings of Committee A, I should like to point out the importance of the documents prepared and to thank all those who have taken part in developing these projects, and particularly the highly experienced members of the Executive Board, who through their creative work have made a valuable contribution towards the development of the policy and strategies of our Organization. We can now see that by our joint efforts we have overcome the apathy and scepticism of certain circles in regard to the possibility of achieving our aims and the feasibility of the tasks and strategies proposed by the Organization and supported by its Member States and by other international organizations. All this bears witness to universal acceptance of the idea behind the Declaration of Alma-Ata as the guiding principle for the achievement of our common aim. The possibility of achieving the aims set and the feasibility of the tasks to be carried out are confirmed by the public health achievements of many countries where the protection of the health of the population has become a matter for the whole nation, the governments and the national authorities, and where the highly humanitarian principles of public health have found practical expression. Among such countries is our own, the Mongolian People’s Republic, which in July this year will celebrate the sixtieth anniversary of its revolution. On the eve of this anniversary, in May this year, a very important event for the life of our country will take place. I refer to the Eighteenth Congress of the Mongolian People’s Revolutionary Party, which will define the tasks of socioeconomic development in Mongolia for the period 1981–1985. Our people, who have made the leap forward from feudalism to socialism, have achieved considerable success in all spheres of social development, including public health.
In this respect it should be noted that in pre-revolutionary Mongolia there was no health system. The country possessed not a single trained physician, let alone a medical establishment. The state of health of the people was such that the nation was dying out. All this was aggravated by the poverty of the bulk of our population of stockraisers, by illiteracy, by the backwardness of the economy, by the semi-colonial status of the country and by the ignorance of the feudal lords who governed the State. From the very first days of the people’s revolution, side by side with economic tasks public health became a vitally important concern for the People’s Government. As is shown by experience of the development of health services in Mongolia, during a period that is extremely short by historical standards it is possible to achieve major successes in this sphere if public health becomes a concern of the State, of the whole people, if its development becomes an integral part of the entire development plan, and, finally, if all health services are made universally available and free of charge and if priority is given to prevention. Whereas at the beginning of the 1920s the health workers of Mongolia were faced with roughly the same goals and tasks as are now proclaimed in our WHO slogan, those goals and tasks have now mainly been achieved and today in the Mongolian People’s Republic a well-planned system of public health services with an effective infrastructure covering the whole country is in operation.

Without going into details I should like to mention the basic indicators showing coverage of the population by the medical services. At the present time we have 22 physicians, 78 medium-grade medical workers and 107 hospital beds for every 10,000 persons. We pay great attention not only to inpatient and outpatient care for the sick, but also to providing the whole population with primary health care. The form, organization and basic network for this system already exist in Mongolia in the shape of physician-manned medical centres in the Somons, feldscher-manned posts attached to the work teams, a district health system in the towns and for providing children’s services, etc.

It should be noted that our public health system is a unified, integral system where not only is there a close connexion between the different levels ranging from primary health care up to the Ministry of Health, but obligatory participation of all sectors in health protection is laid down and regulated by health legislation. As will be seen from what I have said, judging from my own country, which was so backward in the past, particularly in regard to health, we can easily be convinced of the feasibility of the goals and tasks selected by WHO and formulated in the strategy for the year 2000.

There is one important condition for achieving our aims, and that is peace and security throughout the world. The urgency of this question will be understood by all. For that reason we, as medical workers representing the most humane of professions, and our Organization, WHO, whose aim is the health and wellbeing of every inhabitant of our planet, must consider it as our primary task to fight for peace and the prevention of nuclear confrontation. In this respect great importance attaches to the appeal by participants in a first conference of "International Physicians for the Prevention of Nuclear War", held in a suburb of Washington, to heads of States, the United Nations and physicians throughout the world, calling on them to publicize throughout the world the consequences of a nuclear catastrophe. It seems to me that our Organization must in every way support international and national movements of physicians for nuclear disarmament, and perhaps not confine itself merely to support but actively cooperate with the appropriate international bodies. Bearing in mind resolution WHA15.51 on the role of the physician in the preservation and promotion of peace, I should like to say that the struggle to avert nuclear war must become a concern for physicians not merely as citizens but as members of their profession.

1981 has been proclaimed by the United Nations as the International Year of Disabled Persons. As health workers we support this initiative with particular satisfaction: it is precisely the physician who first comes into contact with the disabled and the prevention of disability is one of the physician’s duties. As health workers we understand the lot of the disabled better than anyone else because it is we who do all we can to better their situation. In emphasizing this aspect while it is true to say that anybody can become disabled at any moment under any circumstances, if we are realistic we can easily imagine how many disabled — and how many severely disabled, in particular — are made so by war, particularly on a large scale. For that reason in talking of disability we must mention once again the urgency of preventing war and preserving peace throughout the world and we trust that this Assembly will adopt a positive resolution on this question.

In conclusion, Madam President, I should like to wish you every success in your guidance of this important World Health Assembly.
Dr MPITABAKANA (Burundi) (translation from the French):

Madam President, the delegation of Burundi is particularly happy to congratulate you on your brilliant election to the onerous office of President of this World Health Assembly. We have no doubt that by the end of the deliberations which you have been elected to conduct, the world community and more particularly the developing countries will have found even more sound and certain ways of attaining our objective of health for all by the year 2000.

Distinguished delegates, the Burundi delegation attaches great importance to the item on our agenda concerning the global strategy for attainment of health for all by the year 2000 and the contribution of health to socioeconomic development and peace.

The Government of Burundi, like those of all Member States of the World Health Organization, has adopted primary health care as the strategy to be followed in attaining the objective of health for all by the year 2000.

The First National Congress of the UPRONA party, held from 26 to 29 December 1979, made decisions and formulated recommendations concerning implementation of plans of action designed to meet the basic needs of the people, which constitute the basic elements of primary health care. Thus various ministries, working in close collaboration, received the mandate to implement the decisions and recommendations of the First National Congress of the UPRONA party over a year ago.

Turning to agriculture and animal husbandry, there has been an appreciable growth in food production. Efforts have centred on the selection and distribution of seeds, fertilization, soil protection through erosion control and reforestation, improvement of cattle and attention to their health in order to achieve a qualitative and quantitative increase in meat and milk production. Activities to promote fisheries have also been undertaken.

Supplies of safe drinking-water are a major source of concern for the Government. A programme for the repair, creation and protection of over 5000 springs in rural areas has been launched.

With regard to the improvement of rural housing, the principal strategy adopted by the Ministry of Rural Development is resettlement of the population in villages, where the Government can provide safe water supplies and adequate social structures.

In the field of public health, the Government has taken measures which merit a more detailed description.

The Government has recently adopted a new public health code dealing with two major subjects: health protection in general and control of communicable and noncommunicable diseases. Adoption of this code by the highest political authorities will have a real impact on the policy of primary health care.

For health workers like ourselves, this implies:

(a) a reaffirmation of the Government's political will to improve the health of the population;
(b) an awareness at the highest level of political decision-making that health is not a matter for the Ministry of Public Health alone but concerns all sectors of national life;
(c) acknowledgement by the highest political authorities of the proper place to be occupied by health in socioeconomic development, that is, as an integral part of harmonious human development, acting as a catalyst;
(d) creating an awareness right down to the lower grades that the population must participate willingly and consciously in improving its own health, with particular reference to community hygiene which is one of the basic elements of primary health care.

This role of educating the population is filled not only by health workers but also by schoolteachers, agronomists, clergymen, party organizers and others.

In the field of training and retraining of personnel, training programmes for medical and paramedical staff have been given a new slant. We have begun progressive preparation of those responsible for training community health agents. We feel that the work of this new category of staff, whose sphere of activity will be specifically defined, together with the limits of their competence, will be made easier by the fact that the population has always shown solidarity with and concern for the sick and infirm.

With regard to communicable disease control, the expanded programme on immunization has been launched in pilot zones and has given some very encouraging results. May I take this opportunity of thanking all those kind enough to help us with this programme?

Diarrhoeal diseases are on the decline thanks to improvements in water supplies and the effects of health education.

In addition to conventional methods of vector control and chemoprophylaxis applied to malaria and schistosomiasis, the Burundi Government, with the cooperation of Belgium,
particularly the Institute of Tropical Medicine in Antwerp - to which I publicly offer our sincere thanks - is studying new strategies adapted to the ecological situation, which is sometimes created by man-made ventures in agriculture and energy production. Is there any need for me to stress how these diseases slow down socioeconomic development and how affected populations are drawn into the vicious circle of disease causing poverty and poverty aggravating disease? The persistence of malaria and other tropical diseases is a constant cause for concern on the part of the Burundi Government, which is considering setting up a control centre for tropical and communicable diseases. A dossier with a request for financing has already been submitted to our Organization. Individual efforts by developing countries, however, can only bear fruit if the industrialized countries show their solidarity in the struggle by applying to parasitology the vast amount of knowledge that they are accumulating so rapidly.

While making the necessary effort to create and improve health infrastructures, the Burundi Government has been particularly concerned to solve the critical problem of essential drugs. Legislation concerning pharmaceuticals has been prepared, consisting largely of regulations to establish pharmaceutical services and protect the consumer from poor quality and dangerous products. The Government's pharmaceutical policy aims at all-round self-sufficiency in drugs. Specific measures have been taken by the Government, namely:

- standardization of treatment schedules and establishment of a list of essential drugs;
- creation of a National Pharmaceutical Office to promote local production of essential drugs and expansion of the pharmaceutical infrastructure, especially in rural areas;
- use of local resources through the setting up of a unit for research on medicinal plants within the Office.

The funds allocated to the Office will cover construction and equipping of a research laboratory for medicinal plants. A team of nationals working with UNIDO specialists has already listed some 50 plants and prepared them in Galenic form for consumption. At the same time a national committee on medicinal plants has been set up to rehabilitate and revalorize traditional medicine and encourage its rational use to help the health services. Another aim of the national committee is to restore the confidence of good traditional healers and overcome the hostile attitude still shown towards them by some modern practitioners. Traditional healers still feel hounded and work in almost clandestine conditions. They therefore need encouragement and help to emerge from their retreats.

In the long term the use of medicinal plants could help to offset inadequacies in terms of infrastructure, qualified personnel, drugs, equipment and funds available to the modern health services in their effort to meet the immense health needs of the population in present social and cultural circumstances.

In a first move towards technical cooperation among developing countries, the Government of Burundi has proposed to its partners in the Economic Community of countries of the Great Lakes, that is, Rwanda and Zaire, that the National Pharmaceutical Office be extended to cover the whole region.

Madam President, distinguished delegates, these are some of the modest yet immediate measures taken by my country with a view to establishing primary health care, which will lead us to the goal of health for all by the year 2000. The path is strewn with obstacles and difficulties, not the least of which is the oil bill for countries with no hydrocarbon resources.

In conclusion I wish to convey the profound gratitude of my Government to the WHO Director-General, Dr Mahler, who visited my country last December to observe and encourage the efforts being made by the Government to secure the socioeconomic development of the population through primary health care. Our thanks go also to the Regional Director for Africa for his unflagging dedication to the arduous task of improving the health of the millions of Africans who are so vulnerable in this respect.

Before leaving the rostrum, Madam President, I should like to express a wish that might seem Utopian if I did not believe in the strength of our Organization and the individual and collective determination of the Member States. This fervent wish is that health may bring us wellbeing and that wellbeing may bring us peace.

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

Madam President, Mr Director-General, ladies, Ministers, Ambassadors, distinguished delegates, I should like to begin by conveying to you, Madam President of the Thirty-fourth World Health Assembly, on behalf of His Excellency Mr Abdou Diouf, the Government, the people of Senegal and myself, our fraternal and sincere congratulations on your brilliant election.
Despite the difficult international situation, which is bound to affect the work of our Organization, and despite the urgent and delicate nature of the problems that will be discussed during this Assembly, we are convinced that you will bring your formidable mission to a successful conclusion, thanks to your human qualities and your universally acknowledged abilities.

The Republic of Senegal, which believes profoundly in the humanistic ideal of our Organization and considers that understanding among peoples and dialogue between civilizations are the only effective means of bringing about significant changes in the human condition, will cooperate fully and offer you its vigilant support in the accomplishment of your mandate.

Mr Director-General, the message you sent to the thirtieth session of the Regional Committee for Africa, held in Brazzaville in September 1980, strengthened our resolve to do everything possible to improve the efficiency of the Organization's management mechanisms. In inviting us to make full use of "our WHO" you reminded us of our rights and duties with regard to this specialized agency of the United Nations whose vocation is to achieve, on a global scale, a social objective: health for all. Your report on the work of WHO, which we have studied with great interest, once again expresses the same ideas. We offer you our congratulations and special thanks for your understanding of specifically African problems, for your constant accessibility and your sharp sense of the human. We include in these messages of gratitude your distinguished colleague and our brother, Dr Lambo, who recently visited our country at the head of a team of high-level experts to make an on-the-spot assessment of our efforts in the field of research. We offer him sincere thanks for the interest, open-mindedness and understanding he has shown, which have made considerable progress possible in this vital area.

The highest authorities of my country are aware of the need to do everything possible to promote research. A State Secretariat for Scientific and Technical Research has therefore been created as an adjunct of the Ministry of Advanced Education, charged with directing and coordinating programmes with relevant objectives designed to improve the quality of life of the population. In the field of medical and pharmaceutical research especially, a number of other research bodies in Senegal, attached to the Department of Health, the University and specialized institutes, can provide support for the activities undertaken by the Secretariat. In general the programmes concentrate on the strengthening of public health services, on parasitic, bacterial and virus diseases, nutritional disorders, traditional medicine and remedies and family planning.

This intense activity, which reflects the vitality of the medical sciences, deserves support so that research can become a basic element of technical cooperation among countries. This is the time to make a solemn appeal to the Members of our Organization to encourage scientific cooperation by helping WHO to promote research in developing countries. Such assistance could take the form of a medical and pharmaceutical research centre which would focus on tropical diseases and traditional medicine and remedies, set up at the regional or subregional level with the support of international organizations.

Another area of concern is that of primary health care. The two workshops held in Dakar, a national one in June 1980 and an intercountry one in February 1981, demonstrate the commitment of the Government of Senegal to this course. There is no need to remind you of the meaning and content of this new concept in the field of health. Indeed, since Alma-Ata interest in the subject has continued to grow. Now is the time to act. My country, Senegal, has understood this: for the last few years this sector has been increasingly active, encouraging heightened awareness in the people and thus preparing them to manage their own development system and to participate effectively and dynamically in the effort for public health. After all, whether we are talking about research or primary health care, the solution of health problems calls for unsuspected resources that cannot be appreciated in economic terms alone. An examination of the programme budget for 1982-1983 makes it clear that the funds allocated are not adequate to make an effective contribution. The resources of the Organization obviously cannot be stretched for ever and this is why we urgently need international support.

In any case, we feel that cooperation among countries, particularly developing countries, must be encouraged if we are to achieve self-reliance and self-sufficiency. In this connexion we must pay especially merited homage to Dr Comlan Quenum, Regional Director for Africa, for his constant support of subregional groups for technical cooperation among developing countries. His dynamism is matched only by his faith in the establishment of a more just, human and fraternal world.

The struggle for health cannot be separated from the political struggle to affirm the dignity of mankind and to regain or maintain national integrity. This is why my delegation...
is expressing a brotherly thought in proposing support for peoples still under colonial domination and populations oppressed or set aside with respect to the special health programme that WHO has designed for them.

This being the case, we note with pride the brilliant successes won by our Organization in the last few years in increasing awareness about health problems, both on a global scale and with respect to disease control. Did not the United Nations organization at last recognize that health is an integral part of development strategies? Has there not been progress with regard to the role of health in the establishment of a new world economic order since the technical discussions held during the Thirty-third World Health Assembly in May 1980? Other sources of satisfaction can be found in the eradication of smallpox, become fact in spite of the scepticism expressed at the outset, or in development projects which more and more often include health components. I am sure that we shall do all we can to multiply and cultivate these and similar achievements so that our Organization can lead us victoriously to the rendezvous of the year 2000.

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

Madam President, on behalf of the delegation of the Czechoslovak Socialist Republic, I should like to congratulate you and your Vice-Presidents on your election to high office at the Thirty-fourth World Health Assembly. Our delegation has listened with great interest to the reports of the Director-General and the representative of the Executive Board. We highly appreciate the work of the Director-General and his staff and the way in which the major problems to be solved during the course of this Assembly have been posed. In regard to some of the questions on the agenda, our delegation will state its views at another time.

For the moment let me draw your attention to a way of solving the problem which occupies the foremost place on the agenda for the forthcoming meetings. We consider that the question of how to implement the slogan "Health for all by the year 2000" is highly topical if man is to have a happy future. We are faced with having to decide how to ensure implementation of a really noble aim within a period of somewhat less than 20 years.

To speak frankly, an arms race and preparations for war that condemn the peoples to senseless expenditure of material and intellectual resources are not a suitable starting-point for implementation of the slogan. The only suitable starting-point is cessation of the arms race, preservation of peace and the strengthening of trust and cooperation between peoples. In this respect, the governments of Member States of our Organization bear immense responsibility. According to the aims laid down in its Constitution, it is WHO's duty to work for the preservation of peace and the cessation of the arms race. Our Organization cannot stand aside from the efforts of physicians throughout the world to avert a nuclear war.

We consider that the results of medical research make it possible even now to reach the required level of health throughout the world if only the product of the creative activity of mankind is put to rational use, but unfortunately most of that product is spent on armament. Nobody doubts that it would be more useful to employ it for achieving the noble aims of our Organization.

We consider that a necessary precondition for implementing health for all by the year 2000 is the provision and extension of universal care for the people's health. Apart from anything else this makes it a duty for the governments of the Member States to create the necessary conditions for the general establishment of a system of basic medical services such as has been successfully created in the socialist countries.

This means that in every country attention and expenditure must be concentrated on creating a network of medical establishments, constantly improving their equipment and staffing and perfecting preventive, diagnostic, therapeutic and rehabilitative services and endemic and epidemic control measures in the spirit of the Declaration of Alma-Ata.

According to the Organization's time-scale, the Member States have at their disposal not quite 20 years for implementing this slogan and it is possible to achieve implementation during that short time. Our health services were poorly provided with equipment and staff in the past and on 1 January 1954 they were unified. During the 28 years that have passed since that happened a material and manpower basis has been created for a network of medical establishments, medical faculties and schools, medical research institutions and pharmaceutical factories, directed and financed by the State. These concrete results in properly organizing health protection in Czechoslovakia have been accomplished in 28 years, but can also serve as an example for the strategy for implementing health for all. We wish to travel along that path and we shall go to meet the year 2000 in the spirit of our own slogan "Everything for Man, everything for Man's wellbeing".
Allow me to assure the President of the Assembly, the Director-General of WHO and the honourable delegates that our country, with its experience, is ready to play a part in solving all important world medical problems, including implementation of health for all by the year 2000.

Mr NILSEN (Norway):

Madam President, distinguished delegates, allow me first of all to thank you for the tribute you paid yesterday to the memory of Dr Karl Evang, who passed away in January last.

This Health Assembly may prove to be a historic one. Last year the United Nations General Assembly achieved consensus on the New International Development Strategy. Now the moment has come to take another step forward: I am referring to the adoption of the global strategy for health for all. These two strategies both conceive development as an integral process.

Health cannot be considered in isolation. It is influenced by a complex of environmental, social and economic factors ultimately related to each other. Ill health is largely the result of a combination of unemployment or underemployment, poverty, a low level of education, poor housing, poor sanitation, malnutrition, and lack of will and initiative to make changes for the better.

It is thus evident that the health sector alone can never bring about health for all people. My Government considers the struggle against unemployment as a very important part, inter alia, of our struggle for health.

The changes called for by the global policy and strategy for health will have not only profound professional, but also commercial, implications. This strategy is a challenge, inter alia, to the tobacco industry, the alcohol industry, the infant food industry, and the pharmaceutical industry. My delegation looks to WHO as an instrument for collective action in the field of health.

Today I shall confine myself to some remarks on two issues which my Government considers of great importance. At the Thirty-first World Health Assembly, in 1978, Norway had great pleasure in introducing the resolution on the action programme on essential drugs. It is essential to ensure that the most necessary high quality drugs are available, at a cost which can be afforded. It is further important to establish a more rational drug policy. By applying such principles in Norway we have succeeded in bringing the number of substances down; a limited number of drugs covers all levels of health care. This clearly demonstrates that the proposals put forward in the report of the WHO Expert Committee on the Selection of Essential Drugs are also valid for industrialized countries; this concept has in fact been part of the Norwegian policy for more than 40 years. Norway will continue to provide technical know-how and other support on different aspects covered by the WHO drugs programme.

Among the many important health issues on the agenda of this Health Assembly, I would like in particular to address that of infant and young child feeding. Last year the Assembly endorsed in their entirety the statement and recommendations made by the joint WHO/UNICEF Meeting on Infant and Young Child Feeding. It is now clear that the health, well-being and in some cases survival of millions of infants in the world will be favourably affected by the protection and extension of breast-feeding. There can be no doubt that there is a need for regulation of the marketing of infant food. I therefore welcome the initiative of this Organization in formulating an International Code of Marketing of Breast-milk Substitutes, upon which national legislation can be moulded. I would like to underline that it is not possible in this question to apply a "double" set of standards - one for industrialized countries, and another for the Third World. Infant nutrition has to be given special consideration when national food and nutrition policies are being planned. We may in fact be in need of what I would call "infant nutrition policies" - a need that my Government has stressed also in other United Nations fora.

I would like to take this opportunity to congratulate the Director-General and his staff for the high quality of the work that has been undertaken in the preparation of the Code. The fact that WHO has succeeded in formulating a code may in the future make it possible for the Organization to undertake similar work in other areas of health where there is a need for guidelines and regulations. This is particularly important in order to solve problems facing most developing countries.

Improvement in infant and young child feeding is a key to reducing morbidity and mortality among the youngest age groups. A substantial reduction of infant and young child mortality is an essential target, not only of the strategy for health for all. The New International Development Strategy calls for the reduction of infant mortality in all countries to 50 infant deaths or less per 1000 births.
Millions of people are trapped in the vicious circle of poverty, malnutrition, disease and despair. The scope for improving human conditions is great. The difficulties we are faced with are enormous. This calls for leadership from WHO. During the Assembly this will crystallize into a global strategy for health for all. If our noble goal is to become reality by the year 2000, the active involvement of the entire international community, including the whole United Nations system and national governments, is indispensable.

Our Organization has a crucial role to play in leading and coordinating international health work. My Government is ready to strengthen its participation in international efforts to achieve health for all. May I take this opportunity to recall that Norway, together with a few other countries, has met the target for transfer of financial resources to developing countries, set by the International Development Strategy. More than 10% of the total amount of Norwegian bilateral and multilateral development assistance is devoted to mother and child health care, including family planning.

My Government has for many years been among the contributors to the WHO Special Programme of Research, Development and Research Training in Human Reproduction and to the Special Programme for Research and Training in Tropical Diseases. Through continued contributions to the United Nations Development Programme, the United Nations Fund for Population Activities and UNICEF - among others - my Government will support the ongoing efforts to promote health and social justice.

In this respect my Government wants to intensify its dialogue with this Organization. Mine is a small country, but if we join our efforts with those of all other nations the dream of health for all, I am confident, will materialize into a better reality for mankind.

Mr TOMBAZOS (Cyprus):

Madam President, on behalf of the Cyprus delegation, may I be allowed to congratulate you on your election as President of the present Assembly, and to wish you every success in your function. May I also congratulate all the other officers elected for service in the various important roles in the Assembly.

I consider it fit to devote this short address mainly to the report of the Director-General on the Organization's work in 1980. The Director-General's report gives a comprehensive account of the Organization's most recent activities and discloses in a modest way the crucial role which the Organization plays in the achievement of humanity's noblest aspiration with regard to the health, welfare and prosperity of all the people of the world. This aspiration is most vividly expressed by the already adopted target to take practical measures aimed at the achievement of the highest possible standard of health for all by the end of the century.

The realization of this objective presupposes the undertaking by all Member countries of the commitment to prepare and implement comprehensive national plans, collaborating at the same time, as and when necessary, with the appropriate WHO authorities and with the authorities of countries which face common problems or are in a position to help the national effort. The effort itself must take account of all those factors which have or are likely to have a bearing on health. In addition to the factors normally mentioned, one should particularly emphasize freedom from worry and uncertainty for the future, and special care for population groups which are more susceptible to health hazards. This means that national as well as international strategies must necessarily be very broad, flexible and, especially, multidisciplinary. The strengthening of the health services, the expansion of their coverage and the improvement of their operation in a way that will make them easily accessible to all the citizens, most significant though they may be, would not necessarily by themselves lead to the achievement of health for all in the true sense of the term.

Madam President, Cyprus, ever since its independence in 1960, has been striving to achieve the highest possible standard of health for all its citizens. The objective has been repeatedly emphasized in successive development plans and appropriate strategies and programmes have been devised and implemented. We may say that we have managed, in spite of all the adversities which we have been facing since the well-known tragic events of 1974, to make worthwhile progress towards this objective. The continuation of these adversities is an obstacle to development and to the introduction of a uniform and comprehensive health care system to cover all the citizens of the Republic, considered to be a crucial and decisive step in our efforts. This is a serious programme of action which we promote within the context of our multidisciplinary approach for social development. Yet the achievement of the highest possible standard of health for all cannot be realized unless and until all
the people of Cyprus obtain complete independence, as well as security of person and property, and enjoyment of basic human rights and freedoms.

The international community has now reached a stage at which it has made patent its determination to achieve a high standard of health for all, irrespective of race, colour, language, place of residence. We have already made good progress in eradicating or reducing the incidence of serious diseases which, in the past, were the cause of human tragedy. We still have to fight against diseases attributable mainly to the modern way of life, whereas in developing countries the struggle against serious diseases has to be continued and intensified. It is indeed very disappointing to note that, despite the spectacular scientific and technological achievements of recent decades, millions of people, mainly children, die prematurely or suffer for years as a result of poor living conditions, lack of food, or because of diseases which could have been cured if the necessary health care were available.

In concluding this address, I would like to come back to the point I made when referring to the health situation of my country. The international community is striving hard to achieve the highest possible standard of health for all by the year 2000. Yet, at the same time, we have been witnessing human action which frustrates the realization of the ideal of health, welfare and prosperity. We should, therefore, ensure that until the end of the century our strategies and programmes in the field of health are directed also towards the prevention of such deliberate human action that may frustrate the realization of the lofty ideal which we have set for ourselves and to which we all seem to subscribe.

Professor DOXIADIS (Greece):

Madam President, I am going to talk about three things, all closely linked with the two reports of the Executive Board and the report of the Director-General - for which I offer no congratulations, since the President does not allow it; but I am allowed to say that they were excellent and stimulating. Nor am I allowed to give you my best wishes, Madam President - but I can say that I was delighted that you were elected, and I congratulate you.

Now, the three things I am going to talk about are one demonstration, one achievement, and one hope. The demonstration: we are very honoured that Greece has been chosen for the Mediterranean Zoonoses Control Centre - demonstrating that, through the close cooperation of 14 countries and three international agencies, we are advancing in a very satisfactory way towards the final elimination of zoonoses from the Mediterranean region.

The second is the achievement - or, rather, the beginnings of an achievement. In 1978 we started a very intensive anti-smoking campaign, and against all our expectations we managed to bring down the gradual annual rise in tobacco consumption of 6% to zero within the first year of our campaign. This was achieved mainly, I think, because we asked from the beginning for the cooperation of professionals in the field of mass communication media and advertising. We doctors, ministers or health professionals are amateurs, and we need the cooperation of professionals in order to achieve results as satisfactory as the one I have just described. But I mention this for another reason. Greece is a tobacco-producing country, and I am pleased that our Ministry has managed to convince the other members of the Government and to start this campaign against the economic interests of tobacco producers, tobacco manufacturers, and advertisers, and we had satisfactory results.

It seems we had the courage to go against very strong interests with regard to this anti-smoking campaign; it is obvious that we support even more the establishment of an International Code of Marketing of Breast-milk Substitutes: we shall give our full support, and we are grateful to the staff and the Director-General for having taken this initiative with UNICEF to produce this code.

And now I come to our hope - the third point, and a projection into the future. And this is the response to the target "health for all". But we should bear in mind that it should be "health for all", and not "treatment for all" or "cure for all" in the year 2000. This is an entirely different thing. If we bear this in mind it is obvious that at least in the developed countries health for all in the next 20 years will not be influenced by greater or better medical care, a higher level of technology, or measures taken by the State - because in developed countries most of the bad things that happen to people are at present beyond the reach of medicine; if you study the causes that may prevent people getting health by the year 2000 you will see that in one way or another they all relate to our way of life; and if we examine on this basis the very illuminating tripartite contract which Dr Mahler mentioned this morning - between WHO, the State, and the individual or the people (and at present I am not
Ministries, should we have health ministries, of the health ministries been compulsory to help all, the health ministries, should know the limitations. So there are still five important tasks for the ministries of health, and I shall enumerate them rapidly. We have to know these tasks, because if we have a very difficult decision to make regarding priorities the normal human reaction, in order to avoid a decision, is to do a bit of everything - and that's not good enough. So the first of the five tasks over the next 20 years which will still be feasible for the ministries of health, while continuing existing services, is to think and think again before expanding existing services, and to think always on the basis of cost-benefit. Secondly, ministries of health should incorporate the notion of health in all development projects. Thirdly, the task of ministries of health will be to coordinate all efforts by the State, agencies and individuals, but always being ready to change - because there is nothing worse than inertia of civil service, in the field of health as in any other field. There should be flexibility and willingness to change in coordinating and controlling all activities. The fourth is to support the type of research which is really important for the ministries of health - and this is research where health is related to all other parameters of human life. Now I talked about four of the still existing and continuing responsibilities of the ministries of health for the next 20 years - I repeat: health, and not treatment for all by the year 2000. We have to realize that our individual responsibility will grow more and more, because we are talking about changing ways of life, and it is the individual who will decide and carry it out. But who is going to initiate, stimulate and create motives for the individual to change his way of life? And this is the fifth and most important task of the ministries of health - health education. Today in all parts of the world, at all ages, in all social groups, we all ask for more freedom. Our adolescents want more freedom. We all want more political freedom, more economic freedom. But it is not possible to ask for more freedom and not be responsible. This is the bitter truth which we have to face. More freedom means greater individual responsibility, and I suggest that in the next 20 years in no other field of human life will this be more evident than in the field of health.

Mr BOUHARA (Algeria) (translation from the French):

Madam President, I am particularly happy to be able to offer you, on behalf of the Algerian delegation, my warmest congratulations on your election to preside over the Thirty-fourth World Health Assembly. We are convinced that your wisdom, your wide experience of the World Health Organization and your acknowledged grasp of the health problems faced by both developing and developed countries will contribute to lending the proceedings you are to direct all the serenity, all the objectivity and, most important, all the humanity we have the right to expect from a World Health Assembly. We also congratulate the other officers of the Assembly who are to help you with your task. The quality of the eminent figures we have elected guarantees that their contribution to the smooth running of our proceedings will be most valuable.

Madam President, excellencies, distinguished delegates, the Director-General of our Organization, Dr Mahler, has presented us with a characteristically clear and detailed report, which with his permission I should describe as militant in the service of this universal aspiration: the provision of health for all by the year 2000. I hope he will accept our sincere compliments on this document, which gives a lucid and objective account of progress made in that direction during the past year and of what remains to be done, with all the difficulties and pitfalls involved. Not wishing to take up too much of your time, allow me to make a few remarks on the positive aspects of the report, mentioning my country's contribution to the global effort to provide health for everyone, everywhere.

Since independence was gained in 1962 after seven years of war and at a cost of one-and-a-half million dead - more than one-tenth of the population - Algeria, committed to the struggle for economic and social development, based its health policy on a tripartite system of priorities: training, education in preventive measures and basic health care. The results, which we consider satisfactory in comparison with the situation at the outset, have been obtained within a relatively short space of time (less than 20 years). Today we are training about one hundred times as many physicians as before independence. Almost 10 000 students are undergoing paramedical training this year in schools throughout the country, even in the most remote areas. In the field of prevention, immunization, which has been compulsory and free of charge since 1965, and major vector control campaigns have
considerably reduced the number of communicable diseases which formerly took such a terrible toll. A strong maternal and child health policy, reflected by the establishment of a large number of maternal and child health centres which also offer advice on the spacing of births, has given very satisfactory results, particularly in the field of nutrition. A considerable financial effort has been made for the development of units of the basic health network (dispensaries, health centres, polyclinics, maternity centres, etc.), sometimes to the detriment of more advanced units.

This sustained endeavour to democratize health care and extend coverage to the whole population came to a climax in 1974, when health care was made free to all, and again in 1980 in an important resolution of the Central Committee of the National Liberation Front party. In December 1980 the Central Committee of the National Liberation Front party examined the problem of health in the country, following intense and continuous discussions held at all levels and within all national organizations and structures for several months. The decisions taken by the Central Committee, which is the highest permanent political authority in the country, constitute a true national strategy for health development in the coming decade. Based on principles arising from our fundamental political choices, the strategy is designed to consolidate and extend coverage of free medical care throughout the country. It has four components: development of the care delivery system; health manpower development; development of the infrastructure and technology; and, finally, the development of support mechanisms.

I would stress, without going into detail, that the major guidelines laid down by our Organization have been followed in each of these areas. Highest priority has been accorded to primary health care in the framework of a coherent and integrated system, structured into different levels of referral and widely decentralized thanks to the strengthening of the various sectors. Preventive activities have also been assigned a very privileged position within the health care system, with emphasis on the need to integrate health work into economic and social development plans. Thus the development of support structures was based on the principle of large-scale community participation including all sectors - political, administrative and economic - in dealing with health problems at all levels, from commune to national level.

This strategy is now being implemented, and in this first phase the health services have already been reorganized with a view to being strengthened in the future and in preparation for the Five-Year Health Development Plan, which will include provisions concerning pharmaceuticals. There can be no doubt that implementation of a strategy of this type, which reflects our political will to promote health in the country and make it available to the whole population, will enable Algeria to be present at the rendezvous we have fixed for the year 2000, although the path will not be easy and will call for some sacrifices, as you have pointed out, Mr Director-General. In this connexion, the study of all the different types of means we shall have to mobilize to extend health care to the whole population brings us reassurance in the thought that the objective which our Organization so generously seeks to attain is inseparable from the establishment of the new social and economic order tending towards a more just and balanced distribution of the riches of this world.

It is hopeless, even indecent, to try to improve health in areas where poverty reigns, and our work to achieve health for all cannot be dissociated from the United Nations organization's effort to establish a more just, harmonious and human economic order. But we are convinced that this new order will be brought about by the underprivileged, and not the rich, or not at all! It is equally hopeless and indecent to try to bring health care to all while in some regions of the globe colonialism, racism and Zionism still prevail. In our view these are the major causes of the deplorable state of health endured by entire populations - including the millions of refugees crowded in those very areas, fleeing expansionism, apartheid and domination, as in Palestine, South Africa, Namibia, the western Sahara and elsewhere. We speak it aloud, not only for reasons of right and justice but also for reasons of health, for everyone knows that a country freed from oppression makes more progress in the health field in 10 years than during centuries of domination. If anyone claims that stating these truths amounts to talking politics, we shall nevertheless continue to do it, for our subject is health in the world and it would be unthinkable to dissociate health problems from the context which conditions them and which is obviously fundamentally political.

Madam President, our Assembly is faced with a problem of an organizational nature that some would like to avoid because it is in fact a political problem. I am talking about the transfer of the Regional Office for the Eastern Mediterranean to Amman, in the Hashemite Kingdom of Jordan. I should like to point out to this distinguished Assembly that this
transfer has become purely a matter of health. How could it be otherwise when our Organization no longer has any activities in an entire Region, and when the Regional Committee has become practically inexistent? The Assembly has no right to let this intolerable situation go on any longer, for it is bound to have repercussions on all the aims we hope to achieve in the short term, and even on the health of neighbouring regions. We also wonder whether the Assembly has the moral right to impose decisions which go against the express wishes of the massive majority of States in the Region.

Madam President, distinguished delegates, ladies and gentlemen, I cannot conclude this address without expressing on behalf of my Government our deep gratitude to all countries near and far, to national and international organizations and to peoples for their support to our country after the El-Asnam earthquake. This impressive display of international solidarity allows us, despite everything, to look to the future with optimism, for peoples and States always end by mobilizing in support of humanitarian causes, particularly health.

Dr. MORAN (Malta):

Madam President, fellow delegates. First of all, I would like to congratulate the Director-General on his excellent exposition on the work of the Organization during 1980. It is particularly satisfying to note the wide-ranging activities under way towards the implementation of the global strategy for health for all by the year 2000, and the continually increasing emphasis on preventive measures and primary health care. As I had the occasion to state last year, the declared policy of my Government in the field of health is practically identical with that of WHO's programme, and it is therefore with pleasure that I once again formally affirm the continued support and cooperation of my Government in the fulfilment of WHO's objectives.

Since I had the honour of addressing this Assembly last year, we in Malta have had the satisfaction of registering significant progress in every aspect of our health services, both through the consolidation and expansion of already existing ones, as well as through the introduction of new programmes. Last year, we commenced the initial phase of our national non-communicable disease programme, which WHO has been kind enough to sponsor and coordinate. I wish to acknowledge here the valuable assistance being accorded to us in this programme by the Governments of Belgium and Yugoslavia through the reciprocal health care agreements Malta has signed with these countries, as well as that of the International Diabetes Federation. We have commenced this programme with the usual preliminary training and educational component, and, between January and March this year, have undertaken a comprehensive survey of the prevalence of diabetes in our country, the results of which are currently in the final process of analysis. We are now following this up with a re-screening exercise, which will start later this month and will continue until mid-July. Other components will follow in due course.

This long-term programme at national level will not only serve to provide continuous up-to-date information on the basis of which we can adapt and develop our health services towards the better prevention and control of what can be termed Malta's main problem in the medical field, but should also provide results which will be of value at international level. The programme will later be extended to include other noncommunicable diseases, and I would take the occasion of thanking WHO for its support and assistance to date and of expressing the confidence of my Government that such support and assistance, as well as overall coordination of the programme, will continue at an increased level during the coming phases of the programme.

I would now like to turn to issues of a more general nature, and which are of direct concern to this Assembly. These issues arise as a natural consequence of our now defined and operational objective of health for all by the year 2000, and later on during this Assembly's deliberations we shall be discussing both the global strategy itself and the contribution of health to socioeconomic development and peace.

The Director-General has himself, in his report, commented on the chances of success of our strategy. He has, in fact, explicitly stated that the guarantee of its application depends on the world's political, socioeconomic and health leaders taking the strategy seriously, ensuring the intercountry cooperation required, and making available the necessary resources.

I do not feel that there is any need on my part to elaborate on the importance of health as an integral component of national socioeconomic development programmes. Admittedly, at one time there was a conflict between health and economic development, because the latter was thought often to result in environmental pollution causing direct and indirect damage to human health. We have, however, perhaps belatedly, realized this contradictory progress on our part,

1 The following is the full text of the speech delivered by Dr. Moran in shortened form.
and recent international trends are towards the essential reconciliation between socioeconomic development and preservation of our environment, on which latter human health depends so much. Nevertheless, I still feel there is much room for improvement in this sector, and there are still programmes and prospective studies under way in the international field which, while claiming to cater for future human needs in all their aspects, accord a relatively inferior role to the problems of human health within the overall framework of socioeconomic development. I am sure this Assembly will agree that it is our task as health leaders to further the successful implementation of our strategy by continuing to insist on the fundamental role of health in overall national and international programmes.

The importance we accord to health in Malta can be amply illustrated by the budgetary allocations we provide. This year, in 1981, the health budget represents 10% of the total recurrent budgetary allocation. The overall budget accorded to health, including capital development programmes, constitutes approximately 4.7% of our gross national product. I would add that this figure does not include other expenditure of a significant nature, including welfare and sanitation which, though appearing under the votes of other ministries, are directly related to health in various degrees. I can therefore say with confidence that we are, at national level, doing our utmost towards the furtherance of our common global strategy.

We should perhaps seriously take a look at the position of human health within the framework of the overall political situation. We are aiming at a global strategy for health for all by the year 2000. I would ask this Assembly whether, in this world of constant turmoil, we have any guarantee that we shall even see the year 2000, let alone produce an optimal state of human health at global level by that time.

The state of human health is inextricably linked with peace. We all have the innate desire for self-preservation, which aims at the attainment of peace and wellbeing. As our knowledge of both preventive and curative health measures increases, we are getting more and more aware that the objectives we seek are within our reach. Equally, we feel more and more that we should devote an ever-increasing amount of our manpower and technology resources over the coming years in order to reach these objectives. In spite of this, many of us still continue to devote considerable resources not to the enhancement of human health, but to the very means designed to destroy it. I am, of course, referring to warfare, and armament production. I feel that this constitutes a paradox which we must solve if we are to attain our goals.

I do not intend to embark on any lengthy discourse on the hazards of warfare to human health. The direct effects of weapons of every description on people and human societies are well-known and, while perhaps only openly catastrophic during periods of conflict, they are also dangerous in times of comparative peace, as long as they continue to be tested to enhance their destructive value. We have all around us the end-results of our various ventures in the field of extermination of members of our own species, and the evidence, both structural and physiological, can only be described as appalling.

Equally important, though perhaps not so evident, are the adverse effects on human health of the destruction of natural ecosystems. A recent international publication has described in detail the effects of weapons on such ecosystems and the plain fact is that all aspects of our national environment are vulnerable to one type of weapon or other if these are employed on a sufficiently large scale. Human health depends to a very considerable degree on the state of the environment. We now know this very clearly from our bitter experience in the field of pollution. There are numerous examples in history of human societies suffering immensely from military assaults on their national environment, especially where chemical and related forms of warfare are concerned.

Our health is intimately linked with the preservation of our atmosphere, our seas, and our land from every possible form of contamination. Indeed, the whole concept of primary health care assumes among other things the minimization of both biotic and abiotic contaminants in our surroundings and in our food. In the field of industrial development we might possibly argue that in attaining ever higher standards of living, we must perform have to accept a certain degree of environmental contamination, though even such an argument is gradually losing ground in the light of recent knowledge, and our minimum safety standards are becoming more and more rigid. We can argue that, in the interests of human health itself, it is better to accept a tolerable level of chlorinated hydrocarbon insecticides and their degradation products in human tissues than to suffer countless deaths from insect-borne diseases. Can we however, in all honesty, use the same arguments to justify the production of weapons of greater and even greater destructive potential, which are of grave and proven hazard to man and his environment, when even their primary purpose is in fact to destroy man, either directly and physically, or by undermining his health?
The field of health itself is in reality to a large degree the implementation of a programme of interspecific warfare. We have to fight to survive, and the very essence of such survival lies in the need to eradicate, or at least to bring under control, those pathogenic and parasitic organisms which undermine our health and in many cases threaten our very existence. As a matter of fact, this Assembly will recall that last year we formally celebrated a major victory in this field - the eradication of smallpox. There are several other victories we could be in a position to celebrate in the future, if we could only learn to direct our attention and our resources towards those species which are in direct and constant competition with us in the constant struggle for survival, rather than utilize a substantial portion of our energies in devising better ways and means of exterminating ourselves.

During the past few decades, our advances in the field of medical and health technology have been spectacular. Even so, however, we should ask ourselves what new heights we could have reached by today, had we laid our emphasis, in the allocation of manpower and technological resources, in the right direction - that of improving human health - rather than giving equal importance to measures specifically aimed at the opposite effect.

I feel there is only one solution in front of us if we really mean to implement our declared global strategy for health for all by the year 2000. We have two decades, or at least nearly so, ahead of us. It is not by any means a long period, but it is long enough if we concentrate our efforts now. The solution is to shift the maximum possible resources from the areas of warfare and armaments production to that of furthering and enhancing the state of human health, from both the research and practical viewpoints. Through this, we shall not only go a long way towards the attainment of our objectives, but also take a major step forward towards ensuring peace, because the greatest guarantee of peace is a state of good health and wellbeing in man.

I feel I have intruded sufficiently on this Assembly's valuable time, and will conclude by stating that it is my earnest hope, and that of my Government, that this plea will not fall upon deaf ears. I am quite convinced, in fact, that the members of this Assembly fully share these views, in the interest of mankind, being themselves dedicated to its preservation. It only remains for me therefore, Madam President, to thank you and my other colleagues here for so patiently hearing me out, and to once again formally renew my Government's pledge of full cooperation with WHO towards the fulfilment of the aims we all hold so dear.

Mr MINAH (Sierra Leone):

Madame President, Director-General, distinguished delegates, ladies and gentlemen. I wish to congratulate you, Madame President, on your election as President of the Thirty-fourth World Health Assembly and wish you a very successful tenure of office. May I also be permitted, Madame President, to take this opportunity to congratulate the five Vice-Presidents who were elected this morning to assist you with the task of conducting the affairs of this session.

My Government has been busy this year in promoting national strategies for the attainment of the main social target of this and the next decade - health for all by the year 2000, to which we are all fully committed. The pilot project of primary health care established in one chiefdom in the Northern Province of Sierra Leone has been extended to six others with the full cooperation and participation of all the sectors concerned with the socioeconomic development of the country. Plans are now in progress for the expansion of primary health care to other parts of the country within the broad framework of the Declaration of the Alma-Ata Conference of 1978. This innovative approach to health care in the use of voluntary workers drawn from the local community is already paying high dividends.

The provision of safe drinking-water and sanitation is one of the prerequisites for the attainment of health for all and, in keeping with the International Drinking Water Supply and Sanitation Decade (1981-1990), my Government has established an interministerial committee to work on this programme. I am pleased to say that the national programme will be launched later this year. This will go a long way towards solving a major problem, for it is estimated that about 80% of all the diseases in our countries are related to poor environmental sanitation, of which a safe water supply is an integral part. The recommendations on this matter by the subregional working group on technical cooperation among developing countries are now receiving consideration. Measures to improve environmental sanitation in both the urban and rural areas are being expanded and efforts in the areas of collection and disposal of household refuse, including the cleansing of streets, drains and market places, are giving encouraging results. My Government is most appreciative of the assistance it continues to receive from WHO and other international agencies and friendly governments in this area.
In the case of communicable disease control, some success has been achieved. The leprosy control programme is going on satisfactorily, and more work is to be done on the control of tuberculosis. The target by the end of this year is to diagnose and treat 50% of infected cases of tuberculosis. The strategy of integrating tuberculosis and leprosy control is receiving active consideration. My Government has appointed a manager for the expanded programme on immunization. This programme was launched in 1978 and has now extended to three districts. Three more districts will be brought into the programme this year. A WHO/ national team evaluated the programme in 1980 and a report is awaited, although a preliminary report was favourable in several respects. My Government is extremely grateful to WHO and UNICEF for this programme.

The control of malaria using mosquito nets and chloroquine prophylaxis in a pilot project has been extremely successful, particularly as the voluntary workers in primary health care have been fully involved in this. Evaluation of antilarval operations in the Greater Freetown area is to be undertaken soon. My Government is also involved in steps that have just been initiated by WHO in the control of diarrhoeal diseases, a group which constitutes one of the major causes of morbidity and mortality of young children. It is with pleasure that I state that my Government no longer requires smallpox vaccination from persons entering Sierra Leone. However, in order to determine the status of monkeypox in the country, my Ministry, with the assistance of WHO, is currently conducting a sample survey for antibodies against monkeypox and other haemorrhagic fevers in districts in the Southern Province. In the area of vector control, the necessary preventive measures have been taken in the planning of the hydroelectric scheme about to be launched in the Eastern Province of the country, so that there will not be an increase in the waterborne and vectorborne diseases usually associated with the development of water and other resources.

My Government, with the assistance of other international agencies, has embarked on a major project for strengthening the registration of births and deaths and of vital statistics in my country. This project has as one of its objectives the unification of the laws so as to obtain a compulsory registration for the whole country. This project also aims at strengthening the routine statistics relevant to health planning in my country. In the field of health manpower development, the school for the training of medical assistants will soon come into operation. These workers will deliver the services as well as supervise lower-level auxiliaries in the provision of primary health care. On the question of training for the control of tropical and communicable diseases, and in the preventive and promotive health programmes, it will be most advantageous to expose doctors and other health personnel from Member States in the tropics to public health, in the interest of community health care programmes.

I would again wish to commend the Director-General for the significant progress which has been made in the Special Programme for Research and Training in Tropical Diseases. It is hoped that the six tropical diseases under consideration in this section will soon be brought under control, for they continue to create major problems.

The area of traditional medicine continues to be of much interest, for it has an important part to play in our programmes designed to give health to all by the year 2000. My Government looks forward with much anticipation to the results of the exercise now being carried out to evaluate the training programme started in 1974 for the traditional birth attendant. This voluntary village health worker is now an integral part of our health team in our maternal and child health and fertility advisory services programme, which forms the training centre for personnel involved in the integrated health services. A study of other traditional healers is to be undertaken so that they can also become part of our health care delivery system.

In the managerial process for national health development, it is pertinent to note that my country's overall objective in this area is to strengthen the managerial positions in our national health development, to promote and implement the managerial processes, and to encourage appropriate training in health management, including planning and evaluation. Work has been initiated for the production of a national action plan aimed at achieving the national objectives for the implementation of the strategy. As monitoring and evaluation of processes are essential for success, these will form important aspects of the plan.

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

In the name of God, the Gracious, the Merciful, Madam President of the Thirty-fourth World Health Assembly, Mr Director-General of WHO, distinguished heads and members of delegations, ladies and gentlemen, I am honoured to address the Thirty-fourth World Health Assembly on behalf of the Arab Republic of Egypt. I wish to take this opportunity to
congratulate the President of the Thirty-fourth World Health Assembly, on behalf of the Egyptian Government and in my personal capacity, on her election to this high office.

I also wish to thank the Director-General, Dr Mahler, and his staff, for the valuable report contained in document A34/3 on the work of the Organization in 1980; this report highlights the activities undertaken in the various regions, and defines issues of special relevance to the objectives and strategies of WHO. I am glad, in this regard, to stress to the Assembly that the Egyptian Government, in compliance with the resolutions of the World Health Assembly and the Alma-Ata Declaration, as well as through its long experience in providing free medical care to all its citizens, has drawn up its health strategy and determined its priorities in such a way as to tackle the main health problems and try to solve them by using the technical means, resources and potential available to it in implementing the programmes established for this purpose. To achieve its health strategy by the year 2000, the Ministry of Health has laid down many basic principles for the implementation of health plans. Foremost among these are the following:

First, the effective approach for influencing and improving health conditions is the multisectoral approach; this is indispensable for coordinating the efforts of the various State bodies and for mobilizing their resources with a view to carrying out integrated plans aimed at overcoming the obstacles to the delivery of health care for all citizens. Two ministerial commissions have been set up, one to deal with problems of the environment, the other to provide healthy food for all sectors of the population. In both commissions the Ministry of Health plays an essential and effective role.

Second, the success of health plans depends, basically, on the efficiency of doctors, allied health personnel, technical and administrative staff and all persons working in the field of health care. The Ministry of Health has paid special attention to the training of health teams with the object of enhancing their efficiency in providing primary health care services. To this end, the curriculum of the Faculty of Medicine was reviewed and a new curriculum was devised, making sufficient time available to give medical students theoretical and practical training in primary health care services; this training covers the objectives, requirements and means of delivery of these services, in the context of the national culture and of the prevailing and changing economic and cultural conditions of the community. The curricula of nursing schools are now also being revised to include courses in the duties of nurses in primary health care.

Third, health data constitute an important basis for the formulation of strategies, plans and objectives and for defining priorities. Following WHO’s recommendation that Member States should set up their own health information systems, the Egyptian Ministry of Health is now in the process of establishing a new system based essentially on providing theoretical and statistical information. Valid and appropriate data will thus be made available to facilitate the preparation, monitoring and evaluation of programmes designed to solve the major health problems. On the other hand, this system will provide information on the existence and availability of modern technical means capable of influencing health conditions. It will be of help in estimating the quantitative targets to be attained according to a fixed time schedule.

Fourth, much as we believe in and pay attention to primary health care, and despite our conviction that providing such care is in itself an important objective, we do not underestimate the importance of the other levels of health care. A plan has been worked out to organize referral services by arranging for communication between primary care units and central and specialized hospitals.

Fifth, the Egyptian Government has made a firm commitment to provide health insurance coverage to the great majority of citizens, and the Ministry has taken steps to meet this commitment. The number of citizens covered by health insurance doubled in the course of last year. Step by step plans and programmes were worked out for the gradual inclusion of new groups of beneficiaries, in such a way as to provide health insurance coverage for the majority of citizens before 1990.

Sixth, we reaffirm our conviction that the improvement of the environment is a major requirement for providing primary health care to all citizens. The Egyptian Ministry of Health is active in this field. However, from our long experience in environmental health, and according to world expert opinion, it appears that environmental sanitation programmes require long-term planning and a financial effort beyond the reach of most countries. It is well known that the developed world needed two centuries or more to attain an acceptable level of health by improving environmental conditions. We cannot afford to wait so long to overcome a number of communicable diseases by introducing environmental health programmes.
So we shall have to rely on technology that has proved its worth in reducing the danger of these diseases. World experience in the eradication of smallpox offers a clear and scientifically valid illustration of how appropriate technology can be used to eliminate a serious disease. With this in mind, we call upon Member States to concentrate on the kind of research capable of developing such technology: a technology, that is, whereby the course of a number of communicable diseases can be halted and delivery of basic health care can be promoted.

Seventh, development of the drug industry so as to meet the need of the citizens, and support for the public sector in drug production, are essential if drugs are to be made available at reasonable prices. Our drug policy also seeks to rationalize the use of drugs. The Drug Registration Commission limits registration to drugs of proven effect. Drug advertising, on the other hand, is limited to the medical profession, so as to protect citizens against the misuse of drugs.

Ladies and gentlemen, when the World Health Assembly in 1977 adopted a resolution committing the Organization and its Member States to provide health for all by the year 2000, the infrastructure, the strategies and objectives of health services had already been established in Egypt. They were coordinated and fit to serve as a basis for an appropriate health plan for the Arab Republic of Egypt; this plan is in full conformity with the national objectives and is to be financed by mobilizing all resources available to the country and any support it might receive from the programmes of cooperation with the international community.

I wish, in this connexion, to raise the issue of medical practice as an important element of providing health care in the face of the constant and serious increase in the cost of health services. It is high time for WHO to assume its leading role in rationalizing medical practice, by making clear what methods have been scientifically proved to be effective and what methods still lack scientific certitude, and by helping States to follow scientific methods, to rationalize their spending by directing it to appropriate areas, and to ward off mass and professional pressures which entail State expenditure disproportionate to the returns.

The Arab Republic of Egypt is proud of being one of the founder States of WHO. It was and always will be keen to cooperate with the Organization as a whole and with the Eastern Mediterranean Regional Office in particular. I wish, in this connexion, to extend our thanks to Dr Abdel Husain Taba, Regional Director, and to his assistants for their unfailing efforts. When the Government of my country chose the path of peace, it did so out of a conviction that this was the best road to economic and social progress and, in consequence, to health progress for all peoples of the world. While continuing steadily on the road to peace, I wish to mention brothers of ours who are still suffering under foreign occupation. I refer to the brother people of Palestine. We sincerely endorse the contents of the report of the Special Committee of Experts appointed to study the health conditions of the inhabitants of the occupied territories and we uphold the right of the Palestinian people to live a free and dignified life in their own land.

Thank you, Madam President, thank you all for your kind attention.

Mr LEHLOENYA (Lesotho):

Madam President, Director-General, fellow ministers, distinguished delegates, ladies and gentlemen. Let me take this opportunity to congratulate you, Madam President, on your election to the very high office of the presidency of this august Assembly. Our confidence in this forum has always drawn inspiration from, among other things, the office you hold and its now customary guidance of our deliberations.

Our congratulations and deepest appreciation go to our Director-General, Dr Mahler, the one man who made the welfare of others the sole goal of his very life. Words are never sufficient to describe our feelings about you, Mr Director-General. Last year you visited my small country: I believe you did this because you knew of the special problems imposed on it by its geopolitical situation as well as the now endemic problems of southern Africa. You also saw the topography of our country, which makes two-thirds of it almost inaccessible. But we are happy that in your farewell message to us you left us with a lot of hope and inspiration. The result is that we still stand by our national goal of obtaining the same goal that is being enunciated for the year 2000 at least by the year 1990. It is a matter of the greatest pride to us that this particular visit was following closely on one by the Regional Director for Africa, Dr Quenum.

We believe more than ever that primary health care and its philosophy of self-reliance and self-determination, realized through the full participation of the individuals, families
and communities themselves, remain the soundest pedestal on which to launch all our present and future action. Last year's theme of the Technical Discussions reminded us of the global responsibility of all countries of the world towards finding solutions to the socioeconomic problems of our communities which contribute so much to the status of health. We are appealing and will continue to appeal to the richer members of the international community to share a small fraction of their resources with us in helping solve problems that have been proved solvable. On our track record, they now have the assurance that we seek their collaboration and cooperation not only to satisfy the needs of a few but to address the problems of the least served in our countries and communities.

This reminds me of my country's development objectives in terms of its five-year development plan for 1980/1985, and I quote: "To reduce vulnerability to external economic and political pressures through sustainable economic growth and diversification; to increase domestic employment; to increase social welfare; to promote social justice; to protect the land and water resource base and exploit it to the fullest extent; to ensure deeper involvement and fuller participation of the community in national development". The Ministry of Health has arranged these objectives as follows in its strategy for primary health care: to promote social welfare; to promote social justice; to ensure deeper involvement and fuller participation of the community in national development.

To achieve these, we have suggested the following list of actions: to bring health services into every village through village health worker programmes by 1990; to improve and expand the national network of clinics and outpatient departments by building 25-30 clinics in the next five years; to promote family planning and maternal and child health programmes to reach 80% of mothers and children by 1990 in order to improve their health; to reduce the incidence of the prevalent communicable diseases through improved sanitation, provision of safe drinking-water and other activities; to immunize children against preventable communicable diseases; to upgrade curative services throughout the country in 1990 in order to reduce dependence on foreign services and increase self-sufficiency. I call these "actions" because we regard them only in that context and no other.

Permit me, Madam President, to say that we want to carry out these actions in the context of our country and in line with the social and other aspirations of our people. To this end, it becomes imperative to engage in programmes of technical cooperation with these provisions borne fully in mind. We do not want to be dictated to simply because we are poor and I feel that WHO has a positive role to play in helping both sides bridge this gap which, I am sure, is undesirable to all concerned.

As I said in my opening remarks, our sovereignty is continually being threatened by our geopolitical situation, and I am sure you will agree with me on the desirability of creating a local infrastructure for health that will enable us to channel resources at a later stage to other sectors of our national life which equally remain in danger. We believe fully in the principles of technical cooperation among developing countries, because we feel that it is the one last hope we have for our regional and national survival. The Director-General continues to highlight this idea and we welcome this vision and wisdom.

Please take note, Madam President, that in our strategy we have placed heavy emphasis on the question of training of relevant personnel and that in this we now enjoy the full support of all the health cadres in the country. The Regional Office and indeed UNDP are giving us the requisite support in our efforts to establish a university centre for health sciences, and we are confident that if the efforts of these two organizations can be supported by other individual governments and donors, this cherished idea of ours will be within easy grasp.

Finally, Madam President, let me acknowledge the impact of the one-year-old independence of the Republic of Zimbabwe on the southern African political scene and the dents it is making on the moves and manoeuvres of the enemies of Namibian independence. Lesotho has stood and will always stand by the just struggles of its oppressed brothers, because without sovereignty health for all by the year 2000 is but an empty dream.

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

Madam President, distinguished delegates, ladies and gentlemen. I would like to thank the Chairman of the Executive Board for the helpful and clear account of the work of the Board which he presented to the Assembly this morning. I also thank the Director-General for his challenging and inspiring address and for his concise and comprehensive report. To listen to these two gentlemen - to listen to Dr Barakamfitiye and to Dr Mahler - is to appreciate the breadth of the problems which confront us and so to appreciate the importance and value of sound working relationships as they have been developed between the Secretariat and the Board, and it is most important that this should be maintained.
Together with other countries, my Government supports the WHO goal of health for all by the year 2000. However it attaches special importance to the theme of prevention, health education, and the careful determination of priorities—priorities which are appropriate to the real needs of the populations of the countries concerned and programmes which include the participation and involvement of the people. At home we are about to effect some changes in the organization and administration of our own national health service. These changes should ensure that decisions which affect particular localities are taken at local level and are designed to meet local needs, without an obligation to conform to a central uniform pattern. We feel that this approach is very much in line with the strategy document which we are to discuss here in Geneva, and that this concept of local services is vital to our success in achieving health for all, not only at home but for all countries within WHO. The handbook which describes our domestic policies and priorities—and is entitled, by the way, Care in Action—emphasizes the responsibility of the individual for her or his own health and for that of her immediate family. People must be provided with the information they need to make sensible and responsible decisions about their own personal health and the general health of the communities in which they live. Our handbook includes amongst its priorities primary health care, including maternity services, neonatal care, and services related to the care of young children at risk. We see a close identity of approach between our domestic policies in these fields and those adopted by WHO, and of course we strongly support them.

One or two other points: We welcome the indication in paragraph 61 of the Director-General’s report that greater attention seems to be being paid to the importance of health services research, and I make special mention of this. WHO fellowships, we believe, continue to be a valuable additional educational facility, and we make a major effort to contribute in this field. We do what we can to ensure that fellowships in the United Kingdom are relevant to needs, but we must of course respond to requests made by countries which make use of them. Finally, in relation to the International Year of Disabled Persons, we think it is important to recognize the weight of the burden which falls on the families of the disabled, and we believe they need and deserve special support. We are bringing together a group of distinguished colleagues in a number of different disciplines from around the world at a special conference in England in November, and we shall ask them to consider with us what action might be taken towards the suppression of some of the main causes of severe disablement. We hope the results will be helpful to us and to others.
of age, pregnant women, the elderly and public servants. We have restored 42 out of the 130 dispensaries due to be in operation before the end of 1981. Our Government, in accordance with the slogan "Health for all by the year 2000", has made provision for a plan of action based on the recommendations of the Alma-Ata Conference held in September 1978. The plan includes: restoration and construction of 130 primary health care and first aid centres, 42 of which are already functioning, as I mentioned; application of the expanded programme on immunization, which was worked out jointly with WHO. I should say here that since January of this year all infants are being immunized against poliomyelitis, whooping-cough, tuberculosis, measles, etc.; implementation, from 1 August, of the maternal and child health project, in collaboration with the team of the malaria control programme, also established in conjunction with WHO (at the moment we are awaiting the arrival of the experts requested); opening of the Bata School of Health, where training will be given to nurses and rural agents who will run the primary health care centres (a WHO expert recently came to assess the needs of the School and we have also asked UNICEF and WHO for help with equipment). As for the problem of water, we are expecting a WHO expert who will study the possibility of chlorinating the water of Malabo. Work on water supplies for Bata is at an advanced stage. Technicians in the fields of sanitation, public works and town planning and employees of the Ministry of the Interior, accompanied by a UNICEF technician, recently surveyed a large proportion of the country's villages to study the possibility of constructing wells to provide safe drinking-water for the rural population. In the field of pharmaceuticals, a large centre is to be set up for importing, storage and distribution, together with a small laboratory for production of essential drugs such as antimalarials, sulfonamides, antibiotics, etc. A list of minimum requirements is being drawn up in line with the list of essential drugs recommended by WHO for Third World countries. Finally, it should be noted that the Government expects the whole population to participate actively in the implementation of all these projects. At the same time as the foregoing, health education campaigns are to be launched using the mass media, schools, village meetings, etc.

In our drive to combat endemic diseases and certain epidemic diseases such as measles, we have made contact with our neighbours through the ECA. We are expecting visits in the near future from the ECA Secretary-General and the Minister of Health of the Cameroon. As for technical cooperation among developing countries, two of our physicians will shortly be visiting the Republic of Sao Tome and Principe and Cape Verde for an exchange of experiences and opinions with these countries on the application of the primary health care programme; and we hope return visits will be made in the near future. Turning to training of personnel, the Government grants a few fellowships each year for health studies, in addition to those requested from WHO. We hope to train 78 senior technicians within about 10 years. Our Government is aware of the cost of implementing the projects described and also of the economic situation of the country; which is why we have great hopes of assistance from WHO. In saying this I in no way wish to imply that the Government is going to let efforts be wasted as has been the case until recently; on the contrary, it will continue to allocate a large proportion of the national budget to improving the health of our people.

Although the WHO Regional Committee for Africa is already only too well aware of our needs, we nevertheless wish to reiterate them before this Assembly. To develop our health programme properly we require: (a) the presence of various specialists in maternal and child health, malaria control, environmental sanitation, disinfection of water, health education and vector control; (b) equipment for our hospitals, primary health centres and first aid posts; (c) fellowships for training national technical personnel; (d) economic means of financing the projects mentioned above; (e) human resources to make the National School of Health operational; (f) a permanent supply of essential drugs for our hospitals. We hope to receive a more considerable amount of regional aid this year. I wish to make it clear that in spite of the multiplicity of problems facing us, including lack of personnel, our Government is determined to follow WHO recommendations for the attainment of health for all by the year 2000. It is certain that most of the countries represented here know that the Republic of Equatorial Guinea is starting from a situation that places it on a level lower than their own with regard to application of the global strategy adopted by WHO for attainment of the objective so often repeated here, that is, to achieve a better level of health for humanity by the end of this century. As I said, we believe in collaboration, not only with WHO but also with all other international organizations and friendly countries. In the name of the Government and Supreme Military Council, may I take this opportunity of expressing the gratitude of our people to all countries that are helping us in the prodigious task of national reconstruction, and to the international organizations, particularly WHO, UNICEF and others.
Madam President, Mr Director-General, distinguished delegates, it is an honour for the delegation of Nicaragua to have this opportunity of addressing you.

We have drawn one conclusion from the Director-General's report: weighing the enormous efforts being made in different parts of the world against existing constraints, there is no hope for countries of the Third World to bring health to our people unless substantial changes are made in the economic system and the necessary political support is forthcoming.

In our country, Nicaragua, the popular Sandinista revolution has inherited the consequences of 50 years of tyranny and mismanagement. Only two years after a bloody war I can lay before you some facts that justify the optimism with which we are tackling the task of raising the level of health of our people.

The unified health system, whose creation was the first measure taken by our Government, is based on the following principles: health is a right of every individual and a responsibility of the State and the organized population; health services must be integrated; health work must be carried out by multiprofessional teams; health activities are planned; the organized population must participate in all activities of the health system.

The following policies have been established on the basis of those principles: to bring health to rural areas; to organize health services in line with the new socioeconomic conditions; to implement preventive programmes, paying special attention to immunization, sanitation and malaria and tuberculosis control; to reorganize medical care for workers through preventive and occupational health services; to develop planning as an essential aspect of scientific work in the Ministry of Health; to draft laws and regulations required for proper functioning of the Ministry; to consolidate the participation of the organized masses in health work; to train health manpower in accordance with the plan to extend health coverage; to establish a drug policy and a policy of international relations.

On these bases the Nicaraguan Government of National Reconstruction proposes to carry out one of the promises of the Sandinista Revolution, that is, to provide health for all Nicaraguans. Our people support the objective of health for all by the year 2000, towards which the activities of the World Health Organization are now directed and which, as you have described so well, was accepted with the greatest enthusiasm by this Assembly in May 1980.

The references in your report, Mr Director-General, to the launching of the Water Decade and to WHO's decisive role afforded me great satisfaction, for international support is essential if countries like ours are to succeed in making supplies of safe drinking water and adequate sanitation available. A National Water Commission has been set up in Nicaragua. Government authorities are to organize a multisectoral seminar, with the participation of some international organizations, to launch the activities directed towards achievement of the objectives of the International Drinking Water Supply and Sanitation Decade.

Turning to cooperation, we see this as a relationship between parties respecting national sovereignty and identity, in which each side is responsible for making rational use of all types of cooperation and shares responsibility for achievement of the objectives. After the destruction suffered by our country and the health genocide perpetrated by the Somozan military dictatorship, international cooperation has been essential, and on behalf of our people I thank WHO, other United Nations agencies, countries and private bodies which have helped us to rise up gradually from the ruins.

As for the promotion of research, the Ministry of Health established a research unit in February 1980 to direct, promote, plan, evaluate and finance scientific activities in the health field. An advisory committee for research was also created and drew up, for the first time in Nicaragua, a system of priorities for research based on actual needs. Seminars on the development of scientific activities were promoted and the training of our professionals in scientific methods was launched by means of six courses with 165 participants. Research is at present under way on subjects such as: standardization of drugs for primary health care; preparation of a curriculum for the training of area supervisors and public health nurses; participation of popular organizations in the extension of health coverage, etc. We have also adopted the principle that primary health care should be accessible to all inhabitants of our country, for this will provide the health system with the impetus needed to bring health services to the whole population. This is important for consolidating organized popular participation in the production of health and for putting it on a systematic basis. Finally, it constitutes the central element for generation of a planning process designed to meet the

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1 The following is the full text of the speech delivered by Mrs Guido in shortened form.
needs of the communities themselves and encouraging the efforts of the people and the Revolutionary Government in their search for feasible and realistic solutions.

The objectives of the primary health care strategy are as follows: to find rapid solutions adapted to available resources; to extend basic services; to integrate and coordinate the different health services provided to the community; to strengthen where necessary and to consolidate mechanisms for organized popular participation and for teaching the people how to protect their own health; to encourage and consolidate mechanisms for intersectoral action, permitting a multiple approach to the problem of health and the incorporation of other programmes that can make a contribution; to establish a process of consultation between people and Government; to reduce the cost of medical treatment and hospitalization.

Although the political decision and actual efforts to implement the strategy are made by our Government of National Reconstruction, we require considerable external financial support. The financial situation of the country together with the problems inherent in reconstruction, the reactivation of the economy and the threat of aggression create constraints for acquisition of badly needed funds, causing serious problems. Despite all this, we are keeping to our course.

Maternal and child health is a constant concern, as can be seen from the figures recorded for the total number of medical consultations: there were 4,824,790 of these in 1980 (the first year of our Revolution) as compared with 2,488,741 in 1977 (the best year of the Somozan dictatorship). As for consultations by mothers, these were up to 476% higher in 1980 than in 1977 even in traditionally neglected regions, and child consultations were up by 715% in those same regions. Some 87,713 cases of diarrhoea in children under six were treated in a space of 16 months, using oral rehydration in units set up for the purpose. Of these 2.83% were referred for intravenous rehydration, with a recorded mortality of 0.02%. This is a further positive step in improving services to children in our country.

Nicaragua shares the concern of WHO to encourage breast-feeding and proper nutrition of young children. We appreciate the constant efforts of the Director-General in this direction, reflected by a multitude of activities and meetings, documents and resolutions.

In the framework of the integrated maternal and child health programme there are 11 subprogrammes, including one specifically aimed at promoting breast-feeding, and nine of the others include similar activities. Under the specific subprogramme there have been activities such as the creation of an interministerial commission for promotion of breast-feeding (May 1980); establishment of a national commission linking the interministerial commission with the popular council for health, constituted by the mass organizations (September 1980); organization of 16 regional workshops with 800 participants, and two national workshops for health personnel at director level (160 participants); preparation of educational pamphlets; introduction of breast-feeding as a subject in teaching programmes at various levels of education; its incorporation into the activities of popular cultural centres; and the drawing up of regulations governing the sale of milk products and baby food.

The results of the days of intensive immunization against poliomyelitis, mass immunization against measles and immunization of schoolchildren and adults against tetanus are further evidence of our concern to prevent disease where possible.

We are also continuing as far as we can to support nutrition activities such as ambulatory nutrition care for undernourished children with no complications, control of iodization and packaging of salt, nutritional surveillance of pregnant women and detection of nutritional deficiencies.

In your report, when you deal with health education, Mr Director-General, you considered it a logical approach to focus attention on the community and to attempt to shift it from its passive role of compliance to one of active partnership, and emphasized that only full partnership between the community and health professionals will give the necessary dynamism to health care systems. In this connexion we must mention our priority programme for 1981, which consists of popular health days aimed at giving the masses a better understanding of the specific and special problems of each community and of the fact that the individual, as a member of the community, must be capable of recognizing and interpreting his own position and thus able to change his social situation.

A vast training programme was recently launched, beginning with the training of 80 popular health educators selected and proposed by the mass organizations. This brings the total number to 120, including those already working. In this framework a methodology with a multiplier effect has been applied, with the result that throughout the country more than 30,000 members of health brigades are mobilizing for poliomyelitis immunization, hygiene and cleanliness, immunization of dogs against rabies, national malaria control and polyvalent
immunization. Above all, they constitute a means for active education of our people on health matters and ensure optimum use of material resources.

We fully share the opinion of the Director-General when he states in his report that while people can make buildings, buildings cannot make people, and that constructing health centres is useless if there are no personnel to staff them. Only a few months after our revolutionary triumph of 19 July 1979, in October of that year to be exact, the training of health technicians was launched: eight initial courses took 901 students, of which 806 or 89.4% qualified.

In 1980-1981 the number of courses for health technicians was increased by six. The results have been very satisfactory and the number of fellowships granted has also increased.

These are some examples, Mr Director-General, of how our Government of Reconstruction is following and giving reality to the objective of health for all. I should like to end with a proverb of our heroic people: "The best war is the one we avoid". This is a very topical thought at this time when the threat of intervention is hanging over our people. The effects would be disastrous, not only for Nicaragua but also for all the peoples of Central America. I therefore take this opportunity of saying that the attainment of health for all is not possible if there is no peace and social justice.

DR MENDES ARCOVERDE (Brazil) (translation from the French):

Madame President, Mr Director-General, ministers, distinguished delegates, allow me first to congratulate the Organization's Secretariat, through the Director-General, on the work accomplished during the past year. I am thinking in particular of the excellent report on health in the world and of the constant and tenacious effort needed to lay down guidelines, define strategies and programmes and engage in activities to help countries attain the common objective of health for all. The Brazilian Government, which is fully committed to this endeavour, follows your work with great interest and is happy to note the progress made.

In Brazil, the Government's decision to make primary health care the cornerstone of national policy in the sector, a decision which was ratified in the national programme for primary health care, is now being implemented. The performance of this extraordinarily far-reaching and extremely complex task, which is part of the general national development process, is suffering from the effects of an unfavourable economic climate and political circumstances that are rich in possibilities but loaded with difficulties. Brazil, a developing country still heavily dependent on imported energy, has considerable balance of payments problems, and internal difficulties are compounded by the pressure of price-rises for the fuel it has to import. The work to be done to adapt our economy and production system to these conditions - without slackening in the effort needed to achieve the basic objective of the Government of President Joao Batista Figueiredo, that is, to build a developed democratic society designed to benefit all Brazilians - calls for a determination and creative capacity unprecedented in our history. Our drive to extend health services throughout the country and to provide essential services to all Brazilians, with the participation of all sectors and institutions concerned and of the communities, are part of this particular stage in our development and demand just as much determination and creative energy.

The principal challenge we face is to adapt our strategies to the present economic, political and social situation, without renouncing the objectives set or departing from established guidelines. The mobilization of the social agencies concerned - institutions, organizations, communities and individuals - to help in the common effort, and the establishment of priorities which can in no way detract from the global nature of the programme, these are the two paths we are attempting to mark out and follow. The common effort means participation, having regard to the exigencies of decentralization, coordination, regionalization and institutional development, among other considerations. Specific steps are being taken to ensure that each aspect is viable from this point of view. As for priorities, these compel us to make the always difficult and sometimes painful decision to put one area or aspect before another. In geographical and social terms, we are now giving high priority to bringing primary health care rapidly to the still marginal populations of small rural communities and the urban periphery. Looking forward to the next two decades, however, the greatest challenge will be represented by the urban problem: population growth in Brazil, which will have 70 million more inhabitants by the year 2000, will occur in the towns alone. In that year, 78-80% of our total population will live in towns of at least 20 000 inhabitants.

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1 The text which follows was submitted by the delegation of Brazil for inclusion in the verbatim record in accordance with resolution WHA20.2.
While the rural population may even have decreased slightly in absolute terms, and the 10 largest cities will account for at least 45 million people.

Looking at the health aspect, the actual or potential predominance of problems that can be avoided using available technology makes immediate and intensive action essential. Among these are endemic diseases, diseases that can be prevented by immunization, malnutrition and basic sanitation. These are the areas of primary health care in which we are concentrating our efforts, while giving all necessary support to maternal and child health.

A high incidence of endemic diseases such as malaria, schistosomiasis, Chagas' disease, tuberculosis and others is still recorded in Brazil. Special control activities and strategies exist for each one, including the allocation of additional resources, improved utilization of available facilities and coordination among institutions and sectors. The problem that is now causing us particular concern, although it is as yet only potential, is the reinfestation of the country by Aedes aegypti and the danger of transmission of urban yellow fever and dengue. Surveillance is being intensified throughout the country and control measures stepped up against the foci discovered. We are still worried about the endemicity of jungle yellow fever and the short travel time between places where it exists and localities where A. aegypti has appeared or may appear. We are concerned about the length of our coastline and borders and the size of our territory, and about the growing density and rapidity of communications with the outside world and within the country. All these factors create a constant danger of reinfestation by A. aegypti and of its spreading, and therefore of contact between the sylvatic type of yellow fever and urban populations. The existence of jungle yellow fever in other American countries and the presence of A. aegypti in several of them - with repeated reinfestation and the risk of transmission of dengue - constitute a regional problem demanding concerted action at the intercountry level. Brazil hopes to reach agreement with the countries concerned, even if they are not yet exposed to the risk of yellow fever, for the establishment of a joint programme for the eradication of A. aegypti from the Americas.

Since last year we have been applying a new strategy for immunization of the population at risk from diseases that can be prevented in this way: these campaigns are concentrated in time so as to achieve effective levels of coverage immediately. These will be maintained through routine immunization and new campaigns until the basic health services network is able to provide regular and systematic immunization. Last year, in June and August, we succeeded in giving about 21.8 and 22.9 million doses of oral polio vaccine respectively, the percentage of coverage in each case reaching over 90% of the 0-4 age-group throughout the national territory. All public institutions at all political and administrative levels were mobilized for this undertaking, together with social and community organizations and over 300 000 persons in 92 000 immunization posts, in an extraordinary and heartening demonstration of participation and of the capacity for motivation and coordination of the state secretariats of health, each of which assumed operational responsibility for the campaign in its own state. In 1981 we shall launch another campaign for immunization against poliomyelitis and are already providing immunization against measles and diphtheria, pertussis and tetanus (DPT). The latter programme is carried out according to specific strategies adapted to each state and each region. We shall need 80 million doses of oral poliomyelitis vaccine, 30 million doses of measles vaccine and another 30 million of DPT. Following last year's immunization campaign against poliomyelitis there was a spectacular fall in the number of cases declared, which encourages us to hope for success within a short space of time. The immunization campaign is accompanied by improvements in the epidemiological surveillance services and the implementation of a special programme for production of immunobiological substances - like Proimuno - which will enable us to increase our capacity for production and quality control of these essential substances.

For some years Brazil has been engaged in a vast programme of basic sanitation (PLANASA), coordinated by the Ministry of the Interior and aimed mainly at urban populations. The health sector, for its part, is carrying out activities among the inhabitants of small localities and rural communities. The development of these two programmes has highlighted the need for a greater effort to extend safe water supply and waste disposal services to people who still lack these facilities. A revision of the operational and financial terms of reference of PLANASA is under way, to establish guidelines for specific action to extend and step up participation by the health sector in this area. The aim is to achieve 100% coverage of urban and rural populations with safe water supplies over the next 10 years, and substantially to extend waste disposal systems. New means of financing, including appeals for external aid and the development of techniques adapted to the wide variety of conditions that exist in the country - including ways of organizing and ensuring greater participation on the part of the community - are essential features of this enterprise.
The principal social and health problem in our country today is undernourishment. As a consequence of the precarious conditions in which vast sectors of our population still live and of current problems relating to the production, distribution and use of foodstuffs, rates of malnutrition are sometimes alarming, for they account for a large proportion of the high morbidity and mortality rates that prevail especially in the poorer regions of the country. Among health concerns, nutrition tends to be the area accorded the highest priority in terms of allocation of resources. New proposals for intersectoral policies now being discussed cover:

(a) aspects concerning employment and income, with a view to making direct acquisition of basic foodstuffs possible for all the population (this will involve modifications in our economic system and a determined drive for redistribution of national income);

(b) production and distribution of basic foodstuffs, giving this field a privileged position in the application of instruments of economic policy to agriculture (especially in economically weak regions of the country), by increasing internal demand for food products and organizing the market;

(c) selective and supplementary distribution of food to groups at risk from the social and biological points of view, as a complementary and temporary measure to attenuate the immediate consequences of malnutrition (some of these activities will be the direct responsibility of the basic health services).

Mothers and children account for over 70% of the population of Brazil. This high proportion and the vulnerability of pregnant women, women after childbirth and children under five, particularly in underprivileged areas and in view of the strong influence of their environment, justifies the high priority accorded to helping this group in the context of primary health care, considering the exigencies of reproduction, growth and development. We are envisaging all the stages of development of activities for protection of this group, through programmes with wide coverage and with a strategy of comprehensive assistance to the family. For periods preceding conception and between pregnancies, activities concerning the human reproduction process will be developed, including large-scale diffusion of information about natural methods of fertility regulation. Research on natural methods will therefore have to be stepped up so that they can be more successfully applied and to improve their efficacy. It is important for us to be able to rely on the firm support of the World Health Organization from the start.

Turning to means of action - and as a basic feature of the process of developing and improving public health institutions - we are redefining our strategies for health manpower development. Combined efforts on the part of the Ministries of Education, Public Health and Social Security and Welfare, with the direct participation of the universities and institutions providing health and educational services within the states, are helping us to find solutions with respect to the training and use of the necessary human resources. The launching, through the basic health services, of a new concept of health adapted to the needs of the people and worked out with them is at the basis of the integration of teaching activities and the work of the services, a strategy which is essential to the type of transformation we hope to bring about. Profound structural changes in conditions of employment and work, in the form of posts and appropriate salaries in the public sector, will create a labour market without which the whole process of development of human resources is an empty exercise. Systematic surveillance (and support) activities together with continuous education are an integral part of this process.

These are some of our most pressing priorities. They reflect the central preoccupation and concern of our health policy: to extend primary health care to the whole population, in the framework of the Government's drive to eliminate poverty and raise the standard of living of our population in an open, richer and more just society, organized according to democratic principles. Our aspirations are those of all peoples, summed up in the slogan "Health for all", which can only be realized in the framework of a new order of relations among countries, built on peace and justice among peoples.

Our governments' position has always been marked by Brazil's commitment to these principles. Now it rests even more firmly on the determination of our President to develop and consolidate Brazilian democracy in an atmosphere of peace, justice and social progress. This, in fact, is the meaning of our mission in the field of health.

The PRESIDENT:

Your excellencies, distinguished delegates, ladies and gentlemen, may I thank you for your collaboration. The next plenary meeting will be held tomorrow at 9h30. I shall deliver my presidential address and we shall thereafter continue the general discussion. I wish you a good evening: relax and come tomorrow ready for more work. Thank you.

The meeting rose at 17h35.
1. PRESIDENTIAL ADDRESS

The PRESIDENT:

The meeting is called to order.

Your excellencies, ministers, ambassadors, distinguished delegates, colleagues and friends, ladies and gentlemen, I am most happy to extend my greetings to all of you now that we are gathered together once more from far and near. I thank all members of the Thirty-fourth World Health Assembly for electing me as their President. By bestowing this signal honour on me you are, of course, honouring women of all countries who play such a fundamental role as health providers. Women are valued members of the health team, whether they work as physicians, nurses, public health nurses, midwives, physiotherapists or in other capacities, including of course, housewives and mothers, who contribute daily to the health effort of all nations by striving to keep their families happy - as far as it is possible - free from disease, no matter how slender the means at their disposal.

In addition to honouring me, you are also honouring Greece, my country. The people of this small and ancient land where health was worshipped as the Goddess Hygeia, daughter of Asklepios, carry forward the traditions of an old civilization and at the same time work for progress in the world of today and tomorrow.

I accept the honour with a sense of humility, considering the qualities of previous holders of this presidency. To you, dear colleagues, go my gratitude and a pledge to try and live up to your expectations.

Although I asked you yesterday to omit congratulations, permit me at this time to congratulate all the elected officers of this Assembly, on whom I count to assist me in leading fruitful and harmonious discussions. I would like also at this time to congratulate the elected officers of the Thirty-third Assembly, particularly our outgoing President.

My address will be brief in order to give a good example - and the only reward will be the good day that we have today.

The constitutional goal of this Organization is the attainment by all peoples of the highest possible level of health. The progress so urgently required in the field of health, where needs are so great, can only be achieved through harmony and cooperation among all of us who are gathered here today. The people of the world have high expectations of us all, every one of us. The name of our Organization is known and respected throughout the world, and we have to maintain this reputation. Let us not tarnish this good name through political squabbles which are detrimental to our work and which can only disappoint those who expect so much from us.

The report on the proposed programme and budget identifies primary health care as one of the most important areas for reorientation and development. Our Organization has geared itself to action - to mobilize all possible resources, to influence all social and economic development sectors of the United Nations, to sensitize donor agencies, to motivate governments to improve health conditions. Through the World Health Assembly the Organization proclaimed this social goal and gave a definite target date, popularly known as "Health for all by the year 2000".

Country health programming and primary health care are two of the main tools at the disposal of each country for reaching this goal. United Nations General Assembly resolution 34/58, entitled "Health as an integral part of development", signalled the recognition of the vital role of health and health care in the development of countries, particularly the developing countries. The interrelationship of health and economic development is by now a well-established concept and falls within the spirit of the New International Economic Order...
initiative from developing countries, intended to meet the human needs of the world's underprivileged people. What remains for us is to do everything in our power to attain this excellent objective.

We have to appraise our achievements, such as smallpox eradication, as well as our inadequacies. For instance, in tackling from the health and human genetics point of view problems of human reproduction with regard to medical aspects of fertility control, there has not yet been sufficient progress. In the very low-income countries, half the babies born die before they reach one year of age, and 50% of all deaths occur among children under five. Infectious and parasitic diseases are major causes of death, especially among children in the developing countries, even though treatment for these diseases is known and studies have shown that improved water supply, provision of simple means of sewage disposal, the practice of hygienic habits and immunization of susceptibles are effective in reducing the incidence of these diseases and diminishing their devastating effects. Cardiovascular diseases, cancer, diseases of the nervous system, degenerative diseases are the big killers in developed countries, where the infectious and parasitic diseases have been reduced. However, these diseases of civilization are all the more formidable and frightening because their treatment is still somehow unknown - if known - is long, expensive and the results somewhat uncertain. Again, in the more developed countries, behavioural risk factors such as smoking, drug addiction, alcoholism and road accidents are causing unnecessary disability and death.

However, these are not an exclusivity of the developed countries but a problem of the developing countries also. Education and training of all categories of personnel need continuous and extensive efforts. Manpower suitably trained is the basis of any health service, from the village health worker to the highly technical hospital staff. Man - as Dr Mahler has very often said - can build a health centre or a hospital but he cannot build man, and without trained manpower such a building is useless. In the tropics there are many diseases requiring immediate action such as are undertaken by the Special Programme for Research and Training in Tropical Diseases; however, malaria is one of the diseases which has made an alarming reappearance after subsiding for a brief period.

I too am confident that, as often stated by Dr Mahler, by working together in this Organization, our Organization, we all contribute to the attainment of the goals of one of the most successful international organizations. Each one of us must cooperate with WHO so that the decisions and resolutions which we are passing may be implemented.

We are not unlike a large family, most of us know each other, and newcomers are always assured of a warm welcome. As in all families, though, we cannot always agree on everything, but let us keep our discussions and our differing opinions to those important technical problems which require our urgent attention. Technical expertise is here in this great hall; let us use it and not squander it in political strife.

Many of us may at some point in our careers have been dazzled by the achievements of high technology. There is a certain glamour attached to technological success, and it is not unnatural that technology should captivate the human imagination. In our sphere of action, however, there exist known and well-tested medical and public health interventions which are simple and, if applied, can assist us in attaining our principal objective, health for all by the year 2000. There are appropriate diagnostic and therapeutic techniques, managerial processes that do not require elaborate machinery and that can be used even in remote areas. Let us help each other to apply our knowledge, to share our hard-earned managerial expertise for the benefit of people all over the world. This is what technical cooperation is all about. Our Organization - that is, not only the Secretariat here and the regional offices but every Member State at governmental, community and individual level - is the catalyst that turns such opportunities into realities.

Before I close this address, I wish to pay special tribute to Dr Mahler, whom everyone respects, his Deputy Director-General, to every single one of the Assistant Directors-General, to the Regional Directors, to the Secretariat at headquarters and at regional level, in the regions and in the field, for their generous and unstinting efforts, year-in and year-out, to further the cause for which we are all working.

Hippocrates said long ago: "The life so short, the craft so long." We are still learning our craft, surrounded by friends whose wish is to cooperate and to assist us in transmitting whatever we know to those who will continue our work.

In the next few days I promise to do my best, with your cooperation and that of all the officers, to guide us in the work of this Assembly. I hope we shall have success in our deliberations by the end of our three weeks and an even greater appreciation of each other.
2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The PRESIDENT:

Now, ladies and gentlemen, we have to continue our discussion on items 9 and 10. The first and second speakers on my list are the distinguished delegates of Turkey and the USSR, whom I call now to the rostrum.

I give the floor to the delegate of Turkey.

Professor DOĞRAMACI (Turkey):

Madam President, Mr Director-General, honourable delegates, ladies and gentlemen, first of all allow me to congratulate you, Madam President, on your election to this high office, and may I add that it is a pleasure to see once again a personal friend in the presidential chair. I also want to congratulate the Vice-Presidents and the Chairmen of Committees A and B on their election, and to pay a special tribute to your predecessor, my esteemed friend and colleague, Dr Abdul Rahman Al-Awadi, for his inspired leadership during his term of office, which we shall remember for many years to come.

It was with great satisfaction that my delegation followed the stimulating speech delivered by the Director-General. We wholeheartedly endorse his remarks concerning the implementation of a global strategy for attaining health for all by the year 2000, and agree with his analysis of the present situation and his assessment of the technical and political obstacles, both at the national and at the international level, that lie in our path. We share the Director-General's basic optimism concerning the possibility of attaining this ambitious goal provided we all work together tirelessly towards achieving it.

But serious problems do remain. Among these let me single out two: the first is the continuing and alarming increase in the world population - and you, Madam President, in your presidential address touched upon the problem and also mentioned the possibility of fertility control as a measure. The second problem, which is the result of the first, is the unacceptable rates of urbanization. Back in 1950 the world counted only six cities with populations exceeding the five million mark. Only one of these was located in the poor world. Today the number of such urban giants has mushroomed to 26, of which no less than 16 are in the poor world. What this enormous rate of urbanization means in concrete terms is an unprecedented proliferation of shanty towns, and slum conditions of appalling misery. While the unacceptable and indeed dangerous health and living conditions in these slums are widely recognized, often little is done to alleviate the situation. Many authorities actually oppose the provision of any services on the grounds that they will encourage the new urban population to remain in the city for good. This position ignores the obvious fact that the migrants will stay in any case, and the absence of such services only compounds the health hazards.

It is clear that ignoring the situation won't make it go away. Long-term comprehensive programmes designed to tackle the root of the problem are badly needed. In the meantime, however, urgent short-term measures must be taken to relieve the neediest and to see that primary health care reaches the most vulnerable urban poor groups.

The Director-General has stressed that primary health care is the key to reaching the target of health for all by the turn of the century. We fully agree, and in this connexion I wish to report that Turkey has already embarked upon a plan of action to provide more effective primary health care for all its people, in urban and rural areas alike. Various public health activities, including family planning, expanded immunization programmes, malaria control and campaigns against other communicable diseases, are gradually being closely coordinated with primary health care systems. We are grateful to WHO for the close technical cooperation it makes available to us and we are trying to use such resources and expertise in the most effective possible way. Here allow me to extend our thanks to Dr Kaprio, our Regional Director, for his keen interest and support.

I would like to say a few words about an item on the agenda which we consider particularly important, and that is the draft international code of marketing of breast-milk substitutes. The unrivalled nutritional and anti-infection properties of breast-milk are no longer open to question, and in many areas failure to breast-feed is a major cause of malnutrition. It has been recognized that improper marketing of breast-milk substitutes can lead to inappropriate feeding practices resulting in malnutrition, illness and death. We strongly believe that it
is imperative to make sure that the marketing of these products does not encourage mothers capable of breast-feeding to bottle-feed instead. To this end an international code of ethics for the marketing of breast-milk substitutes to be adopted as a recommendation, as proposed by the Executive Board, is an extremely important step.

Touching on another major health problem calling for international consultation, joint action and cooperation, 1981, as we all know, has been proclaimed the International Year of Disabled Persons. Disability involves as much as 10% of the world's population. Its causes include inadequate perinatal care, malnutrition and communicable diseases. Most of these could be prevented. Accidents are another major cause, and the accident rate is rapidly increasing in keeping with rising industrialization and urbanization. Traffic and road accidents, burns, the ingestion of caustic products, are just a few examples of disability causes which are easily preventable.

In the Director-General's report, paragraph 2.6, reference is made to internal conflict. In recent years the world has witnessed an alarming increase in violence. Terrorism, an intolerable infringement of the most fundamental human rights, has claimed thousands of innocent lives and left thousands crippled. No region or community seems to have been spared this ordeal. Terrorism is creating a generalized feeling of insecurity throughout much of the world today, robbing large numbers of people of mental and social well-being. The General Assembly of the United Nations has found it necessary to establish a code of offenses against the peace and security of mankind, and to adopt a resolution for measures to enhance the protection, security and safety of diplomatic and consular missions and representatives. The Director-General's report refers to the fact that socioeconomic development cannot occur in a context where there is not at least a minimum of security. He states: "The lessening or removal of tensions which create a state of insecurity is fundamental both to development and to peace. Prevailing ill-health, unhealthy living and working conditions and a lack of access to any health care clearly represent a major source of social tension that can lead to internal conflict." While fully agreeing with the Director-General, I wish to state that there are other factors which could be included among the causes leading to the global epidemic of violence. Seeds of hatred are sown for reasons which may be ethnic, ideological, sectarian or simply distortions of history. They may take root and grow in the minds of our children and become threats to international peace and security. Should not governments take active measures to discourage all sorts of activities and actions which may lead to intolerance and blind prejudice? I believe that international cooperation in this important area is essential and that it is a component of our strategy of health for all. Insofar as violence is related to mental health, should not our Organization undertake to foster more research into its causes?

Finally, Dr Barakamfitye, in presenting the report of the Executive Board, emphasized the importance of mental health. The Constitution of WHO has committed us to bringing complete physical, mental and social well-being to all. Security is certainly an important prerequisite for these conditions to be met.

May I conclude by wishing this Assembly every success in its efforts to achieve our goals under your leadership, Madam President.

The PRESIDENT:

Thank you, Professor Doğramaci, for your friendship. Also, I know how much you appreciate the work and the contribution of women as health workers.

And now I call to the rostrum the distinguished delegate of the Netherlands, and I give the floor to the delegate of the USSR, the Minister of Health.

Dr BOURENKOV (Union of Soviet Socialist Republics) (translation from the Russian): Madam President, ladies and gentlemen. The Soviet delegation congratulates Dr Violaki on her election as President of the Thirty-fourth World Health Assembly. WHO's activities at the present time are focused on the idea of health for all by the year 2000, with emphasis on the need for complete interaction between the health system and all sectors of social and economic life. At the Alma-Ata Conference, at previous Health Assemblies and also in the United Nations General Assembly and in other international agencies this idea has received a very high degree of support. However, the proclamation of an aim does not solve problems connected with concrete, practical ways of achieving it. These problems are still under discussion and the Organization must still further perfect its work in order to make this important idea a practical reality and to justify the expectations which the peoples of the world place in its implementation.

1 Document A34/6.
The Soviet delegation emphasizes that health for all can become a reality, but to achieve it no little effort will be needed on the part of all States and of WHO. Those efforts must be directed above all to giving mankind a real right to health through State public health systems with emphasis on prevention, and to carrying out socioeconomic transformations, preserving peace and achieving disarmament.

All this must be taken into account when planning WHO's activities and it is from this particular standpoint that the Soviet delegation approaches the evaluation of our Organization's work. We attach great importance to WHO's programme activity and note its value for the development of international public health. At the same time we must emphasize the need to strengthen further the scientific basis of WHO's activities in regard to problems of global importance, including control of cardiovascular diseases, cancer, viral diseases and other widespread conditions that lead to high morbidity and mortality and to a constant loss of working capacity among the population of developed and developing countries alike. Fuller use must be made of the valuable experience gained in the smallpox eradication programme, especially for the control of other communicable diseases. A more important place in the Organization's activities must be assigned to problems of prevention and above all primary prevention, as the most promising way of protecting and strengthening the health of the population.

At the same time the Secretariat should be more active in detecting obsolete and unproductive programmes and substituting more effective ones, so as not to fritter away the resources and means of the Organization and its Member States. The planning, implementation and evaluation of a programme should meet these requirements.

We fully share the opinion of the Director-General, Dr Mahler, that financial resources must be spent in the most rational possible way. It is precisely more effective expenditure of available resources and stabilization of the budget that are now necessary for the Organization. However, in actual fact we are witnessing a continuing excessive growth in the budget.

A problem still unsolved in WHO is that of the equitable geographical representation of Member States. Here the procedure adopted in the United Nations should be followed and in particular a staff recruitment plan should be drawn up. Inadequate representation is an obstacle to the development of effective scientific, technical and other cooperation between countries with different types of experience in solving health problems.

As concerns the Soviet Union, we should like to emphasize that in our view health for all by the year 2000 means providing the population with universally accessible primary health care of a high standard free of charge and also with specialized care to the greatest extent possible for each individual country.

In the Soviet Union this has been achieved. The preventive concept imbues the whole system of development of the Soviet health services. A guarantee of successful implementation of its principles is the integrated approach which has been adopted, based on an extensive system of State measures to improve the material and cultural level of the population and to do everything possible to provide healthier working and living conditions.

At the recent Twenty-sixth Congress of the Communist Party of the Soviet Union broad prospects were outlined for the socioeconomic development of the State and a further improvement in public health. The task was set of intensifying work on disease prevention.

The scale of capital construction of health establishments is being considerably extended, in particular the number of hospital beds will be increased by 8%-10%, the production of the medical industry will be increased by a factor of 1.4, the number of physicians per 10 000 population will go up to 40 and new programmes for medical research and the introduction of its results into health practice have been worked out. All this will ensure a new and higher level of health protection and consolidation for the population of the USSR.

The Twenty-sixth Congress of the Communist Party of the Soviet Union confirmed the readiness of the USSR to cooperate widely with all countries, inter alia on matters of health. In the present complex international situation our country, the other socialist countries and all peace-loving forces are doing all within their power to promote the strengthening of peace, the preservation and continuation of the process of détente and fruitful cooperation, the stoppage of the arms race and the achievement of real disarmament. Disarmament is not merely a way to strengthen peace: it will also release huge resources which can be used for the development of health and the provision of aid for the developing countries.

In view of the wish expressed by the Director-General that countries should make more active use of the Organization, wider use should in fact be made of WHO, inter alia for achieving the noble aims of the preservation and strengthening of peace. With this in view
WHO should more actively publicize the need to avert a nuclear war that would threaten the very existence of mankind and carry with it immeasurable hazards for the health of the present and future generations.

At the Twenty-sixth Congress of the Communist Party of the Soviet Union, the General Secretary of the Central Committee of the Party and Chairman of the Presidium of the Supreme Soviet of the Union of Soviet Socialist Republics, Comrade Leonid Il'ich Brezhnev, again put forward a number of important initiatives for peace which have been widely acknowledged and supported throughout the world. Among these was a proposal to establish an authoritative international committee made up of eminent scientists from different countries, including medical scientists, to demonstrate the vital need to avert a nuclear catastrophe. WHO's participation in the establishment and work of such a committee seems to us to be essential today.

Not long ago in the United States of America the First International Congress of "International Physicians for the Prevention of Nuclear War" was held. The participants in the Congress appealed to heads of state and governments, to the United Nations and to all physicians throughout the world to come out against the threat of thermonuclear war. We consider that the Assembly should make a similar appeal to all heads of state and to all governments, to support and develop that put forward by the International Congress.

In conclusion, I should like to wish the Organization success in the achievement of its noble aims.

Mrs VEDER-SMIT (Netherlands):

Madam President, my delegation and I join with previous speakers in congratulating you on your election to this high office and in wishing you every success in carrying out the responsibilities entrusted to you. I am especially pleased with what you said about the role of women in health care.

The report of our Director-General on the work of WHO in 1980 reflects the impressive efforts which have been accomplished by our WHO Secretariat in cooperation with WHO Member States. In my view the report rightly emphasizes the work that is being done to implement strategies to reach the goal for health for all by the year 2000.

This year our Assembly also has to consider the global strategy that has been discussed by the Executive Board and submitted for our consideration. It is essential that this strategy should not remain a piece of paper but that it should be put into practice at country level. In support of our deliberations the subject of our Technical Discussions, which focus on support of health systems to primary health care, is particularly apt and well-chosen.

In my speech last year I drew your attention to the psychosocial consequences of violence. I stressed that this problem is of such a worldwide nature that it warranted international attention. I offered that the Netherlands host a WHO working group as a start for WHO's activities in this field. In the meantime, the working group has met in the first half of April and produced a report which to my mind is very useful. The aim of the meeting was to produce practical recommendations and guidelines to improve services for the victims of violence, and thus to prevent or reduce the long-term harmful effects on their mental health. The group discussed in detail the psychosocial consequences of several specific forms of violence or of traumatic experiences involving violence, such as violence inflicted on prisoners of Second World War concentration camps, maltreatment of refugees, violence within the family (including wife-battering), rape, violence in closed institutions, torture and hostage-taking. The group recommended that health authorities should ensure that adequate medical and social help is available to the victims of violence as soon as possible after their ordeal and that long-term follow-up care be provided. It is important that those providing help should be trained to recognize victims' problems and to listen sympathetically and non-judgementally. Attention was drawn to the following issues: assessments should be carried out by personnel acceptable to victims and should preferably only be carried out when effective after-care can be provided; apart from medical assistance, victims often need practical help such as help with finding jobs and housing; financial compensations of victims can play an important role in their rehabilitation; and it has often been found useful to encourage victims to seek help from fellow victims or from sympathetic, committed peer groups.

The very diverse nature and form of inter-human violence, with its consequent wide range of victims and outcome, requires that opportunity be found for continuing professional, inter-professional and lay group discussions. Such discussions should be encouraged by WHO at national, regional and global levels, as well as by national and international, nongovernmental
organizations. I would much appreciate it if WHO would take action, either at headquarters or at the Regional Office for Europe, or both, to disseminate the report widely and to follow up the recommendations of the working group.

Turning to questions of technical cooperation with developing countries, I would like to stress the importance of WHO for the Netherlands Development Cooperation. In view of the central role of this organization in health affairs and its performance in executing activities for development, the Netherlands Government channels part of its development assistance funds through WHO. I may mention as an example the Netherlands contribution to the Expanded Programme on Immunization. We consider this programme highly valuable as a tool to prevent communicable diseases in the framework of primary health care. In this connexion I would like to state that we remain firmly committed to this programme. I may add that the Netherlands committee for the United Nations International Year of Disabled Persons is considering making a substantial contribution to a project aimed at reducing poliomyelitis in an African country.

A special problem we sometimes meet in connexion with the implementation of health activities in the field financed by Netherlands resources is posed by the structure of the Organization. Because of the highly decentralized set-up of WHO, it is not always clear which level, headquarters or regional office, is to be addressed in relation to development activities. It is said that WHO is the most decentralized organization of the United Nations system, and this is certainly the case as far as decentralization to the regional level is concerned. However, decentralization should be more far-reaching so as to concentrate sufficient authority at the field level. There, programmes and projects take shape for those who need them. Needless to add, optimal results can only be achieved if WHO activities are coordinated closely with all other operational activities of the United Nations system. The United Nations resident coordinator has to play a vital role in this regard.

This Assembly is to consider a draft International Code of Marketing of Breast-milk Substitutes. Adoption of this code would be an important but limited step towards better child nutrition. On the whole the Code, as it now stands, is acceptable to our delegation. Of course, there is always room for criticism on details of the text, but we feel that it is better to make the Code work for a few years, after which there is always a possibility for correction. The draft resolution which the Executive Board has proposed for consideration by the Assembly seems to be a fair and balanced one. We took note of the provision, contained in paragraph 5 of this draft resolution, in which the Director-General is requested to make proposals, if necessary, for revision of the text of the Code and for the measures needed for its effective application.

Let me make a small remark on the financial side of the work of WHO. My delegation noted with satisfaction that during the biennium 1980-1981 the budget growth in real terms has been 1.12%, well below the limit of 2%. I should like to express our satisfaction with regard to this highly commendable outcome, which illustrates the cost-awareness and managerial skills of the Director-General and his staff.

In concluding my statement, I wish to express the sincere appreciation of my Government for the dedication of Dr Mahler and his staff to the improvement to health all over the world. I particularly would like to convey our admiration for Dr Kaprio, who as our Regional Director has quietly but effectively promoted health cooperation in our European Region.

Mr DIHERE (Belgium) (translation from the French):

Madam President, the Belgian delegation is very happy at your election and offers its congratulations. I also extend our congratulations to the Vice-Presidents, the Chairmen of the main committees and the other elected officers of this Assembly.

The World Health Assembly is once again opening against a background of economic crisis. The world is seeking new patterns of socioeconomic equilibrium, a process which is bound to create tensions at the various points of the compass: north, south, east and west. Such circumstances place an even heavier burden of responsibility on this Assembly, where the great majority of peoples of the world are represented. We must all strive to find urgent solutions for the problems that stand in the way of our common objective, health.

The excellent reports of the Executive Board and the Director-General, on which I offer warmest congratulations, encourage me to believe that solutions can be found, and such is my sincere hope.

Year after year our hopes of seeing health problems solved are, if not dashed, at least postponed. Factors related to demographic growth, local social conflicts, climatic anomalies and also lack of understanding among peoples further complicate the situation facing us.
This had led me to attach special importance to the efforts being made by our World Health Organization. I have become convinced that only the development of primary health care activities as defined by the Alma-Ata Conference is likely to have any real effect, and that this is the path to follow if we are to attain the objective set by the Director-General, Dr Mahler; that is, health for all by the year 2000. Twenty years is a short period for the achievement of such an ambitious goal, and even less time will be available unless all possible means are mobilized at once.

The effort for health education, which should enable each citizen of the world to protect or promote his own health more effectively, must be launched without delay. At the same time, however, urgent measures are needed to combat malnutrition. It seems unacceptable to me that in one world the most sophisticated techniques, plenty and surpluses exist side by side with the reality of suffering and the death of so many human beings from famine: here a common effort is called for to redress the profound inequalities between peoples.

We are convinced that industrialized countries like my own will have to reconsider ways of dispensing existing curative and preventive services, with a view to checking the exponential growth in expenditure. They will also have to reconsider the collaboration of each citizen in this difficult task, individually through health education and collectively through legislation and a common effort against new scourges resulting directly or indirectly from industrial development and its consequences: I refer to pollution of the physical, chemical, biological and psychosocial environment and to new diseases.

My Government, Madam President, convinced of the importance of rapid development of primary health care, proposes to make an additional gesture of solidarity towards countries of the Third World through the WHO programme. I am happy to announce a voluntary contribution on the part of Belgium, equal to the amount of our usual contribution.

I hope that other countries will agree to make similar gestures, which would provide considerable financial resources for the achievement of our objective.

With this in mind I take the liberty of placing on the table before this Assembly a draft resolution which I should like to see co-signed by as many Member States as possible.¹ I know that as my friend the Algerian Minister reminded us yesterday, political, economic and social options condition the quality of life and health of the populations. That means that WHO will never be able to provide the definitive solution. We hope, however, that this resolution will be a mark of our ardent desire to further the work of WHO, which we consider essential for ensuring that our generation and future generations enjoy the best possible conditions and quality of life.

The PRESIDENT:

Thank you, the Minister from Belgium - and especially for this generous contribution to the budget of WHO; we wish that there will be some other donors!

And now I give the floor to the distinguished delegate from Nigeria, the Minister, Mr Uguwu, and I call to the rostrum the delegate of the Federal Republic of Germany.

Mr UGUwu (Nigeria):

Madam President, Director-General, honourable ministers, distinguished ladies and gentlemen, it is with great pleasure that I join with other delegation leaders in extending to the President and the Vice-Presidents my sincere congratulations on their election to guide the deliberations of this Assembly to a successful conclusion. May I also convey through you, Madam President, to all the Members of the World Health Organization the sincere greetings and warm felicitations of all the people of Nigeria.

At the same time I wish to express my appreciation to our indefatigable Director-General, Dr Mahler, whose inspiring leadership, courage and initiative have helped immeasurably in promoting a new approach to health care based on just distribution of health resources and the positive discrimination in favour of those least served, the social periphery and the disease-ridden majority. Nigeria is one of the countries in the world that has adopted primary health care as the surest pathway towards the achievement of the social goal of health for all by the year 2000. We certainly do not share the view of cynics - and there are many - that this goal is over-ambitious. We believe that the target is realistic and feasible, given the political will and positive financial commitment.

We in Nigeria have been implementing our basic health services scheme for the past five years, and it is only of recent time that an in-depth review of the programme, highlighting its achievements, constraints and possibilities was carried out by a team of Nigerian experts.

¹ Text introduced at the fifteenth meeting of Committee B (Document WHA34/1981/REC/3).
In evaluating our ongoing basic health services scheme, we have found a number of major shortcomings which appeared to have hindered our commitment to the rapid and equitable spread of health care. We have discovered to our dismay that popular participation, which is an essential component of the programme, has not received sufficient emphasis. We now realize that unless the grass-roots become agents of their own development, instead of passive beneficiaries of programmes directed from above, the social goal of health for all by the year 2000 may be an illusion. Bottom-up planning and development strategy is setting the key in realizing this goal. Furthermore, the failure to evolve a mechanism for effectively linking the activities of the health sector with those of other related sectors has considerably slowed the attainment of planned targets. We also realize that the percentage share of total government expenditure on health had been on the low side and that this had retarded programme implementation. There was also no in-built evaluation mechanism with suitable indicators. This made difficult the task of determining what was obtained from the massive investments. We have profited immensely from the wide-ranging review of the current basic health services scheme, and the useful recommendations made by the review committee will be speedily implemented so that the scheme can be brought back on course. By so doing, we shall improve the spread and effectiveness of basic health care and help to keep costs down.

Our pursuit of the Expanded Programme on Immunization, since children are the major beneficiaries, is being done within the general context of my Government's policy that all children should have a fair start in life without the handicaps of disease, illiteracy and malnutrition. My Government continues to supply all the states of the Federation with vaccines for the execution of the programme and the reduction of morbidity and mortality from the communicable diseases covered by the programme. However, we still face serious problems with the cold storage and transportation of vaccines, and I must stress here that I am indeed highly appreciative of the technical support received from Dr Mahler and his able staff in resolving this problem which, I understand, is common among the Member countries of the African Region.

The Nigerian Government recently launched the International Drinking Water Supply and Sanitation Decade. In launching the Decade, the Federal Government announced its plan to sink 40 bore-holes yearly in each of the 19 states of the Federation for the next four years. This programme is an addition to the ongoing projects of the state governments to expand and improve existing community water supply, build new ones and train manpower in the operation and maintenance of these essential facilities. The Federal Government is also building a water quality control laboratory in each of the 19 states in the current five-year development plan at a cost of eight million Naira.

When the present civilian administration came to power in October 1979, the President of the Federal Republic of Nigeria, Alhaji Shehu Shagari, announced that the first two priorities of the Government would be agriculture and housing. Enormous financial investment has gone into these two highly important sectors which have great bearing on health. Food will be made abundant and cheap, thereby eliminating malnutrition. Decent and affordable houses for the low-income group are now springing up in all parts of Nigeria in large numbers, so helping to improve health and the quality of life for disadvantaged people in our communities.

With our "big push" development strategy consuming massive investment funds, we are now beginning to see the adverse health effects associated with some big projects. And in some cases the actual problem of development itself has brought in its wake serious health problems. For example, the incidence of malaria and schistosomiasis has risen phenomenally in parts of the country where large dams are sited and irrigated agriculture practised. Occupational health problems of considerable magnitude are now occurring because of the lower safety and health standards which foreign entrepreneurs adopt in order to achieve competitive costs and maximum profits.

The Nigerian Government feels greatly concerned that some expired drugs and drugs that are banned in countries of origin find their way into the markets of developing countries. We also note with dismay that the tendency to import drugs in large variety and quantity at staggering costs continues unabated in many developing countries. We must arrest and reverse this trend and universally put into practice the list of 200 essential drugs that was produced by WHO for the guidance of national health services in developing countries. We are already implementing in Nigeria a number of measures to cut costs in the procurement of drugs, monitor the quality of drugs available on the market and accelerate the process of ensuring that a large percentage of drugs used locally are produced in Nigeria. We also appeal to the industrialized countries of the world to recognize the great harm they do to the lives of children in developing countries by dumping in these countries baby foods as substitutes of breast-milk, which they back up with intensive advertising. They must be reminded that over 75% of the mothers in many developing countries live in rural villages and are mostly illiterate.
and not trained in the use of these natural-milk substitutes. The result is that many children die from the abuse of these substitutes while many others suffer all manner of diarrhoeas from the contaminated food. It is easy to advise the developing countries to guard against the abuse of the milk substitutes or to ban them when necessary, but we of the developing countries would be deceiving ourselves if we ignored the power of multinational business concerns which have no place for moral considerations when it comes to maximizing profits. We are, however, happy that the Assembly will soon consider a code in this direction.

At this juncture I would like to congratulate Dr. Mahler and his able staff on the remarkable progress and substantial achievement made by the Special Programme for Research and Training in Tropical Diseases. Nigeria is proud to be associated with the programme and I would like to take this opportunity to appeal to other governments to contribute generously to this Programme.

In his very comprehensive and illuminating report on the work of WHO in 1980, the Director-General, in his characteristic forthright manner, highlighted the achievements of our Organization over the year. Furthermore, he has given us a lot of food for thought in clearly identifying a number of problems confronting the implementation of the various programmes that we have charted for ourselves.

In concluding, I would like to pledge my country’s full support for WHO’s programme at all levels, and to express once again our sincere appreciation to the Organization and, in particular, to our dynamic and courageous Director-General, for putting health on the world agenda and for vigorously promoting justice in health.

Professor FÜLGRAFF (Federal Republic of Germany) (translation from the French):

Madam President, fellow delegates, it is becoming more and more evident in all countries of the world that the best health policy consists in preventing disease. Thus, the increased expectation of life in the industrialized countries is ultimately based mainly on advances made in hygiene and its rigorous observance - a classic preventive measure - and not so much on the intensification of curative medicine. On the contrary, there are many critical spirits who tell us that it is precisely in the industrialized countries that the curative medical care system is counterproductive and that the number of iatrogenic diseases is increasing in them.

It is customary to praise preventive health care. But in reality the efforts undertaken to put such care into practice at the world level are very meagre. It is not easy to pursue a coherent primary prevention policy, for intervention in social and economic structures becomes necessary if we wish to change living conditions or incapacitating working conditions. Here the interests of health policy come into conflict with those of other political fields, and health action is not always given the rank necessary to guarantee the future wellbeing of society. The results of prevention are only visible at a late stage and in the long term. If there is an increase in the number of physicians or hospitals, a shorter journey to or a shorter period of waiting with the nearest physician, then this is immediately noted by everyone. But no-one notices any reduction in morbidity and mortality; on the contrary, whoever is responsible for health policy must publicize such achievements. That is why we are helping one another, here within the frame of the WHO, not only to find some way of carrying on a preventive health policy adapted to our social and economic circumstances, but also to make colleagues responsible for other political sectors, as well as our fellow citizens, aware of this programme.

Such a primary prevention programme is aimed at different users. On the one hand it obliges the individual to review his way of life, but it is also addressed to the legislator and to those responsible for the economy and its products. A preventive health policy should take action firstly in the natural, technical or social milieu where health risks, against which the individual has little chance of defending himself, originate. A preventive health policy aiming to achieve health for all by the year 2000 should also lay down general criteria and conditions for other political fields.

In doing this we shall be grateful for any assistance, no matter whence it may come, particularly everything that may be worked out by WHO and which will help us to develop a general concept of preventive health protection. We can and we wish to use WHO as a forum where we can learn from one another - industrialized countries and developing countries, countries of the north and of the south - whatever the system for provision of medical care and whatever the social system. The relationship between the industrialized and the developing countries is not a one-way passage and the wealthier countries are in no way entitled to act as mentors. For example, the traditional and folk medicine of many countries serves to remind us that medicine is not restricted exclusively to the natural sciences.
While it is true that the physician applies the natural sciences, none the less medicine must not forget that it has other roots in philosophy, in psychology, or even in the world of magical forces. This reflection may help us, the inhabitants of the industrialized countries, to overcome an exaggerated "scientism", and our example may help others not to take only this one road.

Damage to health is the result of changes in the natural and technical environment of the industrialized countries caused by the discharge of pollutants into the air, the water and the soil. Increasing urbanization has changed ways of life, family structures and capacities and has lead to maladaptation, taking the form, inter alia, of behaviour harmful to health, such as addiction to tobacco, consumption of alcohol and drugs, and lack of exercise. Food production is linked to the increasing use of chemical adjuvants such as inorganic fertilizers, plant pest control products and pharmaceuticals. The number of domestic accidents, accidents occurring during spare-time activities, and traffic accidents, is also very high. Industrialization and the supposed progress it brings demand a price which we shall be unable to pay in the future and which, moreover, we must at all costs refuse to pay. Will the developing countries be able to draw the lesson already now, and avoid in time the developments which are threatening to strangle us? Can anyone who is hungry really imagine that wealth can cause illness, and how this can be possible?

It may be that the utilization of chemical adjuvants in food production is the only possibility for many countries of engaging the battle against hunger. Victory, however, becomes a Pyrrhic one if food production is increased and present needs amply satisfied thanks to chemistry, while at the same time that chemistry brings about a degradation of the environment and of health which is irreversible or can only be put right with great difficulty. The public health system of the industrialized countries is characterized by a high medical density, by intensive laboratory diagnosis depending primarily on equipment, by the high technical level of the hospitals and by the predominance of chemistry in therapy. These are also the essential factors which are making it more and more difficult for a society to pay for this system.

What can we learn from the attempts made and developments occurring in other countries and other civilizations? Have we not perhaps entrusted too many medical activities to physicians who have been obliged to follow a long course of specialized training? It is certainly not by chance that in the industrialized countries the people identify the concept of medical care with that of care given by a physician. We should consider the question whether it is really necessary for every form of medical treatment to be dispensed by the physician or under his supervision, or whether it would not often be better to confer increased responsibility on the many other health professionals. The use of sophisticated modern medicotechnical instruments and equipment in hospitals and clinics may appear to be a desirable goal for many countries so that they can participate in essential medicotechnical progress. Such a wish is understandable. But this supposed progress becomes a danger if it is adopted indiscriminately, if too much trust is placed in it while allowing methods and measures better adapted to real needs to die out. It results not only in an unacceptable increase in the cost of the system for providing care but also a loss from the human relations angle, as is often the case in high performance hospitals.

Madam President, I shall finish briefly by saying that we shall only achieve the objective of health for all by the cooperation of all peoples, by learning from those whose diseases are due to poverty and from those whose diseases are the tribute paid to wealth. Health for all is also a personal effort, it calls for less confidence in the external aid of professionals and more in personal initiative.

Mr SUZUKI (Japan):

Madam President, Dr Mahler, distinguished delegates, ladies and gentlemen, on behalf of the Japanese Government I would like to extend my warmest congratulations to you, Madam President, on your election to the presidency of the Thirty-fourth World Health Assembly. I should also like to congratulate Dr Mahler and his staff for having produced such a comprehensive and yet concise Report. The document shows clearly that the Organization has, in 1980, tackled effectively the various health problems of the world and met the challenge with spirit and courage. The Government of Japan believes that the role of WHO in the world community will be more and more important in the future and may I assure you, Madam President, that Japan will continue to act positively towards the full realization of WHO objectives.
Madam President, may I now make some remarks on the annual report before us. I must say how deeply I was impressed by the magnificent undertaking of the programme entitled "Global strategy for health for all by the year 2000". We have to admit, however, that in order to implement the strategy it is absolutely essential that the whole international community should collaborate, not merely for the benefit of one's own country but for the entire human race.

It is also important to note that, while technologies in the field of genetic engineering, electronic medical equipment, the transplantation of organs, etc. are rapidly growing, we should pay more attention to the fact that a large number of people in the world today still suffer and die from diseases which could be easily treated and prevented by primary hygienic education or simple therapeutic and preventive methods. My Government believes that we should all endeavour to let everybody in the world know the present situation I have just mentioned.

I firmly believe that Japan is in a position to make specific contributions to the implementation of the strategy. Japan became a Member of this Organization 30 years ago and, during these years, the mortality rate for tuberculosis, the former worst disease of our nation, has been reduced dramatically from 190 to 6 per 100 000 persons; the infant mortality rate has also been lowered from 80 to 8 per 1000 persons. The average life expectancy at birth has been prolonged 15 years, attaining the age of 74 for males and 78 for females. These results arise from the widespread feeling that has come to be cherished by the totality of the population, that is: "the health of the nation is the goal to be attained before anything else". The Japanese experience, I believe, will be useful in promoting the global strategy and I am happy to announce here that the Japanese Government is ready to further strengthen economic and technical cooperation in this field.

Japan is also ready to contribute during the fiscal year 1981 to the fund for research and training in the elimination of tropical diseases in view of the importance of the programme in the framework of the global strategy.

Finally, Madam President, may I announce here that Japan has decided to place her suggestion before the General Committee regarding the designation of a person to serve on the Executive Board, and may I finish my statement by reiterating that Japan will continue to extend positive support to the activities of WHO.

The PRESIDENT:

Thank you. I now give the floor to the delegate of Cuba, Dr Aldereguía, Vice-Minister, and before the delegate of Cuba starts, if you permit me, I recognize, in the delegation of Brazil, the former, the honorary Director-General, Dr Candau. We never have to forget the past though we have to work for the present and for the future; so may I express the thanks of all Member States to Dr Candau for what he has done for this Organization and wish him health until the year 2000.

Dr ALDEREGUITA (Cuba) (translation from the Spanish):

Madam President, Mr Director-General, Dr Mahler, we wish to convey to Dr Violaki-Paraskeva our sincere congratulations on her election as President of this Thirty-fourth World Health Assembly. We also offer our congratulations to the other members of the secretariat of this Assembly who have the responsibility of guiding this important meeting along the path of productive work, as called for by the agenda, particularly the item concerning the global strategy for attaining health for all by the year 2000. We are sure that the support of all delegations will facilitate your task. Our warmest congratulations go to Dr Mahler for his penetrating analysis of the work of WHO during the past year. As the Director-General says, in this world infected with cynicism it is really good to have the opportunity of reading a document which, without describing all the work done, gives an idea of the activities carried out by the Organization, its governing bodies and Member States, all dedicated to ensuring the success of one of the most formidable tasks ever faced by humanity: providing health for all by the year 2000.

This objective is achieved by means of health systems covering the whole of the population on a basis of equality and responsibility. It necessarily brings with it other measures, all fundamental, without which it would be impossible to meet the acute need for basic structural changes in the unjust international economic relationships which persist in spite of the protests and efforts of the underdeveloped world. In his report Dr Mahler referred to the resolution of the Thirty-third World Health Assembly, which he described as "historical" in that it prepared the Organization for its supreme task. We would add that the Thirty-third World Health Assembly, as well as being convinced that through its international health work
WHO can make a strong contribution to reducing world tension, eliminating racial and social discrimination and promoting peace, also discussed and approved a resolution associating health with the New International Economic Order. We recall that resolution WHA33.24 states in its preamble: "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 ...". In the operative part of the resolution the Health Assembly requests the Executive Board "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". That is to say, if the resolution to which Dr Mahler refers can be and has been described as historic, we feel that the one we have quoted, resolution WHA33.24, can justly share that description.

The delegation of Cuba is happy to be able to participate in this Assembly, which could also merit the adjective "historic" if it is consistent in its work and results, in terms of what constitutes the centre of all our activity: health for all by the year 2000. Our satisfaction can also be ascribed to the fact that we are participating in this forum, which is so eminent from both scientific and human points of view, in the conviction that our people are continuing to struggle and are making undeniable progress in emerging from the tragic situation suffered by hundreds of millions of men and women of our planet. In fact, to mention the health field alone, we can report that in recent years we have continued to develop health services both qualitatively and quantitatively. As for the construction of new facilities, four hospitals and three extensions are being completed, providing 3000 extra beds, so that the ratio in 1980 was 4.9 hospital beds per 1000 population. Some 50 polyclinics are being built and, among new constructions and conversions, 25 stomatology clinics, 17 homes for the elderly and 12 for the physically handicapped are due to be opened. Work has begun on two advanced institutes for medical sciences and activities have resumed at the Institute of Tropical Medicine, which is now fulfilling an important and vital function. Still on the subject of new constructions, a production unit for semisynthetic antibiotics has been built together with an optical complex, eight health polytechnics were inaugurated for the training of middle-level technicians and other projects are in operation or at the planning stage.

Here are some indicators showing the gradual development of our national health system: medical consultations increased from 4.1% to 4.6% in 1980 and oral health consultations from 0.8% to 1%; infant mortality fell from 27.3 per 1000 live births in 1975 to 19.6 in 1979; and maternal mortality fell from 68.4 per 100 000 live births in 1975 to 47.4 in 1979. At the end of the previous five-year period, life expectancy at birth was 70 years for both sexes. It now stands at around 73 years for both sexes.

Turning to health manpower, 4688 physicians qualified during the period, so that there is now one physician per 626 population, as compared with one per 1000 in 1975. Some 1055 stomatologists graduated, giving a ratio of one per 2600 population. We are engaged in cooperation with 27 countries, thanks to the solidarity of over 2500 health workers who can be found in the most remote corners of friendly countries in the Third World. To express all this in terms of the cost of public health in our country, in 1980 health expenditure accounted for 445 million of our national currency or, in other words, 22 times as much as annual expenditure in the period before the triumph of the revolution.

Our objectives for the immediate future will be as follows: to improve the quality of medical care in both polyclinics and hospitals, with a drive to strengthen the interdependence of these two types of unit; to make maximum use of existing relationships and ensure that they are maintained; to implement and ensure strict observance of health legislation in force; to develop integrated teaching and educational activities in the field of health manpower training; and to strengthen health research work. While it is true that the achievement of our objectives is a source of satisfaction and an encouragement to continue our work to the best of our ability, we are nevertheless very well aware of the plight of our brothers in underdeveloped countries who are still struggling against adversity in the development of their health services. We are therefore bringing major efforts to bear on health matters within the movement of non-aligned countries, with a view to making a success of the theme of this Thirty-fourth Assembly: Health for all by the year 2000.

In conclusion, I should like to express the gratitude of our Government to WHO for the constant and efficient collaboration offered to our country in regard to our health plans.
We are sure, Madam President and Mr Director-General, that this Thirty-fourth Assembly will be an historic one in that it is seeing us off along the long and arduous road to health for all by the year 2000. You may depend upon the unconditional support of our delegation in anything designed to ensure the successful outcome of this endeavour which is so vital for mankind.

The PRESIDENT:

Thank you, Dr Aldereguia. Now, ladies and gentlemen, I have to suspend the meeting for a few minutes, in order to enable the distinguished guests who have come to listen to the Right Honourable Mrs Indira Gandhi, Prime Minister of India, to take their seats. Please remain in your seats. The officers of the Health Assembly and the Director-General and the Deputy Director-General will now, in a few minutes, leave the room in order to welcome Mrs Indira Gandhi. The meeting will be resumed in a few minutes. I repeat, please remain in your seats.

3. ADDRESS BY THE RIGHT HONOURABLE MRS INDIRA GANDHI, PRIME MINISTER OF INDIA

The PRESIDENT:

Ladies and gentlemen, the meeting is resumed.

Madam Prime Minister, it is an honour for me, as a woman, to welcome you as the most famous woman in this world. It is a particular honour again for me to welcome you here, Madam Prime Minister, in the name of all the delegates of the Thirty-fourth World Health Assembly and to thank you most heartily for having accepted to address this Assembly. We know that you, yourself, Madam Prime Minister, have always demonstrated a keen interest in our activities and that you have, in this respect as in many others, followed the example of your illustrious father, the Honourable Jawaharlal Nehru, who honoured with his presence the opening of the Fourteenth World Health Assembly, held in New Delhi in 1961.

We also know that your country, India, was one of the founder Members of the World Health Organization; that it has over the years given this Organization a great number of eminent experts, two Presidents of the Health Assembly and two Chairmen of the Executive Board, and that it hosts the headquarters of our Regional Office for South-East Asia.

Indeed, Madam Prime Minister, we consider your presence among us today not only a great honour but, above all, another proof of your Government's and your own keen personal belief in, and support of, the objective of this Organization - health for all by the year 2000.

Ladies and gentlemen, honourable delegates, now I have the privilege of giving the floor to the Right Honourable Mrs Indira Gandhi, Prime Minister of India.

Mrs Indira GANDHI (Prime Minister of India):

Madam President, Mr Director-General, honourable members of the World Health Assembly, distinguished delegates, ladies and gentlemen, I am delighted to have the opportunity of coming, after many years, to a well-loved city which has played an important part in history. It is a pleasure to address this august gathering, the World Health Assembly.

Life is not mere living but living in health. The health of the individual, as of nations, is of primary concern to us all. Health is not the absence of illness but a glowing vitality, a feeling of wholeness with a capacity for continuous intellectual and spiritual growth. What is our ultimate goal? Is it the mere accretion of medical and other knowledge, the building of better machines and even hospitals, or are all these meant for a higher purpose, to make man better and more capable of handling the emotional and other stresses posed by material progress, increasing pace, and the utter lack of privacy in contemporary living? In India even in very ancient times it was believed that physical, mental and spiritual health are intrinsically interwoven. This is the basis of the science of yoga. The medical system perfected in India, Ayurveda, or the Knowledge of the Span of Life, in many ways foreshadowed WHO's own definition of health as "a state of complete physical, mental and social well-being".

Dr Mahler and his colleagues deserve congratulations and encouragement on their vision of health for all by the year 2000. This envisages strengthening of public health programmes of developing countries, where most diseases are concomitants of economic backwardness.
Yet it should not be imagined that affluent countries have no health problems. They already are experiencing the tensions, mental and physical, to which the dwellers of densely populated cities succumb. So that while the old diseases are being wiped out, new ailments are making themselves felt. New industrial processes must share the blame for this. Also, men and women seem willing to risk illness by over-indulgence in eating and smoking or drinking rather than practising the self-restraint which keeps the balance. In affluent countries medical treatment has become so exceedingly costly that they too need health insurance and assistance. Psychiatric treatment is prohibitive.

It is pertinent to recall that until a century and a half ago, the death rates and the general prevalence of disease were roughly the same in all countries. The scientific discoveries of the nineteenth century enabled Europe to cut down the death rate. This period also coincided with rapid economic growth in those lands. In Africa and Asia, however, the death rate is declining because of new miracle drugs and campaigns against epidemics. Once it is recognized that better health is not a mere offshoot of overall economic development, and that major improvements in health are possible in the absence of industrialization, it follows that the patterns of public health and health administration of advanced countries are not necessarily appropriate for developing ones. The vast increases in population in developing countries are the outcome of successful public health programmes, but they do constitute a further challenge to science, to governments and to mankind.

Long before modern communications and economic forces proclaimed the interdependence of the world, epidemics had demonstrated that humanity is one in its vulnerability. Smallpox has been the latest of the epidemics to be eradicated, and an estimated billion dollars have been saved by giving up compulsory vaccination. But is it being used to assist other developmental work on health? In fact the story of international assistance tells us that development does not command the enthusiasm that defence does. In India, 94% of resources for development are mobilized domestically. Only 6% comes as aid, but it is much needed as a catalyst of change.

We are told that we are on the threshold of a new age of biology. Major discoveries are promised in cell biology, genetics and immunology. Developing countries hope that these will enable them to overcome many of the old tropical diseases - particularly those connected with malnutrition, diarrhoeal disorders and communicable diseases. WHO has a commendable programme of tropical medicine. Leaders of medicine all over the world should evolve a special project in this field as part of the "Health for all" scheme.

May I say a few words about the priorities of medical research? Affluent societies are spending vast sums of money understandably on the search for new products and processes to alleviate suffering and to prolong life. In the process, drug manufacture has become a powerful industry, subject to the same driving considerations of other big industries, that is, concentration on profit, fierce competition and recourse to hard-sell advertising. Medicines which may be of the utmost value to poorer countries can be bought by us only at exorbitant prices, since we are unable to have adequate independent bases of research and production. This apart, sometimes dangerous new drugs are tried out on populations of weaker countries although their use is prohibited within the countries of manufacture. It also happens that publicity makes us victims of habits and practices which are economically wasteful and wholly contrary to good health. You are all familiar with the controversy over the export of baby foods to developing countries.

We do need excellent modern hospitals. But the desire for ever larger hospitals, more often than not oriented towards high-cost modern technological medicine, has to be resisted. Primary health care must be within reach, in terms of distance as well as money, of all people. The world has found to its dismay that resources are not unlimited. Hence waste of any kind and in any form, particularly in health and hospital care, should be strongly discouraged; and the countries' resources must be more equitably distributed. If this is true of the national scene it is even more so internationally.

In India we should like health to go to homes instead of larger numbers gravitating towards centralized hospitals. Services must begin where people are and where problems arise. We have acquired the capability of placing satellites in orbit which give useful information, but we have not yet been able to reach out to all our rural people. However, we are engaged in reorganizing our medical administration. Our outlook has been admirably expressed in one of the documents prepared by our own doctors, which says, "Health is neither a commodity to be purchased nor a service to be given; it is a process of knowing, living, participating and being."

The disparities in levels of medical research and administration also affect us in another way. At great expense and effort we give our brightest young men and women medical
education. But a large proportion of them are lured by the high salaries and tempting opportunities for further work which affluent countries offer. Thus we lose the skilled manpower desperately needed to save our own people. Brain drain has been called the technical aid that developing countries give to the rich. My idea of a better ordered world is one in which medical discoveries would be free of patents and there would be no profiteering from life or death. The world community should also work out some form of recompense for the loss suffered by developing countries because of this migration of trained doctors and nurses.

A country's progress is generally judged in terms of its GNP. But surely the health of the people is also a significant yardstick. That is why we must stress the need for a health revolution in developing countries, not only to wipe out diseases and to make available specialized treatment, but what is equally essential, to provide basic health care and to take preventive measures. Education from the earliest stages must include certain elementary information about health, sanitation, cleanliness, the avoidance of contagious diseases and the preservation of the environment which is closely linked to these.

The world and we in the developing countries are beset with many health problems. But at this point I should like to take up three specific items. My country has participated successfully in the malaria and smallpox eradication programmes. But the cunning and urge for survival of the ubiquitous mosquito has outwitted us, and has proved stronger than we had realized, and he, or rather she - for I am told that the female is far more deadly - has returned to disturb our sleep. Such focusing on special diseases and making all-out efforts to end them is a rewarding exercise.

I wish we could do the same for leprosy which is such a dread disease but now well within the powers of contemporary medicine to control. I pay tribute to the dedicated persons who, in my country and elsewhere, have devoted their entire lives to this demanding work. Obviously, such voluntary work, however good, can have only limited reach. Leprosy is prevalent in some 53 countries. If this problem is not scientifically and vigorously attacked right now, it will spread and be with us for long. The time has come to utilize better health education, better health technology and immunological advances to launch a global campaign to eradicate leprosy from the earth within the next 20 years. A major obstacle is the general public's ignorance and superstition regarding leprosy. People tend to evade investigation and hesitate to admit to the disease at the early stages when a cure could be complete and easier. This sense of shame is outdated and dangerous.

My second point is blindness. It is said that at least 15% is preventable by the addition of greens in early childhood diet and by simple treatment. WHO could devise a special international programme with emphasis on safeguarding children from blindness, just as this year it has drawn attention to the problems of the disabled.

The third, though by no means less important, is the question of population control. India is among the very few developing countries, if not the only one, in which the increase in the production of grain is larger than the increase in people. But the hard, cold fact remains that today men and women need a more varied diet and want much more besides food. At the rate at which we are growing, it will be increasingly difficult to match the demand for consumer and other goods and even for living-space.

The Government of India was one of the first to take up family planning as a part of its official policy. Our aim is not merely to curb the growth of population but to have happier, healthier families which, in our circumstances, means smaller families. We are disturbed that our recent census shows an alarming increase. It is small satisfaction to know that some of this is due to people living longer and not to a higher birth rate. In fact our family planning programmes are estimated to have prevented 29 million births in the last decade.

Because there has been such wrong reporting, and an entirely erroneous picture given of our policy, I should like to clarify that we neither believe in nor have we practised forcible sterilization as a matter of policy. We did emphasize what was called "motivation", that is persuading people to participate in this programme; but the operations were conducted only by competent and authorized medical personnel. In this, due to mistaken over-zealouosity or other mischief, there were some cases, but the margin was no larger than in other cases of medical or other error. What did incalculable harm was the baseless propaganda which some interested parties and individuals unleashed about our family planning schemes, and the political use that was made of it by gross exaggeration and even falsehood. I shall give two instances to illustrate my point. At that time, some groups started a false, insidious and mischievous whispering campaign that we planned to sterilize the entire population. What happened? In the wake of a flash flood in Patna City where the drinking-water had become contaminated, people resisted the team of doctors who had rushed
to inoculate them against cholera. Some months later, our desire to give protection against diphtheria, tetanus and whooping-cough to municipal-school-going children was thwarted because the parents were misled into thinking that the children were being sterilized.

By large, women even in rural areas do want family planning; it is the husbands we have to persuade. Our people are now beginning to understand that children have certain needs and are not merely hands to help the family. However, controlled families are possible only if parents are reasonably assured of good health facilities for the survival of their children. As yet no inexpensive and effective remedy is available. Our scientists are working on this and claim that they are on the brink of major discoveries.

I should like to take advantage of my presence at WHO to stress the need for a new, dynamic and better coordinated programme of research in contraception. Family planning programmes are awaiting a big break-through. Without a safe, preferably oral, drug which women and men can take, no amount of governmental commitment and political determination will avail.

Life is and perhaps always will be a struggle, although the nature of it keeps changing. To meet it we need vision, faith, courage and dogged perseverance. These are the qualities I admire in individuals and in organizations. These are the characteristics of the role of WHO. That is why I have come all this way to express our appreciation of its work, and to assure it of my Government's support. I give it, and to all of you, my good wishes. Once again, may I thank you, Madam President, and the Director-General for giving me this opportunity of coming here and meeting you all. (Applause)

The PRESIDENT:

Thank you, Madam Prime Minister, for your inspiring words. You spoke not only as Prime Minister of your country, but also as a woman and mother. And now I give the floor to the Director-General.

The DIRECTOR-GENERAL:

Madam President, Madam Prime Minister of India, honourable delegates, excellencies, ladies and gentlemen, friends, on behalf of the whole Secretariat I would like to express our profound gratitude for the symbolic significance that lies in the Prime Minister of India visiting the World Health Organization and addressing that historic Assembly which will adopt the global strategy for health for all by the year 2000. This symbolic significance does not only lie in the fact that health is politics and politics is health on a large scale. It does not only lie in the fact that you, Madam Prime Minister, represent every sixth crew member on board spaceship earth. It lies not only in the fact that India's post-independence development philosophy consistently has been based on the doctrine of social equity. It lies not only in India's vast research and development potential for contributing decisively to the health for all strategy in all countries, but it lies above all, Madam Prime Minister, in your political declaration that India intends to be a full partner in the global strategy for health and that you are ready to have WHO as your partner of confidence.

Madam Prime Minister, India's feet have always appeared too large for WHO's small shoes. Today, I humbly submit, with the adoption of a global strategy for health for all, WHO's shoes have been enlarged to an extent that it may be worthwhile India's risk to try to squeeze its large feet into these new WHO shoes. Your statement today I take to mean that you are willing to take your WHO with you in your fight for realizing health for all in India and, in so doing, letting all other Member States of this Organization benefit from this shared struggle of ours. Once more, our most profound gratitude for your being willing to come and give us this boost. (Applause)

The PRESIDENT:

Thank you, Dr Mahler. Ladies and gentlemen, I should like to ask you again to remain in your seats for a few minutes while our distinguished guest leaves this hall.
The PRESIDENT:

Ladies and gentlemen, after this touching hour, let us continue for a while with our work. I have to ask the delegate of Iraq to come to the rostrum and also at the same time the delegate of Malaysia. The delegate of Iraq, Minister of Health, has the floor.

Dr HUSAIN (Iraq) (translation from the Arabic):

In the name of God, the Gracious, the Merciful; Madam President, ladies and gentlemen, I am pleased, Madam President, to convey to you and to your elected colleagues, on behalf of the Iraqi delegation, our warm congratulations and our best wishes for success. I also extend to the distinguished participants my greetings and the good wishes of the Iraqi people and Government, who are following your present meetings with interest, in the hope that they will achieve the objectives of the Organization to the benefit of humanity at large.

It was indeed a great honour to all of us to meet a world-renowned first lady, Mrs Indira Gandhi, the Indian Prime Minister, and to hear her judicious opinions and perspicacious diagnosis of the problems raised by health development in countries of the Third World. Mrs Gandhi's scientific and realistic approach can serve as a textbook for our Organization. It is our hope that this Organization will always succeed in winning over the political decision-makers in the various countries of the world in favour of health action.

Our lofty objective - I mean the attainment of health for all by the year 2000 - requires all our attention. It calls upon us, it even commits us, within the context of the Organization's structure, its regional offices and other national institutions all over the world, to stick to our task, to spare no effort to translate this objective into action for the benefit of man throughout the world, in the light of the initiative and directives of WHO, to use all available human potential, and to rely on goal-oriented programming. In this way we shall surely attain our objective. The role played by the parent Organization must, however, be emphasized. Its effectiveness must be in keeping with its ambitions. Its authority must set the pace and its good intentions must be backed up by the political will which we have always claimed from this rostrum as a permanent support for the health objective.

All of you, people of good will, know those who are not prepared to strive for a happy world, those who dislike to see the world in a good and healthy condition. Openly or secretly, they are hostile to our Organization. We have pinpointed the problems and obstacles which prevent this Organization from achieving its aims. We have appealed to all parties concerned to take rewarding decisions inspired by faith in the objectives and mission of this Organization dedicated to the welfare and happiness of all human beings. We shall now have to make sound and judicious recommendations and decisions consonant with our desire to break the circle of isolation and ensure our Organization of a permanent political presence and an active role in the United Nations system.

In my country we have taken steps, from our position of responsibility and with a great pride in our noble and humanitarian purpose, towards achieving the objective of health for all by the year 2000. We have adopted country programming which contains an ambitious plan for the next decade in line with our aspirations for development. The mainstay of this plan is cooperation and health coordination with WHO together with field studies based on the specific features of the society and the region, making use of all appropriate scientific experience throughout the world.

Our plan accords top priority to preventive and primary health care. It emphasizes the need to protect the environment. We consider this as the basis for health promotion in our country. Statistical indicators of the results have proved that the efforts made in this area have by any standards been quite fruitful. Parallel to this, we have done our best to meet all the needs for treatment. In all provinces and cities of the country we have set up a network of curative facilities, promoting general and specialized services. We have strengthened them by modern institutions based on the latest international specifications. I shall not elaborate further on this topic, but I shall give you a brief outline of our health situation. This situation is reflected in the Ministry of Health's budget for the year 1981, which shows an increase of 550% since 1976 and is more than 10 times as big as the Ministry of Health budget before the 1968 revolution. Moreover, the health facilities which were completed and became operational in the course of this year and last year, together with those currently under construction, will cost US$ 1500 million. This constitutes indisputable proof of the priority given to health in the programmes of national development in my country.
With a scientific and realistic outlook, we have planned to develop manpower capable of running the present facilities and those yet to be created, by increasing the number of faculties of medicine and establishments for training intermediate-level staff. Our health plan is, in a sense, a channel that converges with other channels included in the comprehensive development plan. All these channels flow into one pool. Their common aim is to attain the ambition of the Revolution in our country: to create a human society which enjoys all the benefits of civilization and contributes to building a civilization for the welfare of mankind as a whole. Our plan takes into consideration the needs of disabled people with a view to giving them hope and a decent standard of living. Recent legislation has given them rights and guarantees which entitle them to rehabilitation and employment in both the public and private sectors, thus ending their frustration and enabling them, through productive work, to lead a happy life.

Care of the aged comes within the general framework of the social welfare programmes, for there is no immediate problem in this respect. We have, however, made provision in our plan for the health and welfare of this category of citizens. On the other hand, the priority given in Iraq in the last few years to education and literacy is beginning to produce tangible results as far as our health plan is concerned. By introducing health education and environmental education at all stages of education, we have enlisted the participation of the citizen in health development.

While acting in conformity with these views and concepts, we acknowledge with pride the role of WHO, which has provided us with experts, skills and advice whenever necessary. It is imperative that WHO asserts itself at this point as the world's supreme scientific and political authority in the field of drug manufacture and marketing, for trade in drugs has become one of the features of our time. Drug companies of international stature trade in, bargain over, artificially speculate in, and dump certain drugs on the markets. They artificially create scarcity in others, operating solely from their own perspective and obeying only their lust for profit. As we have repeatedly said, they represent a new dimension of neocolonialism. It is urgent, in this connexion, that WHO take action against companies of unscientific reputation that deal and speculate in drugs, forgetting the lofty aim of this humanistic industry. On a previous occasion we proposed the creation of an international council under the aegis of WHO to ensure the protection of the consumer and stress the necessity of a scientific approach.

While emphasizing this aspect, we for our part have established a policy for the rationalization of practices in the fields of manufacturing, importation and distribution of drugs. We have reduced the number of products in circulation from more than 10,000 to about 1200. Our plan for the development of national manufacture of drugs is designed to cover 80% of our consumption by the end of 1984.

It is not out of place at this point to examine the policy of flooding the markets with processed milk products. Manufacturing companies spend lavishly on promoting these products and dissuade mothers from breast-feeding. Conscious of this serious situation, we have a double commitment to disseminate appropriate information on this subject and to enlighten mothers about the properties of breast milk and its importance to their babies.

The countries of the Eastern Mediterranean Region have made known a decision which they have taken, but which has not yet been carried out on account of the attitude of some countries unsympathetic to our wishes. These countries have shown uncompromising opposition to the transfer of the Regional Office, which used to serve the peoples of the Region. As a result of their obstinacy this Office has been transformed into a silent painting, a soundless building completely devoid of life and deprived of any efficacy. We do not want to ask questions, for the answers are clear. Money has been spent to satisfy the vanity of some Members of the Organization, who have taken a stand inconsistent with the spirit of the Constitution, inspired by the sole desire to jeopardize the work of WHO and openly to defy the peoples of the Region. I would like to know why the comprehensive report of the Director-General does not refer, even in passing, to the effects produced by the interruption of the work of the Office, with which the States of the Region have ceased to deal and which they have decided to boycott completely. The Executive Board of WHO, at its sixty-seventh session, prepared the programme budget of the Region even though it was well aware that the States of the Region were not dealing with the Office.

The keen desire of this august body to make the services of WHO available to all nations of the world, including the peoples of the Eastern Mediterranean Region, will undoubtedly lead you to endorse the decision of the States of the Region to have the Office transferred to Amman in the Hashemite Kingdom of Jordan. Any attempt by adverse parties to reverse this decision will necessarily produce consequences incompatible with the humanitarian and noble
objectives of the Organization. It may definitively prevent the countries of the Region from contributing to the efficacy of this Organization or benefiting from its services.

Addressing myself to this distinguished humanitarian forum, I am confident that you are aware of the depth of the tragedy being experienced by our Arab Palestinian people and have a clear vision of the ever-increasing suffering inflicted upon them by the extreme brutality and the blind racist rancour of world Zionism. Everything that is sacred has been trampled under-foot, the land has been seized, the population has been subjected to the worst forms of torture and humiliation and deported from their homeland. All this, however, was not enough to satisfy Zionist greed and cupidity. Zionism has extended its genocide to the land and people of wounded Lebanon. Southern Lebanon has been unremittingly bombed and shelled. Lebanon's landmarks have been destroyed and its population has paid a heavy toll of human life. We all have a historic responsibility in this respect. Let the Organization bravely proclaim its support for the Palestinian people who are suffering the arrogance of colonialism and racism, in order that peace may prevail in the Region and that everybody may enjoy health. For health comes only with the peace that spreads its wings over the whole world. Thank you.

Mr CHONG Hon Nyan (Malaysia):

Madam President, Director-General, distinguished delegates, ladies and gentlemen, the Director-General has once again demonstrated his ability in producing yet another excellent Report for our consideration. His humane understanding of the many complex health problems we face, together with the World Health Organization, is reflected in this document. Those of us who have attended these Assemblies in recent years will see that, under Dr Mahler's dynamic direction and after taking into cognizance our collective views, WHO is redefining its objectives. He has recognized that these aims must be made more relevant for the majority of us, particularly in the developing world, who grapple with health problems as matters of almost everyday crises. We are all seeking solutions to these, both short-term and long, accepting that for an anxious public who are sick and distressed, long-term solutions are of no immediate comfort.

We are aware that these health concepts have been enunciated in the past from time to time, individually and sometimes in isolation. What is significant, however, is that through empirical experience and consultation with Member countries, these discrete ideas are now crystallized and consolidated as a set of guiding principles largely acceptable to the international health community. We have now accepted that health is an inseparable component of social and economic development. This is both a global commitment as well as a national policy objective, certainly so in Malaysia; we are politically committed to this as a fundamental policy to improve the quality of life of our population.

We are a small country at the south-east Asian tip of a vast continent and separated from our other component states of Sabah and Sarawak by 1000 miles of ocean. We have a population of just over 13.5 million people that is racially diverse, just as much as our national resources are diverse. Since our independence in 1957, we have planned and implemented a series of five-year economic development plans and have just launched our fourth such plan in April this year. In all these, and markedly so in the last two plans, our health sector programmes and projects have always been integrated with overall development objectives. We aim to ensure that health is not narrowly defined, or seen as an isolated problem relating to disease that only an increased number of professional staff and hospitals can cure, but an essential component and input to establish an economically and socially productive nation. We wish to eradicate poverty just as much as to restructure society to ensure a more equitable distribution of wealth, not only amongst individuals, but more importantly among sectors of the population.

In short, and in keeping with these basic political objectives, we have emphasized - and will continue to do so - the provision of preventive and curative health services to as wide a sector of the population as possible, as a primary objective. We estimate that we have now provided such essential services to over 85% of the population in Peninsular Malaysia, and to 60% of the population in Sabah and Sarawak, largely because of internal communication difficulties in these two states.

Since independence, we have raised the life expectancy at birth from 57 to 67.5 years, reduced the infant mortality rate from 2.82 to 0.8 and the toddler mortality rate from 10.57 to 2.3. There is, however, much more that requires to be done. We shall have to continue to improve environmental sanitation, provide wholesome water supplies particularly to the rural areas, expand our immunization programmes, strengthen health care for the family, particularly mothers and children, rehabilitate the disabled and be vigilant as ever to control tropical communicable diseases.
All these preventive, curative, research and health education programmes are taxing our limited financial and personnel resources to an extent when expectations may sometimes remain unfulfilled for too long, with consequent political and social pressures for ever more sophisticated services to be provided. This leads us to the dilemma when rapidly increasing costs of health services outstrip resources available. Even as we talk about primary health care, the inexorable social pressures that demand cost-explosive technology and super specialities in our services can be politically more persuasive than those who advance more basic concepts.

As a developing country, we can see the trend where individuals are beginning to place more and more responsibility for their health and general wellbeing on professionals, whether these are in the public or private sector. As ministers of health, we certainly have a responsibility to safeguard the health of our nations. Paradoxically enough, however, individuals find it increasingly fashionable, with growing affluence, to adopt health habits that lead quite often to self-destruction when, at the same time, the health services expend energy and resources to cope with the consequences of such unhealthy habits.

There is of course continuing medical research into new techniques, new drugs and medicines to seek cures where none have existed before. I wonder however whether we, as an international body, have as yet a better understanding as to why man continues to pollute his own environment and to endanger his own life with an excess of alcohol, drugs, tobacco and food. A new morbidity is appearing on the scene. We only fought communicable tropical diseases in the past. We are now fighting these in combination with stresses and strains brought about by so-called modernization.

The Technical Discussions this year on "Health system support for primary health care" will no doubt go into detail as to the basic structures necessary for such a health care delivery system to be functional. We could do well by arousing a greater awareness and understanding in the individual himself as to his own responsibility as a basic support to such a system. If he is not concerned and involved, then we are back to treating symptoms and encouraging ever greater dependency on health services that are already strained.

The Malaysian delegation will thus follow these discussions closely, as we have already developed our health services to a point where there will be no turning back back once our basic objectives are enunciated. We shall continue to have close rapport with WHO and our Western Pacific regional and country representatives. We believe in the strengthening of such regional offices so that WHO can more effectively decentralize its efforts.

I must record my thanks to Dr Nakajima, our new Regional Director, and his colleagues for always being mindful of our needs. There is much that is new and exciting for us to do as we enter into the next phase of our planned development. We and our friends in the Association of South-East Asian Nations have reactivated discussions on possible cooperative programmes on health so that, together, we can promote better health in our region. I am glad that our Regional Office has assisted in these efforts by its technical support in these discussions last year.

We are resolved to bring about a better quality of life for all Malaysians. Our attendance at this Assembly and the views we shall obtain here will serve to strengthen that resolve.

Like others, the Malaysian delegation has been inspired by the address of the Right Honourable Prime Minister of India. We thank her for this inspiration.

The PRESIDENT:

Thank you very much for your cooperation. The meeting is adjourned.

The meeting rose at 12h25.
FIFTH PLENARY MEETING

Wednesday, 6 May 1981, at 14h40

President: Dr M. VIOLAKI-PARASKEVA (Greece)

1. FIRST REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT:

The Assembly is called to order. We shall now turn to the consideration of the first report of the Committee on Credentials, which met yesterday under the chairmanship of Mr Njiru, Kenya. I invite Mr Beauge, Argentina, Rapporteur of the Committee, to come to the rostrum and read out the report, which is contained in document A34/29.

Mr Beauge (Argentina), Rapporteur of the Committee on Credentials, read out the first report of that Committee (see page 283).

The PRESIDENT:

Thank you, Mr Beauge. Are there any comments? The distinguished delegate of Pakistan.

Dr HASAN (Pakistan):

The Pakistan delegation would like to state its position on the report of the Committee on Credentials. Pakistan supports the recommendation in paragraph 3 of the report that the World Health Assembly approve the credentials of the delegation of Democratic Kampuchea. The Pakistan delegation, however, reserves its position on the credentials of the delegations of Afghanistan and Israel for the reasons which we have already stated in the General Assembly of the United Nations.

The PRESIDENT:

Thank you, the delegate of Pakistan. I give the floor to the delegate of Viet Nam.

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

Madam President, with regard to paragraph 3 of the report of the Committee on Credentials, my delegation would like to make a slight amendment in the second line: it would like the words "other delegations" replaced by a list of the delegations on behalf of which Bulgaria spoke in the Committee on Credentials and which had previously associated themselves with this declaration made by Bulgaria. With your permission, Madam President, I shall read out slowly the names of the delegations concerned: Angola, Bulgaria, Cuba, Czechoslovakia, Ethiopia, German Democratic Republic, Hungary, India, Lao People's Democratic Republic, Mongolia, Mozambique, Nicaragua, Poland, Union of Soviet Socialist Republics and Viet Nam.

The PRESIDENT:

Thank you, the delegate of Viet Nam. Since we cannot now change the report of the Committee, your statement on it will be included in the verbatim record of this plenary meeting.

There is nobody else to speak, and the report of the Committee on Credentials is therefore adopted.

- 81 -
2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The PRESIDENT:

We shall now continue with the general discussion on items 9 and 10. Before I ask the distinguished delegate of Luxembourg to take the floor and the distinguished delegate of Guatemala to come to the rostrum, I must state that I have been informed that the delegate of Austria is not going to speak, but wants his speech to be included in the record. I thank him warmly.

Dr STEYRER (Austria): 1

Madam President, Mr Director-General, very distinguished delegates, ladies and gentlemen, on behalf of the Austrian Federal Government I have the honour to convey to you, Madam President, our cordial congratulations on election to your high and responsible office at this Assembly, together with the Vice-Presidents, the Chairmen of the various committees and all the other officers.

For me, as recently appointed Minister of Health and Environmental Protection of Austria, it is the first and honourable occasion to address this Assembly. I would like to repeat the willingness of Austria to work together with WHO to achieve the goals of the Organization.

Two years after launching the Global Strategy for health for all by the year 2000 we look forward very much to a sort of evaluation of the strategies taken thus far by the nations of the world. Stressing again the necessity of sharing all our achievements and mishaps on this long way, I wish to take this opportunity to express my sincere appreciation and admiration for the work of WHO, which seems to be a never-ending and often frustrating task. With respect to the main theme of this year's Technical Discussions, primary health care, Austria wishes to express its sincere interest in this basic thrust for the overall goal. Like many countries with well organized health services and long traditions in the medical field, we also have encountered quite a number of problems. And yet concerted efforts on the subject are gradually bearing fruit. The general practitioner is still the main executor of primary health care - a fact we do not like to complain about - but changes in the medical curriculum have brought about a new awareness amongst the new generation of medical doctors regarding preventive medicine, the influence on the occurrence of disease of socioeconomic factors and cultural changes, a new patient/doctor relationship, a balanced relationship between medical technology on the one hand and ecology and environment on the other. The key is not to change the patient/physician ratio, merely switching medical responsibility to the paramedical professions, but to change the medical profession itself and its philosophy and to support it by better educated paraprofessionals. In this context we are glad to mention the progress in the development of the community nurse and the successful establishment of nationwide family counselling departments on a community basis.

Infant mortality has been further reduced as a result of the introduction of a mother and child passport for maternal and child health care, a system which so far includes preventive measures for expectant mothers and infants, but will soon be extended up to the child's second birthday and, hopefully, even further.

The optional examination of healthy subjects as a preventive measure will be an excellent screening tool for the future, but needs more compliance on the part of the citizen. Which brings me to another important task within primary health care - namely the promotion of health education in general. The population has to be prepared for its role of active participation in primary health care. The relevant influx in school curricula, methods of teaching and education aids, etc., with the help of faculty at all levels and mass media has started - a process which will take its time but ultimately be effective. Let me also mention in the context of prevention the new Narcotic Drug Act, 1980, which Austria is about to execute. Primary health care and health education form the core of the legal changes.

Briefly, following one of the greatest achievements of WHO in the recent past - smallpox eradication - allow me to bring forward a proposal for the fight against communicable diseases: the international threat posed by the group of haemorrhagic fevers. I think we should focus on this before it becomes a plague.

1 The text that follows was submitted by the delegation of Austria for inclusion in the verbatim record in accordance with resolution WHA20.2.
FIFTH PLENARY MEETING

Too many problems could still be touched upon, but this will certainly be the task of the various committees. We look forward to working with our colleagues in this Assembly, and wish the Assembly full success in all aspects.

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

Madam President, the report of our Director-General on the work of WHO in 1980 is once again presented in a condensed form which has the advantage of describing in just a few pages a multitude of impressive activities in the most diverse fields of human health, all converging on the same point: "Health for all by the year 2000". We learn from the report that immense efforts are being deployed in most Member States, particularly in the many developing countries. The report also shows us that the paths leading to our goal are many and different, sometimes wide and straight, often winding and beset with pitfalls. We must recognize that for many countries attainment of better health necessarily depends on success in two other challenges laid before mankind, the Water Decade and the Expanded Programme on Immunization for all children, which are due to be completed in 1990. We are aware of the toll taken in developing countries by communicable diseases spread by poor quality drinking-water and others which have not yet been brought under control for lack of comprehensive and general immunization programmes.

How deplorable it is to have to acknowledge that in large areas of our "blue planet" entire peoples suffer famine and disease for the sole reason that they are poor and that the health authorities are unable to provide their citizens with sufficient food, adequate medical and health facilities, essential drugs and effective vaccines, while in the rich countries - which are still rich despite the world recession that is beginning to affect our comfort and our refined and sometimes unhealthy way of life - we live in a civilization of plenty, indifference and ignorance. Our Director-General is therefore right to approve the proposals of the European Regional Health Development Advisory Council which advocates, among other things, a reorientation of our respective health systems which have too often gone beyond what is necessary, essential or even convenient. Whereas, as the Director-General's report brings out, malnutrition is probably the most glaring public health problem in the developing countries, our system of permanent overnourishment not only makes us ill but also leads inevitably to overproduction of food of all sorts which, since it cannot be consumed, is stocked at high prices to prevent any price collapse. If we think of all the human beings who die day after day from hunger alone, this should weigh heavy on our consciences.

The spectacular explosion in health costs has obliged the authorities in all countries to seek the philosopher's stone that could put an end to this nightmare. So far the stone has not been found, yet some enterprises give hints of tangible results in the more or less long term. It is very possible that we shall have to work towards a type of medical care that is no longer the entire responsibility of the public sector; but great care will have to be taken to ensure that the less privileged groups and those at highest risk - the poor, mothers and children, the handicapped, the elderly and migrant workers, for example - remain as well protected as possible under the umbrella of the health care currently available.

The corner-stone of the new system will be the development, in industrialized countries too, of primary health care services, as stated in the Director-General's report: "WHO's policies regarding health care are not only applicable to developing countries: they are equally relevant to conditions in the developed countries".

Unfortunately, many are taking advantage of the difficulties in which the public authorities of our countries find themselves because of health budgets that tend to grow in geometric progression. They would like to heap ridicule upon modern medicine and its technical and scientific progress and advocate a more down-to-earth and primitive medicine. They love to stir up public opinion and are often in collusion with certain sectors of the Press. And yet it is obvious that we shall always need sophisticated medicine in our countries; we must of course ensure that it is properly used.

All this highlights the vital role played by public information and health education. I just want to quote this one sentence from the Director-General's report: "Communities should be seriously involved in health work, and for this reason they need information, stimulation, advice and support". Information or education for health? They are obviously complementary, although different in essence. With regard to health education, WHO has always emphasized this aspect of its health promotion programme since the start of its activities. Indeed, health information and education are implicitly included in the preamble to the WHO Constitution. The objective has always been gradually to create a healthful mentality through the application in everyday life of a series of rules designed to safeguard our health. This type of health and medical information should be addressed to the
individual as well as to the general public. If use of the powerful mass communication media which are at our disposal today and which, in my opinion, should all be brought into play without restriction, is effective, we also know that these technical means will never have a real and lasting impact unless their effect is prolonged and maintained by what the late regretted Louis-Paul Ajuojalut used to call "the permanent actors of health education". The principal actor is without doubt the physician, the general practitioner in particular. It is also well known, and strongly stressed by the experts of the WHO working group on information and health who met in Luxembourg in November 1980, that it is not enough to give information to people: they also have to be educated. It is not enough to impart knowledge: a check must be kept on whether the recipients are accepting it and applying it. This brings to mind Professor Ajualeu, who expressed the same idea in almost the same words during the first health education seminar organized by WHO in London in 1953. What he said was: "In any event, no real progress can be made in the health field unless education appropriate for each context has prepared minds for the application of new rules". These were truly prophetic words whose value has remained undiminished over so many years. And these new rules are drawn up in this very building for all men of good will.

Madam President, allow me to conclude by quoting one more sentence from the report of the Director-General, Dr Mahler, a sentence that I strongly support: "If the instructions of the Health Assembly are faithfully followed ... there is no doubt that Member States and their Organization will be in a much better position to cooperate with each other in progressing towards the long-term goal that they have set themselves".

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

Madam President, Vice-Presidents, honourable delegates, ladies and gentlemen, with the same enthusiasm as ever, we are gathered together once more to attend the periodic meeting of this great Health Assembly, today wearing an aura of hope born of the fervent desire to secure for all the citizens of the world by the year 2000 a standard of health that will enable them to live socially and economically productive lives and thus bring them closer to the ideal of happiness which men have sought throughout the ages and in every part of the world. It is in full awareness of these lofty purposes that the Government of Guatemala has formulated its social welfare policy, within a philosophical framework in which development is regarded as a broad social process affecting the basic structures of society, its culture and its institutions, the ultimate goal being to raise the level of wellbeing of the entire population, not only materially but also culturally and spiritually. Viewed from this angle, social wellbeing as a policy becomes a priority in the development process, since it not merely points the way towards bringing this about, but also focuses on the most important resources of the country - the individual and the community.

In accordance with these postulates and with the principles expressed in the WHO Constitution and in many of the resolutions of the World Health Assembly, the Ministry of Health and Social Welfare has stated over and over again that "health is a basic human right and a social goal of the whole world, which is indispensable to the fulfilment of basic human needs and the achievement of a satisfactory quality of life and which should be within the reach of everyone". Thus it endorsed the recommendations of the Thirtieth World Health Assembly, and at the International Conference on Primary Health Care it ratified the Declaration of Alma-Ata, in which clear recognition was given to the need to attain the goal of health for all by the year 2000 as a factor in general development and in keeping with the spirit of social justice.

In accordance with these principles, the Government of the Republic of Guatemala, through its Ministry of Public Health and Social Welfare, has formulated its policies, strategies and in plans of action for the health sector, following basic principles supported by the country in keeping with commitments undertaken at the international level. In establishing these policies and strategies for the health sector over the short and medium term, account was taken of two basic criteria: the first is that health, defined as a component of wellbeing, must necessarily have an intersectoral dimension. This criterion made it necessary to design these policies and strategies in such a way as to dovetail in with the other components making up overall development. The second criterion is that action requires continuity and coherence over a period of time in order to attain imaginative goals over the long term. This meant that when the strategies proposed were worked out, due regard was taken of their duration and the possibility of their adaptation over the next few decades. For this reason, we laid down as a basic line of policy the extension of coverage of health services, so that this became the governing factor in the process of planning and strengthening of the sector and at the same time
a theoretical basis for the rest of the policies and strategies formulated. It is our intention to extend coverage of health services in respect of both quantity and quality to the most vulnerable population groups and areas in the country. We also intend to steer the development of basic activities towards satisfying the needs of all the population and ensuring access to the health service system at all levels.

To achieve the objectives of this policy, a number of strategies will be followed: strengthening of primary health care, the referral system and the functional regionalization of services; more vigorous development of programmes for the prevention of those prevalent diseases which have the greatest impact on the people; promotion of community participation; greater efficiency of services, to be brought about by improvements in organization and in the basic administrative processes; upgrading of human resources to meet the needs of the health services; introduction of appropriate technology to ensure greater productivity from the available resources at the lowest possible cost; and coordination with intrasectoral and extrasectoral bodies concerned with health.

Primary health care in Guatemala is a strategy for extending health service coverage. It embraces a series of activities designed to meet the basic health needs of the communities, and is part of an approach which brings together at community level and on the basis of the socioeconomic and cultural characteristics of the community the factors necessary to produce a significant effect on the health and the wellbeing of its members. In keeping with this approach, the activities, traditions and sociocultural elements of the community are recognized, taken into account and respected in connexion with health care, and their interaction on a more dynamic and functional level with the organized system of health services is encouraged by making scientific knowledge, modern technology and effective traditional health care practices available to any individual in the community anxious to acquire skill and become a catalyst for health care, responding to the needs of the community and helping to build up channels of communication.

With a view to controlling the diseases which have the greatest impact on the population, immunization campaigns are organized against poliomyelitis, tuberculosis, measles, whooping-cough, diphtheria and tetanus on a regular basis and at national level. In the frontal attack against malaria, the programme set up for the purpose will continue to receive full support from the Ministry of Health and Social Welfare, and the research already initiated will be continued with a view to the upgrading of new strategies and procedures to combat the vector of this disease, with due regard to the technical problems which have arisen in the last few years in all the countries suffering from the malaria scourge. Control of onchocerciasis or Robles' disease has been given a decided boost as a result of the Guatemala-Japan onchocerciasis research and control programme, which has recently been expanded and restructured with a view to organizing a short-term national campaign for the eradication of this disease. Aedes aegypti control continues to be carried out with the utmost effectiveness; at the present time it is one of the programmes entrusted to the National Malaria Eradication Service so as to take advantage of the organization and discipline characteristic of this service. Very recently, negotiations have been started with the Japanese International Cooperation Agency (JICA) and the Japanese Government with a view to setting up an institute of tropical diseases, whose three-fold function - research, applied research and teaching - will help to improve the scientific knowledge and control of parasitic and other endemic diseases not only in Guatemala but in the entire Central American region.

Since the 1970s, the Ministry of Public Health and Social Welfare has been engaged in developing programmes to involve the community in health activities. In view of the fact that Guatemala is one of the three countries of the Americas with the highest proportion of rural population, the purpose of these programmes is to train traditional midwives and health promoters and to set up committees for bringing about improvements in health, using community leaders and other types of voluntary personnel to collaborate in health programmes. Outstanding among those in number and skill are the 7000 voluntary workers trained by the National Malaria Eradication Service. These lay workers have been trained to take blood smears, which are then sent on to the Service's laboratories, and to administer preventive treatment against malaria. In 1970 the Maternal, Child and Family Division took over the training of the traditional midwives or "empirical midwives" as they are usually called. To date, over 5000 have received training of this kind. Health promoters are people who enjoy the confidence of their communities and have been trained to provide primary health care not coming under the ordinary heading of care such as is given by a doctor or nurse. At the present time, some 3000 health promoters are active in the rural areas, and the possibility is being considered of increasing their number and improving their knowledge.
The policy with regard to environmental quality basically focuses on the analysis and evaluation of environmental factors having an impact on the health of the population with a view to establishing priorities for action programmes. Special emphasis is to be placed on activities intended to solve the problems of the most vulnerable rural communities, and to this end, impetus will be given to the establishment of basic environmental sanitation services.

In order to attain the goals laid down for this policy, it was decided to adopt the following strategies: to expand research with a view to determining the scope of the problem; to give a fillip to the specific programmes already under way; to supply drinking-water, and cope with drainage and excreta disposal, food control and improved housing; and to promote the coordination of intrasectoral and extrasectoral organizations set up to improve environmental action. Through the rural basic sanitation programmes, work is going on to provide drinking-water in the rural areas, excreta disposal and better housing. These programmes also operate timely control and advisory services with a view to preventing environmental pollution, especially in the urban areas. External financing has been forthcoming for the rural basic sanitation programmes by way of loans from the Inter-American Development Bank and donations from UNICEF, and this has given their installation units an operational capacity at the present time of 120 rural pipelines per year, benefiting approximately 70,000 inhabitants. With regard to the installation of latrines, use is made of national funds together with a donation from UNICEF which to date has made it possible to install some 25,000 latrines annually, benefiting 125,000 inhabitants.

To meet the commitment called for by the International Drinking Water Supply and Sanitation Decade, Guatemala assessed the scope of the problem and adopted an optimistic attitude, setting itself the following goals for 1990: rural population with drinking-water supplies, 3 million; urban population with drinking-water services, 3.8 million; rural population with sanitary excreta disposal (latrines), 4.7 million; urban population with sewer systems, 3.04 million. The Ministry of Public Health and Social Welfare intends to maintain this same rate of progress in the future, and if possible gradually to exceed it. The evacuation of solid wastes is a matter which under the Health Code is the direct responsibility of the municipalities, the role of the Ministry of Public Health and Public Welfare being coordination, guidance and promotion of activities for efficient solid waste disposal. The target is to see that towns with more than 10,000 inhabitants have organized public sanitation systems by 1999.

The nutrition policy embraces all the technical, legal, institutional and administrative activities undertaken by the State and designed to standardize and coordinate the production, marketing and distribution of foodstuffs to the most needy strata of the population. It is likewise part of the policy to produce adequate consumption guidelines and to impart nutritional education among the communities. To this end, the Ministry of Public Health and Social Welfare has defined the following strategies: strengthening of the system of epidemiological surveillance in order to obtain an updated diagnosis of the nutritional status of the population; reinforcement of the existing programmes to improve nutritional status; support for programmes designed to improve and enrich staple foods; and improvement of mechanisms for coordination with the institutions responsible for the production, storage, marketing and sale of food.

If we are to attain the goals we have set ourselves by the year 2000, it is vitally important to work out a financial policy that is consistent with the other policies and which ensures that the resources needed to carry out the overall health programmes will be forthcoming. This goal can be attained provided there is a gradual and sustained increase in income. Since the funds available to the Central Government are limited, ways and means must be found of discovering new sources of permanent financing. Side by side with this, systems and procedures will have to be established to control the use of resources in accordance with the activities programmed, so as to ensure that they produce the maximum yield and quality of service. In order to fulfil these goals, the following strategies were worked out: a better approach to the rational use of resources; a progressive and sustained increase in funds to ensure that programmes can be implemented; upgrading of technical systems and procedures to ensure the effectiveness of financial administration; and strengthening of the mechanisms for intrasectoral and extrasectoral coordination with a view to obtaining the maximum yield from the available resources.

It is against this background and with these purposes in mind that the Government of the Republic of Guatemala, working through its Ministry of Public Health and Social Welfare, is prepared to accept the historic challenge issued by WHO to the governments of the whole world like a clarion call announcing new horizons. In greeting this honourable Assembly on behalf
of my people and my Government, I would like to express the hope that all those responsible for fixing the guidelines laid down for attaining the lofty purposes now established will see their efforts crowned with resounding success; and I pray to Almighty God that we may yet see the day dawn, in the year 2000, when all the citizens of the world are enjoying peace and physical, mental and social wellbeing, in an age in which health, that precious heritage of mankind, is equitably distributed. Indeed, fellow-members of this Assembly, alternates and observers, just as many of us throughout the world, in whatever situation we find ourselves, wherever our history or our destiny has placed us, and whatever our religion, race or colour pray with one voice to "Our Father, who art in Heaven". I now invite you to pray: "Our Father, who art also on earth", give us the will, and give us peace, so that we may bring the gift of health to the whole world.

Dr ALSÉN (Sweden):

Madam President, Mr Director-General, fellow delegates, we meet in the Thirty-fourth World Health Assembly to consider a large number of items of great importance to the health and wellbeing of mankind.

The agenda before us contains inter alia items inviting us to continue our discussion concerning the strategies and structural reforms we need to implement if we are to attain health for all by the year 2000. May I say, in that particular regard, that my delegation has studied the documentation for these items on the agenda prepared by the Secretariat with great appreciation. We are especially impressed with a clear recognition of the intersectoral nature of the health system infrastructure intended to reach the population as a whole. We strongly share the view that in order to attain our objectives we shall have to mobilize all human resources, not only the health personnel. Our own experience testifies to the need for an integrated approach based on concerted political commitment at the highest level.

Madam President, I pass now to another matter of the utmost concern to us, namely the International Code of Marketing of Breast-milk Substitutes. The Swedish address last year on the same topic referred to the long-standing Swedish interest in family health, which we indeed regard as a corner-stone of primary health care. Since then, we have been extremely pleased to participate in the activities of the World Health Organization in the pursuance of the call for an international marketing code for breast-milk substitutes made by the Thirty-third World Health Assembly. While, in our view, the draft marketing code, now before this Assembly, might have been more clear and far-reaching, we realize that the present product is the result of a painstaking effort to arrive at a compromise which is reasonable and acceptable to all. My delegation therefore intends to work in favour of the unanimous acceptance of the draft code by the World Health Assembly in accordance with the recommendation by the Executive Board. We wish at the same time to underline, however, that the present text of the code can in our opinion only be regarded as a temporary lowest common denominator, a step on the way, rather than the terminus of our efforts. We welcome the proposal that the code should again be reviewed in the light of experience in two years' time, i.e. by the World Health Assembly in 1983, at which time we should be prepared to decide on the code's ultimate form and contents. Meanwhile, the implementation of the present code must be most carefully monitored. I also wish to serve notice that Sweden remains committed to further action in this field inside the broad context of mother-and-child care. We are firmly of the opinion that an international marketing code for breast-milk substitutes should first and foremost be regarded as one important part of a process by which we may gradually ameliorate the health situation of mothers and children.

I have dwelt at some length on the topic of infant feeding because, to our mind, it constitutes an issue of primary importance to this year's World Health Assembly. This does not mean of course that we would not recognize the significant role of the World Health Organization in a number of other respects. Let me mention but a few of these.

The first issue concerns the International Year of Disabled Persons. As a general rule, Sweden is one of those who tend to be sceptical about international years, believing that their very purpose of focusing the world's attention on a particular subject or category may well be lost if they are allowed to proliferate. In this particular case, however, we do recognize the need of using the tool of a special international year to bring the problems of disabled people into the forefront. We are determined to the best of our ability to make the International Year of Disabled Persons a success. We regard it especially as a strong call for reinforced action at a national level based on close cooperation between voluntary organizations and government.

Another topic of great concern to us is the need for a concerted effort to tackle the problem of alcohol abuse, which is one of urgency in both developed and developing countries.
Sweden is among the countries which have always stood firmly behind the efforts of the World Health Organization in this field. In collaboration with the other Nordic countries, we have attempted to give concrete shape to our support by making the requisite financial resources for 1981-1982 available, to enable the Organization to go ahead with its expanded programme on alcohol. We wish to underline our view, however, that the subject is sufficiently important to receive adequate resources within the regular budget of the World Health Organization. Consequently, we hope that the present Nordic commitment will, in time, result in a reinforcement of the resources available within the regular budget. I say this with full awareness of the problems which are always involved in calls for the reallocations of financial resources. May I add that alcohol abuse is a problem which demands both social and medical intervention. The search for a proper balance between the various measures would seem to be a major contribution to be made by the World Health Organization.

In 1982 the United Nations World Assembly on Aging is due to take place in Vienna. This event will hopefully put a spotlight on the situation of one of the most disadvantaged segments of society. In my own country and in a number of others the demographic projections show that a rapidly rising number of citizens over 65 years of age will result in sharply aging populations. In Sweden alone this number will reach over two million by the year 2000, which corresponds to about 25% of our total population. This clearly illustrates the need for a variety of measures, social and medical, which must be undertaken if the elderly will be able to share at all in the situation envisaged in the motto "Health for all by the year 2000". I might add that it is in the nature of things that the problems of coping with the needs of an aging population differ in their time of occurrence rather than in kind, as between countries.

Madam President, may I end by expressing our sincere appreciation to the Director-General for his very interesting and impressive report, as well as our gratitude to him and his able colleagues in the Secretariat for the excellent documentation prepared for this Assembly.

Madam President, on behalf of the Government of Sweden, I extend our warmest wishes for successful and productive deliberations at the Thirty-fourth World Health Assembly.

Mr NJIRU (Kenya):

Madam President, your excellencies, ministers, distinguished delegates, ladies and gentlemen, I would like to take this opportunity to convey to this Assembly cordial greetings from His Excellency the President of the Republic of Kenya, the Honourable Daniel Arap Moi, CGH, MP, and the people of Kenya.

Madam President, allow me to thank you very much for the very able way that you are conducting this Assembly; some men possibly thought that a lady may not be able to conduct such an Assembly in the manner in which you are doing.

Madam President, my country has been engaged in translating the concept of primary health care into an action programme. Our strategy is to cater for the health needs of the rural community which constitutes 90% of the total population. An appraisal of our rural health and family planning programme has just been completed. Discussions and negotiations on the next course of events are well advanced, aimed at improving the organization of our rural health services through increased participation, supervision and promotion of community-based health care. The rural communities will be encouraged and assisted to take more responsibility for their own basic health needs. We appreciate that community participation will only succeed if the community acts out of knowledge of what options to adopt, and their consequences in health. Health information and education is therefore being strengthened for this purpose. An important part of our community health education programme is to initiate a health education drive, particularly in primary schools. We expect to influence this group's behaviour so that they can adopt a positive attitude to health and health care.

An important milestone in my country's health delivery services is the formation of a national sanitation council, whose main objectives will be to assist the Government in the preparation and implementation of a national sanitation action programme; the formulation of a national sanitation code for observance by all Kenyans; the expansion and improvement of community-based environmental health programmes; the provision of guidance and advice to local authorities on the provision, distribution and location of sanitation services under the Public Health Act; the preparation and introduction of a curriculum input for health education in all primary schools.

My country's endeavours in the provision of health services continue to suffer from staff shortages. While it may not be possible to reduce significantly the expected shortfall of various cadres of health staff by 1983 and beyond, it is expected that the situation will
improve thereafter, especially for enrolled community nurses, due to the expansion of enrolled community nursing schools during our current five-year development plan period. In order to improve the quality of health manpower, enrolled nurses are receiving training during their basic training in diagnosis, prescription and family planning, in order to make them multi-purpose frontline workers in our rural health centres and dispensaries. In-service and refresher training for health staff working in rural health facilities, hitherto limited, is now being conducted at our six rural health training centres with deliberate emphasis on team formation for health staff, as well as training in community mobilization.

Non-availability of drugs for various reasons considerably affects the utilization of health facilities. Studies in my country have estimated that a proportion of rural health facilities remain closed on any given day because of lack of drugs. We are grateful to WHO for its cooperation and support through consultancy services in strengthening the management of drug supplies in our rural health facilities. My country has evolved an essential drugs list borrowing freely from the WHO list of essential drugs. We are concerned about the escalating cost of imported drugs, which seriously strains our foreign exchange. We appreciate WHO’s efforts in seeking ways and means of securing drugs cheaply through bulk purchasing and my Government is carefully considering this proposal. Soon we shall be introducing mandatory registration for all medicines in Kenya.

I would like to refer briefly to the prevention of disease, especially in children. Our expanded programme on immunization is now off the ground. Following the training of health personnel for the exercise, immunizations have started in some districts. Ultimately it is intended to immunize at least 60% of all children up to the age of two years against tuberculosis, measles, whooping-cough, poliomyelitis and tetanus.

Health information in Kenya has shown that 20% of all outpatients in clinics and hospitals are cases of acute respiratory infections. Likewise respiratory diseases account for a similar proportion of all admissions. Half of these are in children under five years of age. A quarter of all deaths occurring in our hospitals were due to respiratory diseases, of which over 80% were among children under five years of age. These figures show that respiratory infections are a major public health problem and result in high mortality in infancy and early childhood. It is against this background that Kenya recently decided to develop a programme for the diagnosis and management of acute respiratory infections. A committee of national experts assisted by WHO consultants has been working on this programme, which is expected ultimately to improve the management of acute respiratory infections, particularly at primary health care level.

Diarrhoeal diseases are still one of the most common causes of morbidity in my country, and are responsible for a large number of deaths in children. Cholera reached Kenya in 1971 during its seventh pandemic, and has since been reported on and off in the form of localized outbreaks. A major outbreak affecting several districts occurred last year, and currently the disease is affecting three districts. Steps have already been taken to formulate a diarrhoeal diseases control programme, and we are grateful to WHO for making available consultants to assist our national experts in the formulation of the programme.

Kenya’s interest in water supply is well-known. In 1974 Kenya became one of the few countries to set up a Ministry of Water Development. We are involved in activities for the International Drinking Water Supply and Sanitation Decade. A national action committee has been established to serve as the focal point for the activities and to accelerate the provision of water in the country during the Decade. Our major task and aim is to plan and implement water and sanitation schemes and integrate these with other health and development programmes.

I take this opportunity to express our appreciation for the coordinating and supporting efforts being made by WHO in the field of biomedical research, particularly in the area of strengthening of national research capabilities through research training and institution strengthening. Research activities in Kenya are being undertaken with close collaboration, cooperation and support from WHO and other bilateral agencies. The role so far played by the WHO global and regional advisory committees on medical research is commendable. And I would like to take this opportunity to thank the Director-General, as well as our Regional Director, Dr Quenum. May I ask the WHO Director-General to convey our great appreciation to the governments and organizations which have made voluntary contributions for WHO-sponsored research. It is our hope that these collaborative efforts and support will continue and increase.

Finally, Madam President, I am pleased to say that my Government is very much interested in the subject of the rehabilitation and integration of the disabled in the society. Toward this end, initiated, guided and encouraged by His Excellency the President of the Republic of Kenya, the Honourable Daniel Arap Moi, CGH, MP, we have embarked on projects aimed at improving the quality of life of the disabled in Kenya. Kenyans of all walks of life have generously
contributed financially and otherwise towards this noble cause in recognition of the International Year of Disabled Persons.

Madam President, I would like to take this opportunity to wish this Assembly fruitful deliberations. And last, but not least, my delegation would like very much to thank Mrs Indira Gandhi, the Prime Minister of India, for her very, very moving address to the World Health Assembly this morning; this is an historic occasion for the Assembly.

Mr BOUSSOUKOU-BOUMBA (Congo) (translation from the French):

Madam President, elected officers of the Thirty-fourth World Health Assembly, Mr Director-General of the World Health Organization, distinguished delegates, ladies, gentlemen, the progressive and permanent application of the resolutions of Alma-Ata in favour of health for all by the year 2000 is one of the tasks facing humanity, the States and all organized groups.

Knowledge of the causes of inequality and other social anomalies and the conviction that nonmedical factors play an important role in raising the level of health of the people can be attributed to our Organization. It is thanks to our Organization that there is better understanding of the right to health for all, in spite of the gross inequalities in all domains between North and South and the appalling spectacle of cruel wars promoted by selfish interests, all this to the detriment of the poor the world over and always to the detriment of the South. The general increase in awareness of health problems and of the right to health, however, gives us some hope. The struggle for health is today one of the factors that determine State policies and international relations, and this trend will be accentuated in the future.

Madam President, we wish to tell Dr Mahler, Director-General of WHO, how much we appreciate his endeavours for the health of mankind and his tireless drive to find solutions. He who fights for the complete wellbeing of mankind and for the harmonious development of the peoples is a partisan of progress and peace. The same faith is shared by our regional offices, particularly the Regional Office for Africa south of the Sahara, in whose area all the factors that could throw doubt on the possibility of attaining health for all by the year 2000 are unfortunately represented.

The primary health care strategy, by developing techniques appropriate to each stage of development in groups or States, enables us to discard such pessimism on an objective basis. The main thing is that each group and each State, while relying on its own resources, can benefit routinely from the assistance of other States and count on technical cooperation among developing countries.

In my country, the Congo, our current concern with this problem was initiated by the resolutions passed by the Second Congress of the Congolése Workers' Party in 1974 and confirmed by the Third Extraordinary Congress in March 1979, that is:

(1) In the technical field:
- priority for preventive medicine which must be stimulated by effective measures to control endemic and epidemic diseases;
- development of integrated activities in preventive and curative medicine;
- improvement of conditions for hospital patients;
- provision of drugs, dressings and various other materials and minor technical equipment to hospitals, medical centres, clinics and dispensaries;
- promotion of maternal and child health;
- improvement of sanitation and environmental health;
- a national drug policy ensuring proper State control over the pharmaceutical sector and the establishment of pharmacies in the interior of the country.

(2) To ensure proper performance of the tasks of health teams:
- posting of senior staff of all categories as members of health teams in the interior of the country, to avoid the obvious disparities between towns and rural areas;
- training or further training of senior staff and specialists at both medical and para-medical levels, retraining of personnel and, where necessary, continuous education.

Madam President, the national strategy for primary health care in the Congo was worked out in 1979 in a draft plan discussed with the ad hoc services, in particular the organizers of the pilot health centres of Kinkala and Owando. In June 1980 a workshop-seminar on primary health care held in the capital brought together all the medical inspectors of the health regions and some of their colleagues from the health and social services. The seminar aroused keen interest among the participants.

Problems concerning hygiene and sanitation, safe water supplies on the urban periphery and in rural areas, the gathering of health information for establishment of reliable statistics, improvements in the management of the basic health services and the country's health in general...
were all dealt with in turn during the days of discussion organized in 1980 for senior staff of the health and social services. The resulting recommendations and further resolutions are already being applied.

To complete this surge of activity, the Party and the State, led by the Chairman of the Central Committee, Comrade Denis Sassou-Nguesso, allocated substantial funds to health under the 1981 budget, following the commendable efforts made in 1980. The amount allocated was 5000 million CFA francs, or over 10% of the investment budget. This will enable the health sector to emerge from the extremely difficult and unsatisfactory situation in which it has been floundering up to the present. The operation just launched has been given a significant name: "strike a blow for health".

The sum set aside for health, which is a large one in terms of our resources, is in fact only a drop in the ocean when compared with the immensity of our needs. But we wish to stress here the political will that made this allocation possible, and the clearly expressed determination to pursue the effort to raise gradually the level of health of our people.

We recognize the fact that the battle for health cannot be fought by one department alone. Other fields of activity must also be involved. I am thinking of the various health and social services and of the effective and welcome support of the ministries of national education, agriculture, public works and the environment, and the active participation of all sections of society already associated with the established programmes. It is in this context that we have worked out a general outline for overall development of the national territory and made tentative plans for sectoral programmes at the level of the administrative regions. When in operation these will together form a coherent whole within the framework of the 1982-1986 five-year plan.

In addition to this effort on our part, we feel that the support of more developed countries and closer cooperation among developing countries is essential. The support of developed countries is vital because of the material, financial and human resources at their disposal on the one hand, and because of their long and rich experience in various aspects of health on the other. Such support must be freely given, however, in the form of an appropriate programme tailored to meet our needs.

Technical cooperation among developing countries is necessary to increase our confidence and ensure the success of activities in the field of endemic and epidemic disease control. The countries of Central Africa have understood this and decided not only to exchange information concerning the many communicable diseases in our region but also to seek ways and means of undertaking common activities at our borders.

Thus I conclude this brief account of the principal resources now available to us or which are essential if we are to attain the social objective of health for all by the year 2000.

Madam President, distinguished delegates, ladies, gentlemen, together with all the representatives of Member States who have placed their trust in you, I should like to express warmest congratulations on your election to preside over this year's Assembly and the hope that you will direct the proceedings of our Organization effectively and with success. I also congratulate the other elected officers who, I am certain, will do their utmost to offer us help as needed in our task. May this decisive year produce a stronger commitment to continue and intensify efforts to provide health for all by the year 2000, particularly for the most deprived populations.

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

Madam President, Mr Director-General, distinguished delegates, the delegation of the German Democratic Republic sincerely feels bound to congratulate all those who have won our confidence in their ability to direct the proceedings of this Assembly. We add to these congratulations our profound gratitude to the Director-General for the work done over the past year.

In choosing the theme "Health for all by the year 2000" for World Health Day this year we were acting upon a decision taken by the Thirtieth World Health Assembly. It was a reasonable and necessary decision, for this Assembly must now launch intense activity with regard to the Global Strategy and the contribution of health to economic development and peace by giving effect to resolution 34/58 adopted by the United Nations General Assembly and to resolution WHA32.24, which represents one of the central concerns of our work in the future.

1 The following is the full text of the speech delivered by Professor Mecklinger in shortened form.
During our deliberations we must bear in mind that our Organization - through this year's World Health Day - has aroused hopes in hundreds of millions of people: in millions of human beings in developing countries and also in the great majority of capitalist industrialized countries, where large groups are still deprived of the basic right to assured primary health care. The hopes aroused are not vain for, as the Alma-Ata Conference finally proved, our objective is a realistic one. Success will be possible, however, only if a systematic global approach is adopted through a synthesis of social and economic conditions favouring human welfare, of provision of health protection seen as a task of society as a whole and of the active participation of the population itself. Everyone can be sure that this synthesis is already a social reality in socialist countries and determines the practical aspects of health policy.

The objective of health for all by the year 2000 obviously confronts us with new tasks that have evolved and with the raised expectations of the 1980s. The objective provides a positive response to a great question of the future. Our Organization is not bogged down in idealistic concepts, as claimed in some circles. Relying on the knowledge and experience gained and the results obtained in favour of the peoples' health since the creation of WHO, the delegation of the German Democratic Republic feels that this year it is urgent and unavoidable to open a discussion, with more determination and greater frankness, on the objective relationship between peace and health and between the actual social and economic situation of any given country and the state of health of its population.

Is it not the race towards confrontation and excessive armament chosen by the aggressive quarters of imperialism that causes our anxiety? This has aggravated the international situation lately, and the chances of solving global health and social problems are becoming more remote. WHO must not remain silent on this matter. We cannot overlook the fact that to live in good health - which is a basic need of mankind - and to enjoy comprehensive health protection, always an ardent desire of most inhabitants of our planet, has been impossible for many decades. It is all the more important, as we have said many times, to replace desire and hope with action in favour of life and health. This demands that our Organization bring all its political and moral authority to bear in order to safeguard peace, to support the sincere and feasible peace initiatives formulated a few weeks ago by the Twenty-sixth Congress of the Communist Party of the Soviet Union and supported by party congresses in other socialist countries, for the worldwide struggle against the arms race and for global disarmament.

No one who professes to see the correlation between peace and health can ignore or refuse the proposals made by the Soviet Union and other socialist countries, for example calling for an immediate moratorium on the deployment of new medium-range missiles in the North Atlantic Treaty Organization countries and the USSR. A positive attitude must be shown with regard to the proposal to set up a competent international committee which would show how essential it is to life to avoid nuclear war, so that Governments and States be made aware of the effects of such a catastrophe and take action to promote peace.

Distinguished delegates, allow me to make myself clear. Anyone who has taken part in the development of medicine over recent decades - and I believe that many delegates present can say that they have - will agree that the establishment of this precondition for a happy and healthy life must become a top priority in all the efforts made by the World Health Organization in the context of the year 2000. For everything that States, peoples, men themselves and medicine and medical institutions in particular can do for health, and all the new knowledge and experience gained by medicine in the immediate and more distant future, can be a lasting success in the service of the life and health of our peoples only if peace is assured. This is why the objective of health for all implies not only an appeal to the social conscience of politicians and physicians, but also - and primarily - an invitation to social action.

Many representatives of our Organization and health policy-makers in a number of countries have been able to observe that the German Democratic Republic has come a long way in recent years, and has succeeded in providing primary health care for its population. We shall not, however, rest on our laurels. Indeed we cannot, for it is well known that the people's needs in terms of high-quality medical care have not reached a plateau; on the contrary, their dynamism and growth constantly create new demands with regard to the quality and effectiveness of health care. In conditions of true socialism, primary health care in the German Democratic Republic has become a responsibility of society as a whole and is provided by all State bodies. The integration of health work in the implementation of a socialist policy for the good and happiness of the people was reaffirmed a few weeks ago at the Tenth Congress of the Socialist Unity Party.
The delegation of the German Democratic Republic wishes to state its opinion on the important question of working out a system of indicators for the monitoring and evaluation of the progress made towards the objective of health for all. It is obviously necessary and in accordance with the task defined by the Alma-Ata Conference that a wide range of indicators be presented for use by Member States.

In our opinion, the proposal made contains carefully thought-out political, social, economic and medical aspects and points of reference. We nevertheless feel that the system should have a firmer scientific and theoretical basis and should comprise indicators that take into account primarily social and health matters, if we wish to avoid making the strategic objective a general idealistic slogan from the political point of view, and one which would appear moreover to be largely directed towards a certain group of countries.

Here the delegation of the German Democratic Republic would like to express its pleasure at seeing that a number of young, newly independent countries have achieved in the space of only a few years remarkable and promising results on the long road leading to the provision of primary health care. We record with satisfaction the disinterested aid offered to these countries by the German Democratic Republic, always guided by the principle of international solidarity.

We join the many delegations which see the system of indicators as a framework for formulation that will enable both Member States and the WHO regions to prepare and apply evaluation criteria relevant to themselves derived from the basic guidelines but adapted to their own conditions and needs.

In the foreground, obviously, will be the preparation and application of criteria that make it possible to measure improvements in the state of health and the impact of various types of medical and health care. These criteria should also bring out the correlation between socioeconomic conditions and improvements in the state of health of the population. As we know, the state of health of peoples and the complex of activities and possibilities influencing that state vary widely.

In regard to the system of indicators, the delegation of the German Democratic Republic, on the basis of its own experiences, wishes to draw the Assembly's attention to some wide-ranging preconditions for implementation of the Global Strategy during the period up to the year 2000.

(1) Even if - as was the case in our country when the building process began - most of the resources available for health are committed for a certain period to an abundance of problems that appear almost insurmountable, both in the treatment of disease and in the direct struggle against premature death, it is recommended that logical measures be studied and applied, year by year, on the basis of rational decisions, to extend preventive services in the health and allied sectors, enlisting all available potential in the country.

(2) In full awareness of the world situation, no one can overlook the fact that the activities undertaken to improve the health of a population depend to a decisive extent on the attitude of the State towards its responsibility of preserving, promoting and restoring health and physical capacity. Our own experiences confirm and highlight this sustaining, organizing and coordinating role of the State and its responsibility in carrying out a range of activities designed to strengthen health protection.

(3) Each country must identify the obstacles to universally accessible health care. It must be determined whether they are directly related to the existing potential for health protection or whether they are apparently conditioned by the socioeconomic order which is not geared to the population's basic living needs. In our opinion, proper use of appropriate indicators could elucidate the actual situation.

(4) It is useful to fix for a given period the order of priorities for planned activities designed to improve health conditions. In the management and planning of processes of change it is advisable to take into account not only full utilization of means available to the State but also considerable population participation. Our experience has shown that it can be difficult to establish priorities in the face of a large number of problems. But it must be done, however difficult this may be.

(5) It is important to examine how far the unity between theory and practice and the application of scientific knowledge and technology are ensured at various stages of the continuous development of health protection, above all for the provision of primary health care. It is a mistake to think that medical science and research are necessary only at the so-called higher levels of health activities, i.e. specialized and subspecialized health care. We feel that it is particularly important at the present time to direct medical research work more towards the needs of primary health care extensively provided for by qualified staff. Here a vast field of positive initiatives is open to our Organization.
(6) Finally, our 35 years of experience have shown that the rate, evolution and volume of progress in the provision of primary health care depend largely on the extent to which one succeeds in securing, step by step, the participation of all the population - children, young people, adults, even the elderly - in the achievement of our strategic objective. In social conditions such as ours, we have been able in recent years to create wide opportunities for more active participation by other sectors and popular organizations. This is an inexhaustible potential formed by social forces and society's self-reliance which the socialist State will always draw on in all its efforts to implement its health policy.

Rudolf Virchow, the eminent German physician and humanist, noted about 150 years ago that "medicine has led us imperceptibly into the social domain and has made us capable of dealing ourselves with the great questions of our time". No one here present should avoid this responsibility.

In conclusion, allow me to mention this responsibility once again. To guarantee peace, protect life from thermonuclear disaster, pursue and strengthen the process of détente, halt armament and begin disarmament; these are the most important conditions for the durable success of any activity undertaken in favour of the health of the peoples.

At present we are witnessing action taken by men of science, physicians and other health workers of all countries, in a spirit of continuity and with unprecedented intensity, against the hysteria of war and armament perpetuated by the influential partisans of militarism, hegemony and racialism.

The World Health Organization has a duty to encourage and support progressive forces with greater authority by its words and actions. We believe that the Organization could do much more to mobilize other forces which, through their efforts to safeguard peace, are becoming pioneers in the implementation of a world health policy within the meaning of our Global Strategy.

Madam President, ladies and gentlemen, may I assure you, on behalf of my delegation, that the German Democratic Republic will always be with those who meet and unite with a view to achieving the objective of "health for all by the year 2000" in a peaceful future, and who are involved in the tireless struggle to safeguard peace. The German Democratic Republic is ready to give the many young, liberated States the benefit of the experience it has gained while implementing its health policy, without ulterior motive; and we are also ready to learn from the experience of others. In this spirit of peaceful and constructive cooperation the German Democratic Republic will always be aware of its duty as a Member of WHO.

Dr KARIM (Bangladesh):

Madam President, Mr Director-General, excellencies, distinguished delegates, ladies and gentlemen - Salaam alaiyum! May I have the privilege of congratulating you, Madam President, on your election to this high office and at the same time congratulate the Vice-Presidents and the Chairmen of the Committees for their election to their respective offices. I am confident that under your able leadership and guidance the work of the present Assembly will proceed smoothly and efficiently. We express our sincere thanks to the outgoing President for his selfless and devoted service for the last year. My delegation joins with others to congratulate the Director-General sincerely for his excellent performance. His Secretariat equally deserves every credit for it.

WHO's declaration of "Health for all by the year 2000" has changed the health programme of many countries, including Bangladesh - a change for the betterment of mankind. Keeping the broad objective in view, my Government has already formed a national council for health for all by the year 2000 with multisectoral representation and formulation of national health strategies, the implementation of which will be done phase by phase well ahead of the end of this century. Extension of primary health care facilities to the people has been accepted as the key approach to the achievement of health for all; thus the Alma-Ata Declaration of 1978 remains as a source of inspiration and guidance for us.

We believe no ambitious programme can be implemented without political commitment and community participation. Regarding the former, our President has launched a special programme to double food production, to remove illiteracy and to control population explosion. As regards the latter, he has formed the gram sarker (village government). Out of 68 000 villages, 55 000 gram sarkers have already been formed. They have been entrusted with the health and family planning work in their respective villages. This step will change the attitude and psychology of our people without fail.

Health and family planning activities have been integrated at the thana level and below with a view to delivering a package service on primary health care and family planning.
Major health programmes such as safe water supply, prevention and care in diarrhoeal diseases, malaria, tuberculosis, diphtheria, measles and helminthiasis have been included in primary health care in addition to the health education and immunization programme. Unlike many advanced countries helminthiasis is a very great problem in Bangladesh. International cooperation and assistance are essential in this regard.

Since special emphasis has been given to providing essential medical facilities to the rural people, we are putting five qualified doctors in each of the thana health complexes in the rural areas along with a number of paramedics. Up till now 290 rural thana health complexes are functioning. A network of 4500 family welfare centres will be constructed in the villages at the union level. Each of these family welfare centres will have health workers headed by a medical assistant (a mid-level medical personnel).

For each and every village we will have at least one palli chikitshwak (village doctor equivalent to the bare-foot doctors of the People's Republic of China). By now 10 000 of them are working in their respective villages.

Ten thousand nurses, including junior nurses, will be trained during the current five-year plan to meet the immediate demand of the country. To train the large number of nurses, technicians and village doctors, teaching aids will be of great help to us, and international cooperation will be welcome in this regard.

In our national strategies of achieving health for all by the year 2000, we have envisaged the production of 31 essential drugs on a priority basis. By these few drugs 80% of the common diseases of our country can be treated easily. Measures are being taken to make these drugs available to the people at a cheaper rate. In this respect we will seek the cooperation of the developed countries for the supply of pharmaceutical raw materials on a nonprofit basis, production machinery at a reasonably low price, and finished drugs on a nominal profit basis.

Madam President, you will be glad to know that the National Antituberculosis Association of Bangladesh (NATAB) is playing a vital role in the field of prevention and control of tuberculosis in our country. By the end of 1982, the entire population under the age of 15 years will be covered by BCG vaccination. So far 80% of the yearly target has been reached with success.

Like the total eradication of smallpox from this planet, the creation of an international health funding group and declaration of health for all are no doubt revolutionary steps taken in the history of mankind. WHO deserves every credit for this. I suppose the Member countries too are proud of these activities, as Bangladesh is.

May I, at this point, bring to the kind notice of this Assembly the cases of tuberculosis, malaria, cholera and other diarrhoeal diseases which are responsible for the high mortality and morbidity in today's world, to give immediate attention to these problems. We are told about the technical problems in the field of vector resistance to insaacticides in respect of malaria, drug resistance of parasites, and other ecological problems, but whatever be the difficulties, it is high time to take appropriate measures through the World Health Organization for the early solution of this problem. May we suggest concerted international efforts for the effective control of these diseases.

Two years back Professor A. Q. M. Badrudduza Choudhury, the then Deputy Prime Minister in charge of the Ministry of Health and Population Control, pleaded with all emphasis before this Assembly the need for evolving a new international health order, and I seize this opportunity to re-emphasize the same for the greater interest of the underdeveloped countries, the health problems of which, if not addressed properly, will make the meaning of health for all a misnomer. To make it worth its name, adequate funds need to be allocated by WHO without losing any time.

We express our solidarity with WHO's declaration of 1981 as the year of the disabled. In consonance with this declaration, a rehabilitation institute for disabled persons has been set up and establishment of physiotherapy departments in medical colleges has been undertaken. Mr Ziaur Rahman, our Honourable President, formally inaugurated the Rehabilitation Institute for the Handicapped and Disabled on the very first day of 1981, and this indicates how much importance we attach to the programme of WHO. We are proud to announce that along with this Institute - one of the biggest institutes of its kind in South-East Asia - we are going to open a school of physiotherapy and occupational therapy together with a school of reconstructive surgery. In addition, a preliminary survey of the disabled has revealed the presence of nearly 7 million disabled persons of various types and ages in the country. You will be pleased to know, Madam President, that we are going to participate in the ensuing paraolympics for the disabled in the month of September 1981.
I have tried to outline, in brief, the policy followed by my Government regarding our health problems. But WHO is to look after the health problems of the whole world - especially of the underdeveloped countries, including the occupied Arab territories, where the oppressed Arabs have been deprived of their fundamental rights, not to speak of their health rights. What I can add here is that our problems are gigantic but we are determined to face the challenge with courage and fortitude.

In fine, Madam President, may I on behalf of my delegation and on my own behalf wish this Assembly every success. Let me also wish all success for the Member countries in achieving the goal of "Health for all by the year 2000".

Mr JALLOW (Gambia):

Madam President, Vice-Presidents, distinguished delegates, Mr Director-General, ladies and gentlemen, as I stated in my address to this distinguished gathering last year, my country has embarked on the implementation of the Primary Health Care Action Plan. I shall attempt to give a summary of what has been achieved over the last year.

Phase I operations cover the Lower River Division of the Gambia; there are altogether five divisions in the whole country. Nineteen village development committees have been set up following a series of "sensitization" meetings with members of the primary health care team. These committees form the grassroots component of a network which, through intermediate divisional development committees, interact in a dynamic manner with a central-level primary health care coordinating committee. The latter is made up of appropriate ministries and departments, and its main function is to find solutions to the recurring problems of integration and coordination - that is, the multisectoral approach to health development.

The village development committees are responsible for selecting from among their own people suitable candidates for appropriate training as village health workers and traditional birth attendants. This has been the major activity of the primary health care team over the last year, involving forty trainees. The first part of the training programme, spread over four weeks, was taken up with orientation and functional literacy courses, using suitable audiovisual techniques. This preliminary training was followed by a six-week training course based on a curriculum developed in the Gambia to address health problems specific to the country. The village health workers are all middle-aged, illiterate, well-motivated and responsible males, and the traditional birth attendants are all elderly, illiterate, female, practising birth attendants.

A Gambian medical officer, assisted by a medical doctor from the German Agency for Technical Cooperation, has direct responsibility for the phase I operations. In his team he has a regional health inspector and a post for a public health nurse, yet to be filled. With the help of the German Agency for Technical Cooperation we have been able to make ad hoc arrangements for office space, drug storage and housing at the regional centre.

I shall now deal very briefly with some of the key programme areas that are being covered by our Primary Health Care Action Plan.

Expanded Programme on immunization: A joint Government/WHO/USAID team undertook in October last year a detailed evaluation of the coverage that had been achieved by the expanded programme on immunization team throughout the country, and the Government was most gratified to learn that the figure was as high as 85%. Of course this initial effort was through a mass immunization campaign, and the monitoring-up operations that will follow from now on will be undertaken by both mobile and static teams, owing to the fact that our expanded programme on immunization has now been fully integrated into the maternal and child health care programme.

Malaria: In collaboration with the Medical Research Council a survey of the problems associated with mass chemoprophylaxis for malaria control is now in the planning stage. The baseline data for this extensive study will be collected during 1982 in the North Bank Division, which has been chosen as the location for phase II of the Primary Health Care Action Plan.

Diarrhoeal diseases control: As a result of a sensitization visit undertaken by members of the WHO Secretariat, a working group has been set up for the production of a manual for health workers and the establishment of a national diarrhoeal diseases control policy.

Nutrition: With a view to reducing the incidence of all forms of malnutrition and promoting better nutrition of all individuals, with emphasis on children and women of childbearing age, weekly radio programmes in the main local languages have been instituted; suitable audiovisual equipment for health education has been provided by UNICEF, and a survey to determine the magnitude of the problem is to be undertaken, using the "road to health chart".

The progress made in the implementation of the Primary Health Care Action Plan has been satisfactory but slower than anticipated, mainly due to the fact that it has not been possible
to draw on donor funds as and when required. In my address to the Thirty-third World Health Assembly last year I launched an appeal to the international community for financial and material help to the tune of 3.5 million dollars over a five-year period, representing one dollar per head of population per year. In this connexion, I wish publicly to express the gratitude of my Government to the Director-General of WHO and to the Regional Director for Africa for the efforts they have so far made in helping us to obtain the much-needed resources. But we are still a long way from reaching the target, and I wish to take this opportunity, once again, to say to all donor agencies that they are welcome to come and see for themselves what is going on in the Gambia and, if they are convinced by the efforts we are making, to add their contribution to the gigantic task of tackling the consequences of man's inhumanity to man.

Dr. JOGEZAI (Pakistan):

Bismillah al-rahman al-rahim: Madam President, Director-General, distinguished delegates, ladies and gentlemen. Before I dwell upon the reports of the Director-General and the Executive Board, I take this opportunity to congratulate you, Madam President, on behalf of my delegation and myself, on your unanimous election to this high office. I am confident that under your able leadership and guidance the Assembly will be able to discharge its responsibilities in making decisions on which will depend the health of the people of the world and the achievement of our goals. I would also wish to congratulate simultaneously the Vice-Presidents on their election and hope that with their long experience in the health field they will be able to provide useful assistance in the furtherance of the objectives of this august body.

Now coming to the Director-General's report for the year 1980, I must say that he has presented a very comprehensive report describing a lot of new approaches towards attaining the goal of health for all by the year 2000. It seems that all the countries of the world have been very busy all along during the year under report formulating national strategies to achieve the target. It is very gratifying to note the steps which have been taken in different regions in formulating strategies based on requirements. My delegation has particularly noted with interest and appreciation the steps taken by the Director-General in establishing the Health Resources Group for Primary Health Care for attracting and coordinating the increased volume of bilateral and multilateral aid for health purposes, which will be used chiefly in the developing countries. We will be eager to know further details in regard to the quantum of aid received or expected to be received and the programme areas where it is likely to be applied. Primary health care seems to have now gained the universal acceptance as a means to achieving the health goal decided upon by this Assembly four years ago. Each country, and I speak especially of the developing countries, is now examining its health system to fill the existing gaps in the provision of health care facilities to its people.

The overall picture is a widely varying one. Some countries are planning for environmental improvement. Others are thinking of devising a better mechanism for inter-sectional linkage. There is emphasis on formulating research programmes on appropriate technologies and the development of health manpower resources. In the case of my own country, the provision of basic health services for the entire population was conceived before the World Health Assembly's decision on "Health for all by the year 2000", and a scheme was launched with the generous assistance of USAID, which may eventually cover the entire population with integrated preventive and curative services. A four-tier system of health institutions is envisaged. The rural health centre catering for about one million population will act as a focal point for providing health services to the rural areas and will provide a systematic link between the village community and the superstructure of the health delivery system. This will connect the villagers through basic health units and community health workers, and by referrals to hospitals - taluka, district and teaching hospitals. To suit the requirements of the health institutions, a three-tier system of health manpower consisting of doctors, auxiliary staff and community health workers is being developed. The doctor will have the pivotal role as he will act as the team leader.

During the last year workshops have been arranged with the assistance of WHO/UNICEF to sort out management problems and the requirements of the training programme. Community participation will be induced through health education programmes for which WHO is providing the necessary technical help. Other bilateral agencies and institutions have helped in designing the curriculum for the auxiliaries who will man the basic health units in rural areas and it may be worth mentioning that the curriculum has gained acceptance as a model to be applied elsewhere.
My delegation has been particularly pleased to note that research coordinating centres are increasing in the developing countries, and my own country has had the privilege of having one in our National Institute of Health, which is a WHO Collaborating Centre for Research on Tropical Diseases, which include malaria and leprosy. I am grateful to the Regional Director, Dr Taba, who has been very kind to select Pakistan for a regional training centre in Lahore on the control of diarrhoeal diseases in children. I need hardly add that diarrhoeal diseases in children contribute to a large number of deaths in children, not only in my own country.

My delegation has also noted with great satisfaction the concern which WHO and UNICEF jointly nourish for finding out the constraints and obstacles in the implementation of the primary health care programme in developing countries, and the remedies thereof. I hope that the study being undertaken by them will be completed soon and the results of the study disseminated to all who are interested in that programme. From the experience of my own country’s programme I can only stress that among factors contributing to success are the spirit of teamwork, incentives for workers, and trained managerial manpower, besides adequate funds. Lack of these contributory factors may be among the main constraints in most of the developing countries. The low literacy rate in such countries further adds to the problems, due to which community participation, an important requirement, is not being secured to the extent essential for success. I compliment the organizers for the choice of subject for the Technical Discussions this year - "Health system support for primary health care" - which will, I hope, go a long way in highlighting some of the ways to tackle some of the problems being faced in the implementation of the programme.

In the end, on behalf of my delegation I would like to commend the report of the Director-General for the year 1980 and congratulate Dr Mahler for this; I hope that the Organization will strive further during the coming years to ensure even greater cooperation with the Member countries. In doing so, I need hardly add that a greater degree of flexibility in its approach towards country needs is required because time-old systems are difficult to change and mechanisms need to be evolved for a particular programme within the existing systems.

In so far as the Executive Board’s report is concerned, I would like to say that the new procedure of sending briefs to Member countries before the Assembly session is a useful one. My delegation feels grateful to a member of the Board, Professor Ihsan Doğramaci of Turkey, for proposing the establishment of a Child Health Foundation, which was approved by the Board. This indeed has enhanced further the distinguished services rendered by him in the promotion of child health. In preparing the proposed programme and budget for the years 1982-1983, I am gratified to find from the report that special consideration has been given to the requirements of the newly emerging States and to the health conditions of countries involved in the liberation struggle in Africa. This is an indication of the humane spirit with which this Organization is surcharged.

Finally, on behalf of the Government of Pakistan and my country’s delegation, I would wish to draw the attention of the Organization to the Afghan refugees, whose number exceeds two million, who have been driven out and have taken shelter in my country. Half of them are women and children, whose health needs cannot be met by my country’s own resources alone. The Assembly’s resolution for "Health for all by the year 2000" and the Alma-Ata Declaration would have no real purpose if such situations continue to arise in the globe we inhabit.

The PRESIDENT:

I thank the delegate of Pakistan. Before I give the floor to the delegate of Poland, I will first call on Dr Lambo.

The DEPUTY DIRECTOR-GENERAL:

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.

Dr SZEFAŁOWSKI (Poland) (interpretation from the Polish):

Madam President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of the Polish delegation, I wish to congratulate you, Madam President, and the Vice-Presidents on having been elected to such honourable offices at the Assembly. I would like to wish them every success in fulfilling their difficult and important tasks.

1 In accordance with Rule 89 of the Rules of Procedure.
We have studied with attention the report of the Director-General and I take this opportunity to stress its clear and comprehensive presentation of the Organization's activity during the past year. The facts presented in the report indicate that priorities determined by resolutions of the previous World Health Assemblies are well embodied in the activities of the Organization's Secretariat, which paid due attention to the specific needs of the individual regions and countries. The delegation of Poland appreciates very much the activities undertaken and promoted by the Organization in 1980.

I wish to congratulate the Executive Board, the Director-General and the Secretariat on their excellent work during the period under report.

Leaving the presentation of our points of view in respect of specific technical aspects of the Organization's activities for the deliberations of Committees A and B, I wish to concentrate only on the most ambitious and long-term goal faced now by the Organization, namely the attainment of "health for all by the year 2000".

Looking now almost three years back to the birth of the Alma-Ata Declaration, one should admit that it was a turning point in the work of the World Health Organization and its Member countries, especially in regard to the practical fulfilment of the right to health and appropriate health care of all the world's citizens. Today my delegation is pleased to state that these tasks and objectives begin to turn into reality to a still greater extent. This is proved by the goals of the Global Strategy for health for all by the year 2000 as well as by the Seventh General Programme of Work for the years 1984-1989, which are to be discussed and brought to a conclusion during the present Assembly. The Polish delegation fully appreciates the great personal involvement of Dr Mahler himself and the valuable contribution of his co-workers within the Organization and all those who help in national and international agencies.

The world, in which four-fifths of the population has no access to continuous health care, feels the necessity of common action towards health promotion involving all available means and rational methods. It is an issue of great importance and urgency and at the same time it is a very difficult one. There is not only the question of increasing the number of adequate and properly trained personnel and of public health infrastructures, but also of assuring a proper distribution of means and of cooperation of the population. Equally, and maybe of a greater significance, is the involvement of governments of Member countries in taking reasonable decisions, giving health problems high political and social standing. The need for political decisions pertaining to health care refers to both the developed and developing countries; however, their health problems as well as human and material resources differ.

In my country, despite the existing difficulties, the new governmental programme still recognizes health, and especially primary health care, as one of the three most important social and economic priorities of the State. This is reflected in an increase of the national health budget for 1981 by 30% in comparison with the previous year.

It is quite obvious that the governmental decisions granting formal priority to health care of the population will remain mere declarations only, if the public health administration does not follow them with an effort to provide a functional and rational infrastructure. Today the question arises whether the systems we grew up with and are used to are able to transform a noble idea - "health for all" - into reality. I will not be the only one to express the opinion that there are health care systems requiring review and amendment, and sometimes even far-reaching reorientation.

As is well known, men, their motivation and knowledge, their education and organizational skill determine health care efficiency. Changes that have to be introduced in the nearest future will require, in addition to training of new health service workers, a reorientation and upgrading of knowledge among the existing manpower, namely by continuing education and practical improvement in the wide meaning of these terms. That should cover not only university graduates but literally all health service workers, regardless of their function and rank, including those involved in health education, environmental protection, food hygiene, rehabilitation and readaptation.

In Poland, a system of continuing postgraduate medical education, both theoretical and practical, has been operating successfully for 30 years. During those years the methodology, organization and teaching methods have been worked out and therefore we have gained considerable experience in this field. We believe that sharing that experience with other countries could be our contribution to the global implementation of "health for all by the year 2000". We can offer seminars and training courses on the methodology and organization of postgraduate education of various categories of health service staff at a time and in such a manner as to be suitable for the Organization. The same refers to the functioning
and organization of specialist supervision. In this regard we are also ready to offer long-term training, depending on the needs of Member countries and WHO programmes. In our country the national health service includes a continuously developed system of primary health care with a comprehensive structure of supporting and referral services. Therefore our experience may be used by countries organizing integrated health systems based on the idea of primary health care.

Although the Organization has devoted a lot of attention to questions of organization and administration of public health as well as education of public health officers for various administration levels, it seems indispensable to expand and intensify activities in this regard. As the recent studies of the Executive Board have revealed, the role of the Organization is of special significance in this respect, in view of the extensive opportunity of using the results of research and international experience in the direct technical cooperation between individual countries. The delegation of Poland suggests granting the problems of administration and organization of health services higher priority than hitherto in the practical, research and training activities of the Organization.

The goal of "health for all by the year 2000", as well as the idea of primary health care comprised in the Declaration of Alma-Ata as a basic condition for achieving that goal, developed in a slightly different political climate in the world. Several years ago we were more optimistic as to the development of cooperation in that field, and hopeful that cooperation would dominate in the international situation. The latest political events show that tendencies towards escalation of armaments and departure from the spirit of cooperation prevail. This is an alarming symptom. We know, after all, that attainment of "health for all" is possible only in conditions of peace and détente. We are aware that we, as the World Health Organization, are vitally interested in lessening the tension in this world. That would permit us to increase the allocations for health at the cost of expenditures for armaments. That would create opportunities for the Organization and Member countries for the fulfilment of global humanitarian goals, since the universal right to health can be implemented only when the right to live in peace is fully respected by everyone.

WHO has always, during the whole period of its existence, promoted the idea of international cooperation. I do believe that during the present Assembly the spirit of cooperation will prevail as usual. Let us try to look for all points of mutual understanding even if our views differ. Let us continue to enhance the authority of our Organization, making it an important tool of understanding and cooperation among all nations.

Mr NAIDOO (Trinidad and Tobago):

Madam President, distinguished delegates, ladies and gentlemen, my Minister of Health, the Honourable Kamaluddin Mohammed, sends through you his personal greetings to the Thirty-fourth World Health Assembly. He regrets his inability to attend this year and has requested me to assure the Director-General of his continued support of the objectives of the Organization.

I feel sure, Madam President, that you and this august Assembly will permit me to make mention of the death in March this year of our beloved Prime Minister, Dr the Honourable Eric Williams. He led our country for 25 years, from colonial status to the status of a republic within the Commonwealth. His contribution to and impact on the international community as statesman and scholar are well recognized. His legacy has been enshrined in a democratic constitution which has allowed a peaceful transition of office, preserving continuity and harmony. It was in accordance with the late Prime Minister's wish that there were no floral tributes. Instead donations are being made to the School for Deaf Children. A trust fund in his name has been inaugurated in this year of the disabled to assist the school in its work. The relevance of this will not, I am sure, escape us.

I would at this point, Madam President, wish to welcome St Lucia to the World Health Organization.

Trinidad and Tobago continues to adopt and implement strategies for the attainment of health for all of its citizens. During the past 10 years we have methodically executed a programme to improve the physical facilities of rural health centres and to expand the network of centres to reach all parts of the country. Our programme now is geared to the expansion and improvement of services offered in these centres, making primary health care not only accessible but of high quality to meet the needs and expectations of our citizens.

The role of hospitals within, and supportive of, the primary health care system has been comprehensively studied, and we are now entering a phase of hospital expansion which will result in making specialist and diagnostic services more readily available to communities
outside the major conurbations. Emphasis has also been placed on improving emergency care facilities, in particular the availability of resuscitation equipment in the accident and emergency departments. Bed strength at some hospitals will be almost doubled. In addition, renovations to our psychiatric hospital are now being initiated as part of a mental health programme which is geared to: (1) increase the facilities for treating mental illness within the community, thereby reducing admissions to hospital; (2) decrease the population of the major psychiatric hospital by establishment of a rehabilitation centre and community-based extended care centres; (3) expand facilities for the treatment of psychiatric patients at general hospitals.

Great emphasis is placed simultaneously on preventive programmes to reduce the likelihood of stress-related response at this time of rapid transition from a primarily agricultural society to a highly technical and industrialized one. In particular, alcohol abuse is recognized as a public health problem of magnitude. Relevant training programmes are being organized so that all members of the health team are sensitized to the problem. Each year six or more selected candidates attend a workshop on alcohol abuse in the Virgin Islands. It is pertinent here to draw attention, as our delegation leader did last year, to the exaggerated advertising campaigns for alcoholic beverages which flourish throughout the media, and to request that increased international action be taken to reduce the aggressive marketing - I had originally thought of using the expression "the seductive marketing" - of these potentially dangerous products.

The advances in technology which have brought about radical changes in the treatment of some of the more prevalent chronic diseases have now reached the developing countries. Many of our doctors and nurses are highly trained in these techniques. In my country, as in other countries, we are faced with considerable difficulties in formulating appropriate policies to ensure that these expensive technological advances which can prolong life for the individual do not, however, completely erode the health budget to the disadvantage of programmes which can promote health for the many. A proper balance therefore has to be maintained, ever mindful that our population structure is changing as more and more of our people reach old age and the prevalence of the noncommunicable diseases of middle life becomes a major public health problem. Accordingly, we have established two small dialysis units and later this year open heart surgery will be initiated.

A major research project to survey cardiovascular disease in Trinidad and Tobago was set up to determine the prevalence rates of coronary disease, hypertension and diabetes mellitus according to age and ethnic group in men aged 35-69 years. 3.2% of the men of African origin and 14.1% of the men of Indian origin surveyed were judged to have evidence of coronary heart disease on the electrocardiogram. A prospective study is now under way and this project should contribute significantly to the understanding of this disease. The prevalence of diabetes mellitus continues to be a source of concern and a major cause of economic loss, in terms of sick leave and, in many cases, disability which prevents gainful occupation. This disease must be considered a major drain on the economy. The majority of diabetics are of maturity onset and therefore obesity is an important preventable factor in this disease in my country.

The expansion of health services has revealed deficiencies in the traditional management systems - particularly in the areas of maintenance and supply. My Government has been giving this question considerable attention and seeking innovative methods to meet the immediate problems. One solution proposed is the establishment of a government-financed company to supply specific services, e.g. maintenance and supplies, for hospitals. A similar strategy has been successfully employed to deal with the collection and disposal of solid waste. The Solid Waste Management Company is now the sole responsible agency for waste disposal in Trinidad and Tobago, supervising all aspects of this operation, and in addition it retains a supervisory role over collection of waste which has been subcontracted. This company has already made a significant impact on the environment. Activities to ensure the protection of the environment, and particularly to preserve the sanitation of our towns, villages, parks and beaches, have been increasing and receiving full public support. Far-reaching amendments to the anti-litter laws have been passed in Parliament and will soon be enforceable by a wide variety of public officers. A fixed penalty "ticket system" has been introduced to deal with offenders.

Trinidad and Tobago has given full support to the United Nations' decision to recognize 1981 as the year for the disabled. A special national committee has been set up and special activities have been organized. A sum of $260,000 has been allocated for an educational programme to make the general public, the business community and professional groups aware of the needs of the disabled and their capability to contribute to the society. We are
participating in the Organization of American States' project for disabled children which takes place in Florida. Four of our children will have the privilege of visiting Florida to participate in these activities. There is a strong commitment in Trinidad and Tobago to improve the quality of life of all disabled persons. Recommendations have been made by the national committee to form a permanent council to deal with the special needs of the disabled.

Women have always played an active and most positive part in the political, economic and social life of Trinidad and Tobago. They have served with a continuing excellence of quality that is gratefully recognized. Their contribution in the health sector in particular is considerable. They have held and hold senior posts in both the professional and administrative categories within the Ministry of Health. The permanent commission established to look into the status of women is now closely examining the support services available to those women who are required to contribute economically to their families while maintaining their full domestic responsibilities. Employers are being encouraged to make arrangements to facilitate working mothers so that they may continue to breast-feed their babies. These activities are closely linked with those concerned with the welfare of children, and we are seeing an increase in the availability of day-care centres for children; the appropriate legislation to control these nurseries is being drafted. Our national insurance scheme provides for maternity benefits which cover a period of three months, thereby reducing the necessity for an early return to work after pregnancy. New legislation, which is now before our House of Parliament, will ensure the equal rights of all children by recognizing the claims to the parental estate of offspring born either to married or to unmarried parents.

Finally, I wish to report that my country is committed to supporting the major programmes of WHO, translating targets and developments within the priorities of our own socioeconomic status. We therefore support, in principle, the Director-General's proposed programme budget for 1982-1983. We wish to emphasize our particular interest in the programmes which encourage research and research-training activities in the developing countries themselves. We look forward to meaningful discussions to obtain solutions to the problems of providing adequate career opportunities for research scientists in smaller countries who wish to develop their own relevant research programmes and make a contribution to the sum total of knowledge necessary for the achievement of our goal of health for all by the year 2000. But let us firmly grasp the truth that health for all can only come through the efforts of all, and in these efforts we recognize that the inputs of WHO will be critical.

Mr ETHEM-OLOA (United Republic of Cameroon) (translation from the French):

Madam President, allow me to speak for my country's delegation in offering to you and to the other officers my warmest congratulations on your brilliant election to guide this august Assembly. My congratulations go also to the outgoing President for the competence and exceptional mastery with which he directed the proceedings of our Organization.

Mr Director-General, excellencies, ministers, distinguished delegates, ladies and gentlemen, document A34/3, the Director-General's report on the work of WHO in 1980, comes as a message of hope for the Member States, especially for the millions of men throughout the world who see a new dawn breaking on their desire for health and enhanced wellbeing. The range of activities undertaken by the Organization, the regions and the countries is a pledge for us that the objective of health for all by the year 2000 is an edifice being built, stone by stone perhaps, but surely.

In this sense 1980 has been an important milestone on the road to success. The precious reserves of determination and dedication brought into play in the regions and countries and the concrete measures described to us are all irrefutable proof that the call of Alma-Ata has been heeded. Indeed during that year dozens of countries, both developed and developing, have resolutely applied themselves to the task of preparing national and regional strategies for the achievement of health for all by the year 2000.

How can we fail to pay a sincere tribute to the fundamental role played by our Organization in this vital work? We are more than ever committed to supporting the necessary restructuring of the Organization and the strengthening of its functions of guidance, coordination and technical cooperation.

We should like to include the Executive Board in this tribute for the vast amount of research undertaken to enable us to attain the objective of health for all.

The document "Global strategy for health for all by the year 2000" presented by the Board appears to be a valuable tool for use by the Organization and the countries. Without anticipating the decision to be taken here after a detailed examination of the study, I cannot neglect the duty to praise the value of such work. We are also delighted with the excellent

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1 "Health for All" Series, No. 3.
report on training in health programme management.\footnote{Document EB67/1981/REC/1, Annex 5.} We intend to make the most of this useful instrument to provide our country with senior management staff, the lack of which is seriously hampering our health systems.

My country is grateful to the World Health Organization, represented by both headquarters and the Regional Office for Africa, for its constant and valuable support of our efforts for health development. I have only to mention the fellowships granted for advanced training or specialization, the retraining of personnel in various fields, the research on human reproduction, the training of teachers of maternal and child health and the development of the expanded programme on immunization, which is now in its sixth year and has produced a remarkable decrease in the number of child deaths from measles in my country. The Organization was at our side at the most critical stages of the events in Chad, to deal with the health problems created by the influx of refugees into our country.

Above all I should like to stress the important role played by the Organization in setting up our national primary health care programme. When we gained independence WHO and UNICEF helped us to organize our basic health services under a project entitled "Public health demonstration and action zones". Each zone, selected to represent one of the country's different ecological settings, was a sort of laboratory where we tried out approaches to community health, with emphasis on the importance of prevention, health coverage within the zone, and participation of the beneficiaries.

The project produced information that was very useful for our research on how to establish the primary health care system in the country. Today WHO is still helping us actively with three experiments designed to enable us to adapt the approach recommended at Alma-Ata to our national circumstances. One is the Bamenda project in North-Western Province, where experiments are focused chiefly on the system of community motivation, intersectoral coordination, and the role of the village health agent. In Eastern Province, a sparsely populated region, we are concentrating on the training of traditional birth attendants. The latter are increasingly assuming the role of true health agents, and there has been an appreciable improvement in supervision of pregnancies and deliveries in the villages. In one region of Northern Province, where living conditions are difficult because of the scarcity of water and arable land and where food supplies are inadequate in both quality and quantity, we are attempting to develop a maternal and child health programme adapted to the very special human and geographical situation of the area. We have already succeeded in getting the people to organize themselves and, starting from the initial objective of maternal and child health, to cope with the difficulties I have just described. Now that thanks to the collected results of all these experiments we are in a position to launch a national programme for primary health care, we are counting on the Organization to provide the support that it has always given willingly. Here, Madam President, I should like to mention the support that my Government is ready to provide for this programme. On 6 February last His Excellency Ahmadou Ahidjo, President of the United Republic of Cameroon, launched a programme of rural revitalization whose principles and activities include the primary health care approach. These circumstances encourage us to believe that despite all the difficulties facing us we can now look forward to a better future for our country.

This hope was especially evident during the celebrations marking World Health Day. The theme "Health for all by the year 2000" was a resounding success. The men and women of my country participated with enthusiasm in all the events organized during the day, particularly the discussions on finding ways and means of extending the benefits of health to the entire national community.

The same enthusiasm inspires us as we mobilize to make an active contribution to the Drinking Water Decade, launched last November. We expect to derive a great deal of benefit from the Decade, especially with regard to the strengthening of measures taken in village communities to control water-associated diseases.

Other constraints are affecting public health in my country, communicable and endemic diseases and nutritional disorders in particular. We were pleased to learn of the measures taken by WHO in 1980 to improve our capacity for disease control and to strengthen epidemiological surveillance in our countries.

We therefore encourage the Organization to persevere in the drive that will enable us to achieve the objectives that together we have set ourselves in the fields of technical cooperation, development of traditional medicine, essential drugs and health manpower development.

Before I conclude, allow me to offer warmest congratulations to the Director-General on the clarity and substance of his excellent report.
Madam President, we want to see things as they are. We have assessed lucidly the obstacles we must overcome on the road to health for all. We are aware of the long and arduous effort required if we are to succeed. We also know that we are not alone and that thanks to our Organization, its support and the cooperation it stimulates, we can look forward to a brighter future for the health of mankind.

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

Madam President, distinguished delegates, with the declaration "health for all" WHO has set itself the objective of attainment by all 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. What significance can this objective have for an industrialized and highly developed country like Switzerland?

In our country, conventional curative medicine has reached a remarkable level. A person who is sick or victim of an accident receives high-quality care. Biomedical research has made surprising things possible. Gaps, shortcomings and inadequacies do exist, however, provoking public criticism and causing concern on the part of the health authorities: in particular, the costs of the system, which is geared exclusively to sickness, have increased out of all proportion and have become excessive. Due to the great advances made by medical technology, medicine is in danger of becoming "inhuman". Dying has become difficult, painful and often prohibitively expensive. A wave of new physicians is soon to emerge and one wonders whether this new generation will try to check the process or on the contrary accentuate its faults.

Preventive medicine has taken its place beside curative activities. It has been recognized that it is wiser, and above all less costly, to prevent than to cure. This mainly involves prevention of health disorders attributable to pernicious behaviour on the part of the individual: unhealthy eating habits, excessive consumption of "junk food", lack of physical activity, etc. Many conditions could be avoided if we were to change our habits and increase the personal responsibility of the individual and the family.

Besides curative and preventive medicine there is a third dimension, which I call health promotion. Health promotion goes beyond the confines of medicine: it involves measures touching on the social, economic, technical and political domains which, strictly speaking, are outside the terms of reference of medicine. It is directed in particular to improvement of conditions of hygiene, protection of the environment, quality control of foodstuffs and drinking-water, and dietary education; but it also covers housing, physical planning, and improving the social integration of marginal groups such as the elderly, young people and the disabled. An ambitious objective, without doubt, which can be achieved only by inter-disciplinary cooperation with the participation of the population as a whole and each citizen in particular.

I wanted to show you with these remarks that we Swiss do feel concerned by the call for "health for all". We have no intention of dismantling our highly decentralized and liberal system of curative medicine, which works quite well; at most we must bring it back to more reasonable dimensions where necessary. We also wish to maintain our research activities at a high level. As long as there are men there will be disease, congenital or acquired, the effects of accidents, and disabilities. This will always be so. To deal with them we need advanced medicine which has at its disposal effective drugs of impeccable quality, highly trained physicians, nursing staff, auxiliary medical and technical personnel and high-level biochemical research.

On the other hand prevention - particularly primary prevention - needs to be encouraged and developed, without, however, overlooking psychosomatic and human aspects. Research, too, should take a greater interest in such factors and in the study of health systems. But the developed countries should concentrate their efforts above all on health promotion - the third dimension - if they wish to attain the objective of "health for all".

After this look at conditions in the industrialized world, let us now turn to the developing countries. What can WHO do, and what must the international community do to promote health in these countries? I am convinced that international cooperation has a capital role to play in bringing about our common objective: "health for all by the year 2000". We feel that cooperation is useful only if three interrelated principles are observed. The first is that the aim of cooperation should not be to fill gaps and overcome difficulties temporarily, but to increase the country's capacity to solve its problems by its own means. The second is recognition - with all that this entails - of the fact that health protection is the responsibility of the country, and by country I mean the whole population and the Government. External aid, whether in the form of technical assistance, equipment or fellowships, must be aimed at helping the country to shoulder this shared responsibility. The third and last
principle is not to apply a model health system but to bear in mind that any health system must be tailored to local conditions and be worked out according to the local sociocultural and socioeconomic climate.

In its programmes of cooperation WHO (and Switzerland of course) should do its utmost to follow these three principles, which hold good for all cooperation in the health field, whether multilateral or bilateral. Both the cooperation agency and the countries concerned should keep these guidelines constantly in mind.

To conclude, I should like to address one last wish to WHO, cooperation agencies and the countries which are partners in cooperation: that the exchange of information be stepped up so that more is known about activities undertaken, systems established, innovations made and experiments carried out elsewhere. The Organization could play a larger role in this field and the efficiency of programmes of cooperation of organizations and countries could be increased if these principles were followed more closely.

Dr DESIR (Haiti) (translation from the French):

Madam President, Mr Director-General, officers of the Health Assembly, distinguished delegates, for the countries of the Region of the Americas the objective of health for all by the year 2000 has not appeared to be an unattainable dream. Following the Meeting of Ministers held in Santiago, Chile, in 1972, our respective Governments adopted a Ten-year Health Plan which already provided for the extension of health coverage, control of the communicable diseases that can be prevented by immunization, and the improvement of environmental health conditions.

This commitment has led our country to carry out a complete revision of our traditional health policy to give top priority to rural health. We had to bring health care to all our rural areas, which account for over 80% of our total population. This called for an effort to reorganize our health services system, which was successfully accomplished thanks to our determination and the cooperation of a number of international and bilateral agencies. Among these we should like to mention WHO, UNICEF, USAID, the Inter-American Development Bank, the European Economic Community, the International Development Association and UNFPA. We wish to express our gratitude publicly to Japan and the Federal Republic of Germany. In 1975 a law was passed in our country providing for the regionalization of health services. This decentralization has made the implementation of public health programmes more flexible. The same law facilitated considerable strengthening of our health infrastructure. Two of the six health regions of the country have been reorganized entirely. More than 60 new health units have been built. Three further regions are to be reorganized shortly. We estimate that at this rate the whole country will be covered before 1990. This is why we confidently subscribed to the Alma-Ata charter which recommends the primary health care strategy for attainment of health for all by the year 2000.

Once our infrastructure was established we had to draw up specific programmes to deal with the most common health problems and train personnel in accordance with the tasks to be performed. Judicious use of the WHO fellowships programme enabled us to train 20 medical hygienists (Master's level), while national courses were turning out community health nurses, auxiliary nurses and health officers in sufficient numbers to meet our needs. A new category of staff has been created: the community health agent, who is a true instrument of the Ministry of Health in small rural communities. In addition to his priority work in the fields of health education and community organization, this agent will also engage in preventive activities through immunization, improvements in safe water supplies, nutritional surveillance, and supervision of trained birth attendants. The latter are the traditional midwives of rural communities; at present they deal with over 80% of all deliveries in the country. The health agent will be helped and supervised by a dispensary staffed by trained auxiliaries. The dispensaries are supervised in their turn by health centres, to which they refer any cases beyond their competence. The health centres are staffed by physicians and nurses trained in community health. Thus it can be seen that our health services form a pyramid with the regional hospital at the apex, then various units of decreasing size, the smallest being the rural dispensary. A recent law changed the conditions of residency for young physicians, establishing a compulsory one-year term of social service in a rural area for all medical graduates, who also have to take part in a six-week orientation seminar before taking up their posts.

The foregoing is evidence of our will to make basic health services available to the less privileged population groups. These services include: the expanded programme on immunization (diphtheria, whooping cough, tetanus, poliomyelitis for children under five, BCG for all children, and tetanus for pregnant women); a maternal and child health and family planning
programme; and an environmental sanitation programme giving priority to latrine construction, provision of safe water by tapping springs and drilling wells in small rural communities, and construction of major supply systems in large towns. Under a special agreement between the Ministries of Public Health and Public Works the latter, which is responsible for safe water supplies, delegated to the Ministry of Public Health the authority to install small water supply systems in rural communities of not more than 2000 inhabitants. This has enabled us to embark upon a programme of community water and hygiene posts under which 70 systems serving 100 communities should be completed, with community participation, over the next two years. At the same time studies are being carried out on another programme for construction of a further 150 systems of the same type.

We are convinced that the progress made in the health sector alone could never solve all the health problems facing the people. A comparable drive in the fields of education and agriculture is essential if we are to achieve the level of health to which we aspire. This is the reason for the great efforts being made to coordinate, on both central and regional levels, the activities of the different sectors. We want to be able to plan our activities starting with the community, and only regional coordination will allow us to do this. We are aware that the way to the objective of health for all by the year 2000 is long and arduous, but the political will to succeed and our perseverance in the path we have chosen, that is, the strategy of primary health care, must take us there.

The PRESIDENT:

Thank you, ladies and gentlemen. As announced yesterday, I shall now close the list of speakers. I shall ask Dr Lambo, Deputy Director-General, to read out the list of the remaining speakers.

The DEPUTY DIRECTOR-GENERAL:

Madam President, the remaining speakers are as follows: Spain, Republic of Korea, Sudan, Argentina, Canada, Hungary, Panama, Israel, Chile, Morocco, Romania, China, Tunisia, Costa Rica, Bulgaria, Comoros, Rwanda, Sri Lanka, Ethiopia, Zaire, Zambia, Iran, Liberia, Zimbabwe, Guinea, Palestine Liberation Organization, Jamaica, Colombia, Papua New Guinea, United Republic of Tanzania, Yugoslavia, India, Central African Republic, Angola, Bolivia, Niger, Council for Mutual Economic Assistance, Samoa, Albania, Swaziland, Uganda, Lao People's Democratic Republic, Afghanistan, Botswana, Burma, Ghana, United Arab Emirates, Cape Verde, Guinea-Bissau, Sao Tome and Principe, New Zealand, Yemen, Mali, El Salvador, Mozambique, Benin, Jordan, Italy, Democratic Kampuchea, Honduras, Democratic People's Republic of Korea, Thailand, Nepal, Mauritius, Ecuador, Guyana, Paraguay, Pan Africanist Congress of Azania, Djibouti, Malawi, Holy See, Syrian Arab Republic, Uruguay, Kuwait, Seychelles, and Viet Nam.

The PRESIDENT:

Are there any additions to the list? I see none, so the list of speakers is now closed. The next plenary meeting will be held tomorrow morning at 9h30. I wish you good night. The meeting is adjourned.

The meeting rose at 17h35.
SIXTH PLENARY MEETING

Thursday, 7 May 1981, at 9h40

President: Dr M. VIOLAKI-PARASKEVA (Greece)

1. ANNOUNCEMENT

The PRESIDENT:

Ladies and gentlemen, good morning. I wish to make this morning 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 reads:

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 the delegates wishing to put forward suggestions concerning those elections to do so no later than Monday morning, 11 May at 10h00, in order to enable the General Committee to meet the same day, at noon, to draw up its recommendations to the Assembly regarding these elections. Suggestions should be handed to the Assistant to the Secretary of the Assembly.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980

(continued)

The PRESIDENT:

Before we continue our general discussion, I have to clarify one point. Yesterday in the general discussion - and one or two delegates have asked me why - we did not follow the order of the list in the Journal. Some delegates had indicated they did not want to speak yesterday, but they want to speak today. This is just to clarify the point; there is no question of our having some preference. Now, we continue the general discussion on items 9 and 10, and I call to the rostrum the first two speakers on my list - the delegates of Spain and of the Republic of Korea. I give the floor to the delegate of Spain.

Dr SÁNCHEZ-HARGUINDEY (Spain) (translation from the Spanish):

Madam President, fellow delegates, I would like to begin my brief statement to this august Assembly by congratulating you, Madam President, on behalf of the entire Spanish delegation, on your election to your present office, and wishing you as President the greatest possible success in conducting the debates which will take place in this hall. I should like also to extend my congratulations to all the Vice-Presidents and to the Chairman of the committees on their election. We have read very carefully the excellent report submitted by the Director-General, Dr Mahler, covering the activities of WHO in 1980. It demonstrates once again the vast scope of the task carried out by the Organization in furthering the principle of universality and striving to achieve objectives and goals established beforehand.

The Spanish Government took an active part, through its delegation, in the discussions at the Thirtieth World Health Assembly and voted in favour of resolution WHA30.43, which highlights as the main social target of governments the attainment by all citizens of the world by the year 2000 of a level of health enabling them to lead a socially and economically
productive life. This target, which my Government embraces totally, has its precise counterpart in the Spanish Constitution, our supreme body of law, article 43 of which proclaims the right of all Spanish citizens to protection of their personal health. To implement and develop this principle, my Government intends shortly to present to Parliament a Health Act designed to ensure the highest possible level of health for all Spanish citizens by means of satisfactory coverage of health services accessible and acceptable to the entire population. It seems likely that the Health Act will include the following underlying political principles: equality for all Spaniards, without distinction of any kind, in respect of the enjoyment of the right to health protection; solidarity among all Spanish citizens through the regulation of their responsibilities with regard to health, in respect of the various social groups, individuals and the community; freedom in the doctor-patient relationship and in the exercise of the medical profession; active participation, the individual being responsible for his or her own health and that of the social group under his or her charge and being given the possibility of supervising the norms which will be applied within the health system. We understand the health strategies, as outlined by WHO, to mean the whole series of general lines of action necessary in all sectors contributing to the implementation of health policy.

Regarding my country's health strategy, let me single out the following points: strengthening of the ministry responsible for health matters; assignment to the ministry of tasks relating to labour, health and social security, ensuring a close interconnexion between the health sector and labour and social security; and the financial possibilities opened up by the social security system for the development of the health service under a mixed financing formula which is constantly updated. The Spanish Government has been following carefully the study carried out to reform the structure of WHO in the light of its functions. This exercise demonstrates the Organization's flexibility and youthful capacity for change in its mature years.

At the same time, as the Assembly is already aware, the Spanish health system is undergoing a process of reform approved by Parliament in May 1980. This reform is in keeping with ideas of joint responsibility and management through decentralization of management and in the institutions set up for managerial purposes, such as the National Health Institute, and the development of an autonomous state policy through various regional bodies. The ultimate goal is to bring management and control of the health services closer to the population using them.

Comprehensive health care is understood by my Government as the fusion of the traditional public health systems and social security health services. The existing administrative organization already makes for a structure of services which for the most part have a unified management. In this health structure, particular importance is given to primary health care and the development of family medicine, as already mentioned in this Assembly last year.

One problem of special concern is that of keeping down health costs, the inordinate levels of which are partly due to the use of inappropriate technology. Priorities are administrative rationalization, scrutiny of costs and development of programmes by objectives, within the framework of programme budgeting as established three years ago in the Spanish health system. From the point of view of procedure, modern techniques of accounting and informatics make for greater efficiency in the decision-making process. As regards health promotion, great attention has been given to problems of family health, with special reference to family planning, where the network of centres is expanding with a view to wider coverage. The family planning activities are accompanied by programmes for health education and early detection of cancer in women. Stress must be laid also on the growing importance of breast-feeding; the promotional programme in this field initiated two years ago has been strengthened over the past few months. Regarding nutrition, we are continuing with educational activities in the sphere of food and nutrition begun several years ago but today being adapted to meet modern epidemiological requirements.

Although it is now four years since the programme to combat the smoking habit was initiated, it was given a particular boost in connexion with World Health Day in 1980, with the slogan "Smoking or health: the choice is yours". This reinforced the action already taken on the subject. It is a programme based on informing the public, especially the most vulnerable groups, giving responsibility to health workers, teachers and social leaders, countering commercial publicity and setting forth the rights of the non-smoker. A proposed survey will analyse the contribution of the campaign to the significant reduction in the consumption of tobacco observed recently. In regard to other types of dependency, a national survey has been carried out on the consumption of alcoholic beverages and will form the basis of future activities to be undertaken; and subject to the caution which the subject demands, we are
gradually introducing a programme for the prevention of drug addiction, in close collaboration with various responsible organs and centres.

My Government feels that health education is of decisive importance at a time when more widely decentralized systems are being developed, and an important achievement which may be mentioned is the inclusion of health education in teaching programmes for the child population. Furthermore, in this same sphere of health education, we have continued programmes for the training of medical specialists, and a project has been started for continued education for medical practitioners concerned with primary care. We have also introduced proficiency courses leading to a university diploma in nursing.

Vigilant epidemiological control of disease is maintained through better utilization of health statistics to supplement the weekly notification system. The microbiological reporting carried out by some laboratories in our country is due to be extended shortly. Spain's cooperation in the Expanded Programme on Immunization - which for a number of years has involved systematic vaccination against poliomyelitis, diphtheria, tetanus and pertussis - has been extended more recently to cover the triple vaccine for parotitis, measles and German measles although the two last-named diseases have for the past few years been the subject of special programmes. There have been no cases of endemic malaria since 1964, but the number of imported cases is growing as a result of better communications, and this calls for permanent and close surveillance.

The Spanish Government attaches great importance to health research with a view to developing the health system, and for this reason it has actively endorsed the provisions of resolution WHA33.25. To this end a social security health research fund was set up in June 1980, with a budget for 1981 of $18 million. Its Scientific Council comprises distinguished figures from academic and scientific circles in the country.

Since the Spanish Government feels that it should be cooperating closely with WHO in the development of health reform and in the field of biomedical research, and that Spain can make an effective contribution to the development of WHO's activities, we have decided to submit our candidacy for the Executive Board from which we have been absent for the last 18 years. Spain's cooperation in the international field will be made easier from now on by the fact that we now have observer status in the Pan American Health Organization, as a result of the resolution of the Directing Council of PAHO adopted in September 1980. This is something for which we are sincerely grateful.

Finally, Madam President, allow me to express my heartfelt wishes for the success of the discussions and debates which will take place in this Assembly, and the hope that its final conclusions will redound to the benefit of the health of the peoples of the world.

Mr CHUN (Republic of Korea):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, it is a great pleasure for me to address this Thirty-fourth World Health Assembly on behalf of the Government and the people of the Republic of Korea.

For the past several decades it has been repeatedly and unanimously declared that health, by its very nature, constitutes a basic human right. We believe that the minimum required health care services should be equitably provided to all mankind. In this respect, the achievement of health for all by the year 2000, as called for by WHO, is a very meaningful and vital goal of our generation. We must do our utmost to achieve it.

As is well known, the Republic of Korea has achieved notable economic growth during the past 20 years through our four consecutive economic development plans and the Saemaul Movement with the nationwide participation of the entire population. In parallel with this, we have made strenuous endeavours for social development and adequate health services with a view to creating a democratic welfare state. I take this opportunity to outline the major health policies and developments under way in the Republic of Korea.

In our effort to build a welfare society based on a social security system as the most effective means of fulfilling the needs of all our people, the Korean Government assigns top policy priority to primary health care projects, and we are planning to develop and further expand primary health care projects according to local needs and conditions. In order to attain policy objectives such as these, the Korean Government is carrying out comprehensive and systematic health care projects in each community with government assistance and the voluntary cooperation of the population. Skilled and qualified health officials can thus take an active part in these projects.

1 The following is the full text of the speech delivered by Mr Chun in shortened form.
Firstly, through the nationwide health care network we are making important achievements in preventive medicine, including health care for expectant mothers and infants. Periodical medical checks for early detection of chronic diseases contribute importantly to improving national health standards.

Secondly, we have been able to prevent outbreaks of waterborne epidemic diseases by supplying safely purified drinking-water to most farming and fishing villages and improving their living conditions. By introducing a system of detecting epidemic disease infections and a monitoring system for vulnerable areas, we have been able to forecast occurrences of communicable diseases.

Thirdly, by successfully implementing family planning and safe delivery programmes, largely through village mothers' associations, we have lowered population growth rates and significantly curbed the mortality rates of expectant mothers and infants. This has been integrated with the maternal and child health services, including nutrition, which enhance the quality of the national health programmes. In the course of the next three years, we will establish 91 large-scale maternity health clinics in rural areas which will play a key role in prenatal care and will operate in close cooperation with the health centres and the health subcentres. All these developments will undoubtedly improve our national health standards.

Fourthly, in order to ensure quality of food and drugs, the Korean Government has taken the initiative in re-evaluating the efficacy of previously licensed medical goods. We also plan to establish standards for and conduct research on foodstuffs and food additives. As a basic measure in this field, we are preparing production standards for high-quality products. With a view to fostering government quality control agencies as efficient and reliable bodies, we are taking steps to set up an institute to conduct research on safe food and medical supplies.

What deserves special mention in this connexion is the fact that since 1977 we have increased the number of beneficiaries of medical insurance and medical aid programmes which were launched as part of our medical security scheme. In past years, the control-management system has been efficiently operated and sufficient research has been done on ways of securing financial resources for these programmes. Steady progress is now being made in developing these programmes into a medical security system for the entire nation. With the alleviation of economic constraints on medical services in the process of converting to a medical security system, it is expected that demand for medical services will gradually increase. We consider that balanced expansion and systematization of medical resources are the immediate tasks. Accordingly, the Korean Government is making an ambitious attempt to achieve a large-scale expansion and modernization of medical facilities including equipment. We also plan to organize medical manpower and medical facilities nationwide with a view to consolidating the medical security system for all people within this decade.

My Government, placing a high priority on preserving a sound environment, established the Office of Environment last year in order to integrate the functions of environmental control which formerly rested with different ministries. By strengthening environmental protection laws, a new momentum has been created for implementing well planned and efficient environmental preservation programmes.

Madam President, several health projects which I have briefly outlined have been carried out in close coordination with the Saemaul Movement during the last 10 years, whose basic spirit potentially leads to industry, self-help and cooperation, aiming to enhance living standards in each community. It is at the same time a democratic movement based on the positive participation of the population. Under these circumstances, primary health care programmes carried out in local communities can contribute materially to improving the wellbeing and health of the people. We are doing all we can for the successful implementation of these projects.

I wish to point out on this occasion that my Government now intends to enact a law on promoting the welfare of physically and mentally handicapped people. Regular health checks for all elderly persons are being considered by the Government. In line with the objectives of the 1981 International Year of Disabled Persons designated by the United Nations, my Government is now conducting various commemorative programmes. 20 April is the "Day for the Disabled Person" in our country. The Government is thereby preparing measures to protect people from the various risks of disability and giving early medical treatment to those with defects.

Madam President, development of health care programmes in any country cannot be achieved satisfactorily by national efforts alone. Needless to say, it requires assistance from WHO and close cooperation and coordination among countries through the Organization.

In this regard, the Thirty-Fourth World Health Assembly is a momentous forum, more than any previous one, in the efforts to attain WHO's historic goal of securing the minimum level of health for all mankind by the year 2000.
Madam President, distinguished delegates, in conclusion, on behalf of the Government and the people of the Republic of Korea, I hope that this Assembly will reap fruitful results from its deliberations.

Mr ABBAS (Sudan) (translation from the Arabic):

In the name of God the Merciful, the Compassionate - Madam President, distinguished delegates to the Thirty-fourth World Health Assembly, peace be with you. I can think of no better greeting to the Thirty-fourth Assembly than this eternal greeting of Islam, since the fires of small-scale wars are burning in all regions, casting a cloud over the whole world and threatening to expand into the devastation of modern warfare. I bid you the eternal greeting of Islam in the hope that the heedless and unaware will wake up to what is going on around us.

We in Africa and the Middle East can feel how much these conflicts are hampering progress, how great a setback they are. We have therefore come here keen to reaffirm our determination to ensure peace and stability as two basic elements in the process of health development and in the attainment of our objective of health for all by the year 2000.

Madam President, on behalf of the delegation of the Democratic Republic of the Sudan, may I extend to you our warmest congratulations on your election as President of this Assembly. We are certain that through your experience and under your judicious guidance our discussions will lead to the positive results we all aspire to. I should also like to congratulate the Vice-Presidents and other officers of the Assembly on their election and on the confidence the Assembly has placed in them.

It gives me pleasure to thank the Chairman of the Executive Board for his valuable speech in which he reviewed the reports of the Board on its sixty-sixth and sixty-seventh sessions. I would also express my country's appreciation and gratitude to the Director-General of WHO, Dr Mahler, for his invaluable and comprehensive address, characterized by frankness and clarity, in which he reviewed the achievements and activities of WHO during the past year and the challenges facing it and humanity. We concur with Dr Mahler that the strain in the North-South dialogue, reflected in numerous forums, is adversely affecting the efforts of the international community to achieve health for all by the year 2000. We would emphasize that the most severe adverse effects will be on the efforts of the least developed countries to provide health care for their peoples. We therefore believe that the international community must step up its aid and assistance to these countries, in particular so as to enable them to achieve the objective of health for all by the end of this century.

This, in our opinion, cannot be achieved without the political will of the governments of developed countries. One of the most obvious ways of contributing to the improvement of health services in developing countries is for the major powers to refrain from creating justifications for the arms race and, instead, to establish security, so that developing countries can divert part of the increasing allocations for armaments to projects for the expansion of health care and socioeconomic development. This, in our opinion, could be achieved as part of the efforts of the international community to establish the New International Economic Order.

Madam President, the May Revolution, under the leadership of President Jaafar El Numeiry, attaches major importance to socioeconomic development as the key to the progress of Sudan and the welfare of its people. Since the Sudanese citizen is both the means and target of development, and we are fully aware of the interaction between human health and the economic and cultural development of the community, health revolution has been a cornerstone of our development revolution.

President El Numeiry's declaration on World Health Day of Sudan's commitment to attaining the social objective of health for all by the year 2000 emphasized the concurrence of this slogan with the provision, in the charters of the Sudanese Revolution and in the country's permanent Constitution, that health care is a democratic right that all citizens may claim from the Revolution, and the State is endeavouring to make free health care generally available. Through committed active participation by the public, people of all categories, ranks and groupings, men and women, young and old, are contributing to the efforts for comprehensive health development. The achievements of self-help, in our promising green countryside, form the cornerstone of our efforts to bring about progress and development, by providing and establishing firmly the infrastructure required in all vital sectors - communications, transport, education, food, housing, health, etc. - an approach that leads to the desired increase in production, the desired fairness in distribution, and a considerable improvement in the social and economic standards of industry and the community.
From the threshold of this revolutionary philosophy, national unity and social harmony are established and the stage is set to hand over the authority to the people through decentralization and by establishing regional autonomy in all parts of Sudan, upholding the principle of popular participation. Following administrative reorganization at the beginning of this year Sudan now has Southern, Northern, Eastern and Central Regions and, central to Kourduvan and Darfour to give added impetus to socioeconomic development and central to this, to the overall health development that will produce strong and healthy people capable of promoting progress and prosperity.

Madam President, it was in the context of this overwhelming countrywide movement that the National Health Development Conference was held in Khartoum from 15 to 20 November 1980 at the initiative of the Ministry of Health and with the participation of people from every walk of life: manual workers, farmers, clerks, professionals, tradesmen, businessmen, members of the regular armed forces, women and youth unions. At the Conference health workers presented the strategies for health for all by the year 2000, including the strategies for medical and technical training and education, health research strategies, and the national drug strategy. The Conference's recommendations, which received the President's blessing in his message to the closing session, were approved by the Vice-President and the Secretary-General of the Sudanese Socialist Union, have become a programme of work for all the coalition forces and their branches, and a guideline for the formulation of the Ministry of Health's plans and operational programmes for the next two decades. I have the pleasure to inform the Thirty-fourth World Health Assembly that these recommendations were conveyed to the Director-General of WHO and are available to any Member State wishing to study our national experience in the mobilization of people's participation, not only in the field of implementation but also in the formulation of strategies and planning. We thank the Director-General for his appreciation and commendation of Sudan's achievements in health care, which have been closely scrutinized by his technical staff.

Madam President, the great efforts of the State to provide health care to all people without any discrimination have met with a favourable response among all sectors of the population, as can be seen in the generous contribution of citizens to self-help, which has become a regular feature of our health planning based on community participation, and which we consider a major achievement of our health revolution.

We should like to record our thanks and appreciation for the sincere efforts made by WHO to help Sudan solve its health problems and implement its various health projects. We would also point out that the health programmes being implemented jointly with WHO and other international organizations are proceeding to our entire satisfaction. Among these programmes we may mention: (1) the expanded programme on immunization; (2) primary health care; (3) tropical diseases research; and (4) the Blue Nile health project, which is a scientific model in health programming to overcome the negative side-effects of the agricultural and water development projects which my country has launched as a basic strategy for socioeconomic development consonant with Sudan's conditions as a developing country with abundant water resources and arable land, aspiring to help other peoples of the world accede to food security.

From this rostrum, I applaud the commendable assistance we receive from WHO, not only in the field of technical cooperation but also in seeking with us the financial support for ambitious programmes, the implementation of which requires funds beyond the capacity of our own budget.

I would also like to commend the assistance we receive from UNICEF, whether by itself or in collaboration with WHO. Our thanks and appreciation are also due to all international organizations and friendly countries for their support and assistance to us in all our efforts. Sudan adheres to the principles of self-help and self-reliance, but it also attaches great importance to economic and technical cooperation among developing countries. Despite its limited resources, Sudan offers help to other countries of the Region, and its institutes receive large numbers of students and technicians from these countries. I would also like to comment on the considerable assistance we receive from friendly countries in the field of health services. We believe that this cooperation contributes to the establishment of the New International Economic Order we hope to achieve.

Under the glorious May Revolution, Sudan has become an oasis of stability and growth, and for some time has been a haven for refugees from many neighbouring countries ravaged by the greed of the major powers, which trigger wars there between brother peoples. Sudan opens its doors to these refugees who have escaped death from warfare or starvation, and shares with them its limited food and health care resources. The year 1980 was declared Refugee Year, and during it an international conference on refugees was held and considerable aid was
secured from neighbouring and friendly countries and international organizations, though it still fell far short of meeting actual needs. From the beginning of this year our unfortunate neighbour Chad has been the scene of sordid and blood-thirsty greed, which has aggravated the flow of refugees to Sudan, created a situation of high tension and anxiety in our western region, and poses a serious threat to peace in our part of Africa.

While Sudan fully recognizes that it is essential to eliminate the underlying cause and restrain the prime movers, we would still expect more aid for African refugees. We wish to recall, in this connexion, the recommendation put forward by the African Group in its final statement at the United Nations International Conference on Assistance to Refugees in Africa, held in Geneva on 9 and 10 April 1981. The recommendation urges the United Nations organizations and specialized agencies to pay more attention to the problems of refugees in Africa and accordingly give them priority in aid programmes. We hope that this recommendation will be taken into consideration, particularly as WHO has always been eager to solve human problems. The current visit by a group of WHO experts to all refugee areas in Sudan is a genuine example of that eagerness. We are confident that the visit will enable the experts to assess the problems of refugees in Sudan and estimate the amount of health care they need.

At our last Assembly we celebrated the admission of the heroic nation of Zimbabwe to our Organization, and we all expressed the hope that Namibia would join us during this Assembly after attaining its independence from the yoke of colonization and racism. We are confident that, sooner or later, the people's liberation movement in South Africa will emerge victorious from its struggle against oppression and racism. With the same deep-rooted confidence, we look forward to the victory of the struggling Palestinian people who were evicted from their homeland by the greed of major powers and racist Zionist oppression. At this very time their inflamed ambitions are leading them to tear and devour Lebanon. We shall always support the Palestinian people, under the leadership of the Palestine Liberation Organization, until they regain their freedom and independence. We shall also support the Lebanese people until they regain their stability, security and legitimate authority over their own lands.

Madam President, we in Sudan look forward with great hope, firm resolve, utter determination, indefatigable efforts and sincere cooperation to the day when all peoples of the world will enjoy the right to lead a free and decent life, in which their basic needs for food, clothing, housing, education, social security and health care for all are adequately supplied. We are certain that international cooperation, coordinated by WHO, is the best way to attain the objective of health for all by the efforts of all and with the help of God.

Dr ARGUELLES (Argentina) (translation from the Spanish):

Madam President, Mr Director-General, fellow delegates, in pursuance of the policy begun five years ago, Argentina has completed an ambitious programme of administrative decentralization of hospital facilities and control effort for the eradication of endemic diseases. More than 80 hospitals, previously under central administration, have been transferred to the provinces, together with a grant of some US$ 20 million for technical aspects of health. The provinces and municipalities have been furnished with health service vehicles for use in the eradication of Chagas' disease, tuberculosis and leprosy. The national Ministry of Public Health regularly sends the provincial public health ministries large batches of pharmaceutical supplies, vaccines, vitamins and powdered milk, for the benefit of population groups lacking the necessary social coverage.

In conjunction with the National Council for Research and Development, the Argentine Ministry of Public Health is likewise investing some US$ 100 million in scientific research on Chagas' disease, hepatitis, vascular diseases and cancer. But this is not all. We are continuing to wage an arduous battle against Chagas' disease, which has spread to new areas as a result of the movement of agricultural workers from various parts of our continent to parts of Argentina which hitherto have been free from Triatoma. We are applying intensive chemical treatment to houses and corrals, making use for the purpose of large numbers of operators and vehicles, supplemented at times by military personnel. We are hoping in this way to achieve a complete clean-up of the zones most affected, at the same time carrying out a large-scale operation for replacement of inadequate housing, in which the provinces concerned are investing large sums of money. The construction of comfortable dwellings for medical practitioners and auxiliaries in the more remote parts of the country, and the use of over 8000 rural health workers, have resulted in a marked improvement in maternal and child health. We have also managed to achieve a high proportion of hospital confinements, with a resulting distinct reduction of maternal and infant mortality.
Health problems in the Republic of Argentina are by their nature complex. The vast size of the country does not facilitate the best possible distribution of the means at our disposal, even though education and health are basic national priorities. Nor are the enormous human and technical resources earmarked for medical and dental care always used to the best advantage. The budgets for health are relatively high compared with those of other countries - the total funds assigned to the sector, both by the Government and by Social Security, together amount to more than 6% of the total national budget. Argentina has an average of one medical practitioner per 440 inhabitants; however, their distribution is not satisfactory, since the 10 most highly populated towns have one physician for every 120 to 180 inhabitants. The situation in regard to the number of hospital beds is somewhat similar, the total number available at the present time actually exceeding the country's needs. But in spite of these imbalances in the availability of medical care, infant mortality, which had very definitely increased as a result of migration of labour, is today less than 40 per 1000, while average life expectancy has been constantly on the increase and has now reached 76 years for women.

Argentina is likewise actively collaborating in providing medical and dental care for the population along the frontiers with the neighbouring republics of Chile, Bolivia and Paraguay. For this it has large hospital centres in frontier towns, such as those situated in Patagonia, as well as in towns such as Corrientes, La Quiaca and Orán. The hospital at Orán is one of the most modern in South America.

With regard to public health problems today, it should be pointed out that cardiovascular diseases, in particular coronary ischaemia, are responsible for 50% of deaths among middle-aged men in Argentina. The campaign against excessive saturated fats and high calorie levels in the diet, sedentary life, and the smoking habit, are likewise matters of constant concern in Argentina, and we are hoping through this type of campaign to bring about a significant reduction in the incidence of this pathology.

Another subject of serious concern in Argentina is the large number of deaths and the disablement due to road accidents. In relation to the number of inhabitants, our accident figures are among the highest in the world, in spite of the preventive measures we take. The development of the road system and the number of motor vehicles, amounting to one per 4.5 inhabitants, are part of the explanation of this tragic loss of human lives. These dramatic accidents are also obliging us to run ongoing campaigns and to establish controls with a view to preventing the consumption of alcoholic beverages and tranquillizers by drivers.

A third type of social pathology of great concern to us is that of psychogenic diseases, basically psychoneuroses, which result in over 20% of the population of Argentina requiring psychotherapeutic and psychoanalytical treatment, and the use of psychoactive drugs. This has led us to control more carefully the activities of nonmedical psychotherapists and the prescription of psychoactive drugs. Many of these drugs are promoted flamboyantly, and their consumption over a long period can cause real cases of drug addiction.

Cancer is yet another serious concern for Argentina. At the present time an increasing proportion of cases is being detected and cases of breast, prostate, intestinal and lung cancer are particularly frequent. The diagnosis and treatment of malignant tumours has required a vast investment in equipment for computerized tomography, mammography, thermography, gamma cameras, particle accelerators and costly appliances for hundreds of radioimmunology and enzyme laboratories. This costly equipment unfortunately takes resources away from other areas of health care; hence we are concentrating particularly on the possibility of eliminating carcinogenic factors such as environmental pollution, the smoking habit, over-eating and drug abuse. We are also worried by the diversion of resources due to the excessive use of drugs, especially those allocated to the health services for elderly pensioners. Among this age group, expenditure on pharmaceuticals absorbs almost half of the total funds available, to the detriment of improved medical and social support for sick geriatric cases which is essential in a progressively aging population such as that of Argentina, where the situation is deteriorating because of the low birth rate.

We have likewise devised broad programmes for the care and housing of the aged, since Argentine families nowadays find it difficult, for work and housing reasons, to look after old people at home. Finally, we are working on important programmes for the control of pollution of the environment, the water and the soil, since industrial development, if not adequately planned - especially in such fields as metallurgy, petrochemicals and chemicals - can expose certain urban groups to serious risk.

Madam President, I have tried to describe as succinctly as possible the most important points relating to health in the Republic of Argentina. As I have said, priorities have to be established and, in accordance with the recommendations of WHO, as underlined by you in
your opening address and by the Director-General in his report to this Assembly, we agree to give top priority to maternal and child health and to the elimination of endemic diseases such as Chagas' disease, tuberculosis and leprosy. We are also anxious to offer our brother countries a fuller and more resolute cooperation in these fields, in respect of both technical means and human resources. As a second priority, although simultaneous in its implementation, we shall continue our action in health education and environmental sanitation, and in activating and stimulating campaigns for the prevention of cardiovascular diseases, for mental health and cancer control.

Madam President, the serious national health problems I have discussed here constitute a great challenge. We have encountered in the Argentine population generally a great awareness of these topics and sensitivity to them. For this reason we are optimistic in regard to the action to be taken, and we are fully convinced that we shall make headway rapidly and on the right road towards a full measure of health for all the inhabitants of the country. We shall thus back up with our efforts the humanitarian slogan which today defines the basic goal and inspires the conduct of this Organization - "Health for all by the year 2000".

Mrs BÉGÎN (Canada) (translation from the French):

Madam President, allow me to begin by expressing, on my own behalf and on that of my delegation, my sincere congratulations on the occasion of your election as President of the Thirty-fourth World Health Assembly. We also wish to congratulate the other officers. With your guidance we shall be able to take the best decisions in furtherance of the health objectives set by the world community.

By their presence here, more than 150 countries have associated themselves with WHO's prime objective: health for all by the year 2000. For some it is an impossible dream, for others an unattainable goal owing to the flagrant inequalities in levels of health and living standards that can be observed both from one country to another and within the same country. We must prove them both wrong.

Two major advances have been made by WHO in the last 10 years. First the Declaration of Alma-Ata stated that primary health care is the key to universal health. Then the Health Assembly decided that our target should be the attainment by all peoples of the world by the year 2000 of a level of health that will increase their social and economic wellbeing. The attainment of this objective is the concern not only of individuals but of society. Public authorities and communities both have their part to play in altering scales of values and ways of life.

The adaptation of primary health care strategies to the situation in countries with high living standards and well established health care systems constitutes a special challenge. I note with pleasure that the document of the European Region on regional strategies lays stress on life-styles, thus following the line taken originally in the document "A new perspective on the health of Canadians". In Canada we had reached the conclusion that the conventional methods relying on high-level technology could make no further contribution to raising national health levels. We therefore decided to attack the root causes of contemporary health problems, and to that end we emphasized preventive measures in the daily environment, information and health education.

On the other hand, many countries are still faced with more fundamental health problems. Their representatives here may perhaps think that the protection and promotion of health are luxuries they cannot afford. I do not agree. Experience has shown that self-inflicted illnesses and traumas are found in people in all walks of life. In fact, the repercussions of unhealthy life-styles may be even more serious in developing countries, and in them it is all the more important to change such life-styles in order to save human lives and reduce suffering. The document on global strategy, which is presented for our study and approval, is conceived in terms wide enough to accommodate a large number of political structures and health systems; the wording of the section on health and socioeconomic policies is sufficiently general to be applicable to the particular health needs of each country.

Many of Canada's health problems are fairly similar to those of other industrial countries. For us there is a close link between health and socioeconomic development. Our social policies are therefore directed essentially at abolishing poverty and developing the economy. We aim at giving all Canadians equal opportunities to enjoy a healthy and productive life. In Canada the problem of urban poverty is a growing challenge. The exodus of people from rural areas, in search of employment in the cities, is continuing. Another of our great concerns is the health and socioeconomic development of our Indian and Inuit populations, many of whom live in small, isolated communities in the north. The incidence of gastroenteritis,
respiratory diseases, alcoholism and fatal accidents is high among those populations. The Government's policy encourages a larger participation of Indians in preparing and implementing programmes for their wellbeing and development.

The high rate of avoidable deaths, diseases and accidents also causes us considerable concern. We entirely agree with Dr Mahler when he says that today more than ever the solution of current health problems depends upon what people do or do not do for themselves. Road accidents, heart diseases, lung cancer and breast cancer are responsible for a large number of deaths in Canada; alcohol, cigarette-smoking, bad eating habits, stress and lack of exercise are factors which singly or together contribute to these deaths.

(Continued in English): These killers could be held in check to a greater or lesser degree by a change in life-style. I am convinced that the greatest challenge facing the health professions today is to convince the public to change habits and behaviour that shorten life and affect health.

Indeed, while health for all by the year 2000 involves principally movement at the national level by means of government policy commitments and the mobilization and reallocation of domestic resources, it also provides uniquely for cooperation among all countries, developed and developing. The sharing of experience is perhaps the most important form this cooperation will take, but certain countries, the least developed, require the support of the international community if they are to put their own scarce resources to the best use. In recognition of this, Canada, WHO and certain African governments have already joined to produce Santé Afrique, a project for the dissemination of film material on primary health care, particularly suited to community health needs in French-speaking Africa. I know that we, and others, will find further occasion for this sort of support, which is essential if our common objective is to be realized everywhere.

Madam President, on another aspect of health, the draft International Code of Marketing of Breast-milk Substitutes deserves special mention. The carrying out of the Thirty-third World Health Assembly's resolution on this subject has been a long and arduous task, but we now have before us a draft Code which I believe meets our purposes. Canada is strongly committed to the promotion of breast-feeding, because of its importance to healthy infant growth and development, and to the creation of an environment supportive of breast-feeding in the home and elsewhere. The Assembly resolution and the draft Code have served to raise the level of awareness of Canadians. There has been a great deal of discussion within the industrial and private sectors concerning not only the advantages of breast-feeding, but also the serious infant health problems that arise when breast-milk substitutes are misused. Canadian programmes over the past decade have resulted in a doubling of the percentage of mothers who breast-feed and this figure is now over 50%. I wish to reaffirm Canada's commitment to breast-feeding and our support for the position taken by the Executive Board on this issue.

Now I should like to turn to a topic of growing concern to all of us in times of inflation and economic instability. I refer of course to the rising cost of delivering health programmes and services, from which no country represented in this Assembly is exempt. Canada spends 7.1% of its gross national product on health - a reasonable proportion in my view. Rather than utilize resources almost exclusively for treatment facilities and technological expertise, there is greater need today for the development of community health, with particular emphasis on individual involvement, care of the aged and the handicapped, and health promotion and prevention. Within the spectrum of health care possibilities there is an optimum combination of treatment and prevention for each country.

(Translation from the French): Madam President, concerning WHO, our duty is to ensure that the health programmes that are prepared and implemented reach those in greatest need, make full use of available resources, and are carried out using appropriate and effective competences and techniques. This is a very heavy task, but I have every hope that, acting together, we shall accomplish it, and that our objective of health for all by the year 2000 will be attained.

In conclusion, Madam President, allow me to pay a special tribute to our Director-General, Dr Mahler. Both on my own behalf and on that of my delegation I wish to thank him publicly for the quality of his leadership and his personal contribution to the realization of our objective - health for all by the year 2000.

Dr SCHULTHEISZ (Hungary):

Madam President, Director-General, distinguished delegates, dear colleagues, on behalf of my delegation and on my own behalf I extend my congratulations to you, Madam President, and to all the other officials of the World Health Assembly for your - and their - election to these important functions. I am convinced that under your guidance this Assembly will successfully
complete the heavy programme of work to the benefit of world health.

We have to state with regret that during the year that has elapsed since the Thirty-third World Health Assembly a deterioration of the international situation has taken place. The policy of certain aggressive forces has considerably increased international tension; their attempts to upset the balance of military power between the two world systems pose a mounting danger for world peace. We are convinced the process can be checked by pulling together the progressive and peace-loving forces of the world, and more and more people recognize that peaceful coexistence among countries with different social systems, safeguarding the achievements of détente, and relaxation of tension are a universal interest of mankind.

The Hungarian People's Republic welcomes and supports the peace proposals announced at the 26th Congress of the Communist Party of the Soviet Union, which aim at reducing international tension, promoting disarmament, upholding the dialogue between the socialist and capitalist countries, promoting mutually advantageous relations.

In this discussion speakers have declared their governments' support for and commitment to the strategy for health for all by the year 2000, and I believe many more will do so. I am confident and hopeful they are all aware, when supporting this objective, that its realization may take place only if peace prevails. Another wave of arms race would inflict severe economic burdens on nations and people of the world and would divert considerable financial resources from those domains whose development and elevation to a higher and more humane level represent the most humanitarian and noblest aim of our Organization.

The Hungarian People's Republic will, therefore, continue to resist the arms race and build its relations with all countries in accordance with the principles and recommendations of the Final Act of Helsinki, striving to expand political relations and cooperation in economic, technical-scientific, cultural and other domains including health on the basis of sovereignty and mutual interests.

I salute also Dr Mahler and Dr Lambo as well as the Regional Directors, whose active participation in the regional committee sessions last year, and in the session of the Executive Board in January this year, resulted in a great step forward in the formulation of regional and world strategies to attain health for all by the year 2000. From the report of the Hungarian delegation that attended the European Regional Committee session in Fez, I share the unanimous opinion voiced there - that the European Region has a special contribution to make in the preparation of the global strategy - for two reasons: first, our Region combats health problems that characterize both industrialized and developing countries; and, second, there is a rich concentration of expertise in Europe capable of coping with these problems.

The Hungarian health services are prepared to expand further their cooperation with WHO to solve the health problems of the developing countries in the organization of primary health care, especially industrial and occupational health and toxicology, as well as the organization of haematology and blood transfusion, ambulance services, and so on.

It follows from the socialist character of my country that the consolidation of primary health care and the constant improvement of its level of operation are not of recent origin. The Declaration of Alma-Ata, having set primary health care as the key to implement health for all by the year 2000, confirmed the right course of our work so far performed and stimulates us today.

The Hungarian People's Republic ensures the steady, proportionate development of its socioeconomic structure through five-year plans embodied in law. The 1976-1980 plan cycle came to completion since the last World Health Assembly, and in January this year the 1981-1985 plan period commenced. Consequently, we closed the analysis of results and completed the strategy and programme of health for the five years to come.

In the last period, we attained successfully the objective of dynamic health development. Efforts concentrated primarily on expanding the already existing network of primary health care and on increasing the number of hospital beds. Training of medical doctors and other health personnel and their postgraduate training drew our particular attention. The number of physicians rose by nearly 4000 in the five-year cycle, resulting today in a ratio of one physician per less than 400 citizens. A proportionate increase was achieved in the number of nurses and other paramedical personnel. Medical districts also increased in number; thus the population per physician ratio fell from 2500 in 1975 to some 2100 at the end of 1980.

Primary health care improved further by the fact that delivery of primary health care for the urban population in the 0-14 year age-group belongs to the district paediatric services and not to district medical services and that industrial and agricultural workers receive medical care partially from factory physicians.

There are mobile child-health specialist services providing specialist care for the rural population of the age-group mentioned, i.e. 0-14 years - some 50% of the country's total.
Primary health care is further supported by the extensive network of outpatient specialist services operating 36 hours per day per 10,000 population, permitting district physicians to refer their patients to specialists any day.

The number of hospital beds rose by 11,500 in the five-year period and the ratio of hospital beds per 10,000 citizens mounted from 85.2 to 90.6. The equipment and instrumentation of hospitals were expanded and modernized. Also, the integration of the preventive and curative services was completed, providing progressive medical care within and among institutions. It is not only possible, but compulsory, to move the patient, when his condition so demands, within the system of in- and outpatient services, specialized in terms both of profession and equipment. Organized and planned cooperation between the primary health care system and the specialized institutions supporting it has been achieved.

The system of specialization and postgraduate training of physicians was brought up to date in accordance with the principles of continuing education. For some years now the systematic postgraduate training of nurses and other paramedical personnel has been in operation and is now showing favourable effects.

Despite the achievements, we do not hide our worries. The most striking among them is the increase in the mortality rate of the population of working age, especially among males.

In the five-year plan cycle starting this year health receives high priority by way of a government decision; thus the share of health in the gross national product will be higher in spite of the decreasing rate of economic growth due - as is known - to the difficult economic situation in the world.

While planning professional and strategy programmes our guiding principle has been to implement, to the fullest possible extent, the Declaration of Alma-Ata, and we concentrate all efforts on improving quality.

On questions that safeguard the efficient functioning of our Organization and decisively influence the vitality and democracy of WHO - such as the periodicity of the World Health Assembly, functions of the constitutional organs, maintenance of optimal balance between centralized and decentralized programmes - my delegation confirms its position as stated in this Assembly last year.

Dr MEDRANO (Panama) (translation from the Spanish):

Madam President, Mr Director-General, distinguished delegates; the delegation of Panama joins in greeting you, and in the congratulations on the reports submitted, with their common object of finding general patterns which, while fitting in with the situation in the individual countries, will make it possible to achieve the goal of health for all by the year 2000. It is our opinion that primary health care has become an urgent need in the face of the growing difficulties deriving on the one hand from the high cost of a more sophisticated type of care and, on the other, from the implementation of organizational patterns foreign to our experience, priorities and capacities. We feel ourselves committed to the broad and ambitious programme now being pursued in regard to public health throughout the world, and that we have accepted as a challenge. This implies a transformation of our social health sector which within the traditional structure of development models has remained passive and a prey to the adverse effects of many different factors. We consider that these transformations can act as a stimulus for change in favour of the wellbeing and health of peoples and nations. The health sector is taking up the torch of social justice. We are starting out on a relay race with many obstacles and a single goal which still seems distant; but we have every reason to hope for the final success of the enterprise. The gap between those who survive and those still dying of avoidable causes is today more obvious and more dramatic than ever.

The population is growing at an incredibly rapid rate for reasons of which we are all aware, and it is not rationally distributed but tends to congregate on the outskirts of our towns, generating belts of maladjustment, poverty and disease. On the basis of the traditional patterns it is practically impossible to meet the basic health needs of these communities. In the light of this situation which it is safe to say exists to a greater or lesser degree in all the countries of the Third World, public health has to take successive small steps until it attains, by the date proposed, the indicators of coverage acceptable for the time through very small but efficient schemes for the inaccessible populations in rural areas and in the poverty belts of towns. We have to rationalize the use we make of resources and to use new techniques which, while not being costly, are practical and appropriate for the solution of the basic health problems of our communities.
Aware of the situation described above, and following the strategies drawn up, Panama in 1974 made a start on its programme for extending coverage. The programme functions through the interplay of a network of health establishments of varying complexity, sited according to geographical areas and population groups. The smallest unit is the health post, which is run by staff selected by the community and trained to provide polyvalent care, priority being given to preventive measures, vaccination, sanitation and health education. To date, 193 of these establishments are in operation, and 230 health assistants have been trained. The administrative backing guaranteeing supplies and supervision for the new services and installations represents a challenge which we are all taking up, and our capacity to meet it effectively will be the key to the success of our efforts. This network is linked in with a referral system so that health problems can be handed on from the lower levels to those of greater complexity, thus facilitating higher-quality care and ensuring greater justice and equity in the use of resources.

The areas for which the health assistant is responsible are characterized by a low level of development and a high degree of dispersal of population, in a country where 80% of the communities consist of villages with less than 100 inhabitants. This situation creates great difficulties in regard to physical and cultural access, mainly due to lack of communications, low levels of schooling and language barriers in the case of indigenous groups. The people living in these areas are the target of the main efforts under the primary care programme, in order to bring them into the health system during what remains of the present century.

The results of these activities have already made a significant impact, modifying the health situation in the country. Eighty-three per cent of the population have been supplied with drinking-water, and 65% of the inhabitants of rural areas enjoy the same benefit. Ninety per cent of the population have adequate solid human-waste disposal systems and 81% of the rural population are served under the latrine installation programmes. In the case of 79% of the births registered in the country, some type of professional care was provided at the moment of birth, and this is true for 60% of the population in rural areas. We have succeeded in reducing the incidence of communicable diseases, mostly those preventable by vaccination. These various types of action, designed to improve the health services and to bring them to the most remote parts of the country, have had their effect on the mortality rates and structure, so that the high prevalence of chronic degenerative diseases and accidents now makes them the chief causes of death.

The stage of transition through which the health sector is passing in Panama requires us to adjust to new conditions, maintaining an action programme based on priorities. To this end we are directing our efforts towards a combination of activities, giving emphasis to the extension of coverage to the rural areas and also to the urban fringes which are a prey to serious problems of social and economic rejection, so that they accumulate problems of ever increasing scope which, if not attended to, lead to social confrontation and violence. The administrative and technical improvement of the health services of the country demands our attention over the short term, since the present demographic structure suggests that, over the next few decades, there will be an increase in the adult population and with it an increase in the prevalence of chronic diseases. This new situation calls for programming of the demand for services and, at the same time, for a national plan for the development and up-dating of the Panamanian hospital network as well as the building up of resources to meet the demographic and financial facts of life - all this, of course, within a general context which takes primary health care into account. For several years now we have been coordinating resources, establishing levels of care, and moving into the regions. For example, as long ago as 1973 a start was made on the establishment of the integrated health system of the Ministry of Health and the Social Security Fund, an initiative which combined a substantial increase in the capacity to provide services with a more rational use of resources. This process is at an advanced stage and its completion constitutes an important and necessary step towards the attainment of the goals we have set ourselves for the year 2000.

Investment in health has been increasing progressively and at the present time it amounts to 5.6% of the gross domestic product. This great effort on the part of the Panamanian Government is being threatened by the steady rise in the prices of basic products needed by the sector, where drugs are a critical budget line. We need to seek common strategies to face these difficulties if we are to acquire a growing independence enabling us to respond to our people's needs.

As the health system extends coverage, the real ills of the population will show up more vividly. There are serious problems of poverty and social rejection in our country - perhaps less than in others, but important nevertheless. Income distribution and participation by the
people in the wealth of the country are not well balanced, and hence are not just. As a result of these inequalities one-quarter of the children under five years of age still suffer some degree of undernutrition. This situation is a matter of serious concern to the Government, which is discussing what strategies must be used to control food production and to ensure that the population has access to its benefits. The Ministry of Health must participate and does participate actively in the development of the food and nutrition policy through its National Nutrition Authority, and it supports the action taken by WHO in regard to breast-milk substitutes. Nor must we omit to mention the International Year of Disabled Persons and, in that connexion, to say that the Ministry of Health has been participating, always within the limits of the resources available, in providing preventive care and treatment for the disabled.

The progress made by health programmes in Panama is the outcome to a large extent of the conscientious and responsible efforts of the population, whose participation is regarded as the duty of every one of its members, both in their personal interest and in that of their community. The new strategies designed to bring the population still unprotected into the fold will require even greater collaboration with the communities in reaching a better understanding of their problems and trying out solutions adapted to their situation. The experience gained makes it possible for us to state that the people are anxious to participate actively and constructively in the solution of their problems. Programmes for the extension of coverage, the development, and the strengthening of comprehensive care of the population, defined in accordance with the situation in the individual countries, represent in our opinion a sound strategy for making progress towards achieving a measure of the wellbeing we all desire and for bringing us nearer to the goal of health for all by the year 2000.

Mr SHOSTAK (Israel):

Madam President, Director-General, distinguished delegates, in aiming to reach the goal of health for all by the year 2000, and following the principle laid down at the International Conference on Primary Health Care in Alma-Ata that primary care is the key to attaining this goal, permit me to point out our country's strategy for achieving this noble aim. We are facing the end of a century that has been distinguished by phenomenal scientific and technological progress and a tremendous effort to control infectious diseases, reduce mortality, and extend the health system to every remote corner of the globe. At the same time, we face a new era with new emerging health problems, an era in which society and government are responsible for people's wellbeing and safety and for the control of the environment. This responsibility forces us into a new way of thinking for the development of more refined strategies, for utilization of available health services, for a better structure of planning and precise criteria for the allocation of our limited resources, both financial and human.

Over a lengthy period, we in our country have gone through a long series of experiments with methods of health delivery and the optimal way of setting priorities, yet the main vehicle on the road to health for all was and still is primary health care delivery. Neither the most sophisticated technology nor the most luxurious medical institutions will replace the human mind, the human hand and the human communication of a physician, of a nurse, of a paramedical person or of a health auxiliary.

Primary care seems to us to be our most precious resource, and it is the way that it is utilized that should be our main concern. We have therefore succeeded in the development of a network of primary health units, some of which deal exclusively with the medical aspects of the individual while others deal primarily with general preventive aspects. Forty per cent. of our national health expenditure is devoted to primary health care, and 60% of our physicians are engaged in primary care clinics. It is our feeling that to achieve the goal of health for all by the year 2000 we should strive for an integrated system where a team of physicians, nurses and paramedical personnel will provide a single address for an individual and his family. We believe in the development of community services that will both strengthen and replace the costly general, geriatric and mental institutions and will provide relief to the sick in his environment rather than sending him to a foreign arena. This calls for raising the level of the general practitioner by involvement of the physicians employed in primary care and family medicine in the hospital and in the academic life of the local medical centre. Currently there is almost complete separation between general practice and specialized professional clinics and also between specialized clinics and hospital services. And - the last and perhaps principal thing - this calls for a return of the prestige of primary medicine, which has been severely diminished lately: with the new scientific and technological development all the praise has been going to hospital and professional medicine, while providers of primary care are left with a feeling of inferiority as if they are not capable any more of
handling serious medical problems without need of a hospital. Likewise there will be a need to make basic examination, radiological and laboratory equipment available to primary medical care providers, so that they can contend with serious problems and give primary care as it should be given.

For the past 30 years we have struggled with the same problems that most of you have already faced. We have undergone a rapid change from a state where infectious disease, malnutrition and clothing constituted the main problems to a state where environmental control, chronic diseases, cancer, road accidents and misuse of drugs are the main issues; from a state where certain communities had an infant mortality of 150 per thousand to a state where the average came down to about 13. Over the past 13 years, while taking care of the immediate needs of the areas of Judaea, Samaria, Gaza and Sinal, our health system has been faced, for the second time, with a need to provide health services to a developing society. Permit me, in all humility, to state that we have not failed in our duties to the people of those areas this time, as we have not failed in the other areas in the past. My Government hosted the Special Committee of Experts sent to review the health status of the territories; it was with great satisfaction that we could demonstrate to this group of experts the marked and continued improvement of the health of those areas. The establishment of a comprehensive immunization programme, a network of primary health care centres, mother and child preventive units, the development of environmental control, and expansion of secondary and tertiary care by the people of the area for the people of the area. Anyone who was acquainted with the conditions prevailing in the West Bank and Gaza area before 1967 cannot but be impressed by the improvement, or rather transformation, which has occurred there in every sphere of life. The report of the Special Committee of Experts, with all its criticism, gives clear evidence of the marked progress in the health services as well as the health status of the population of that area - although there is always room for improvement, and more remains to be done.

As the Minister of Health of Israel, I am privileged to declare from this distinguished Assembly that equal criteria for health prevail and equal health services are being provided for all the people of my country. I feel that it is beyond the ability of a human being to satisfy all the requirements of all the people all the time. Therefore, we have to learn to work together and to strive together for a better world.

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

Madam President of the World Health Assembly, Mr Director-General, fellow delegates, ladies and gentlemen, the Director-General in his report on the activities of WHO in 1980 singled out the importance of primary health care as a means of ensuring that the benefits of health reach the largest possible number of people in line with the goal fixed for the year 2000. It seems to us that to attain this goal a coordinated effort will be required from all social and economic sectors in each country. There are extremely important factors which cannot be left aside if we are to achieve our ends. An economy reformed and directed towards the goal of the wellbeing of the people is one of the indispensable instruments. Another important factor is population growth: if this is kept within the economic possibilities of each country, there will be a greater likelihood of reaching the goal laid down by the Health Assembly and the Alma-Ata Conference. As a result of the policy being applied in my country, Chile is achieving the economic stability which will provide a basis for promoting social welfare activities. At the same time, the Ministry of Health has taken steps to give suitable publicity to methods of responsible parenthood, so that from 1976 onwards we have witnessed a falling-off in the birth rate which, in 1980, reached 22.8 per 1000 inhabitants, so that there has been some levelling-off in the last four years. Chile's moderate natural growth rate, combined with the economic reform of the country, plus the considerable investments by the Government in the social sectors, enable us to look to the future with great optimism where the health of our people is concerned. All this is reflected clearly in the country's health indicators. Thus, in 1966 child mortality amounted to almost 100 per 1000 live births, but had dropped to 31.9 per 1000 in 1980. The general mortality rate has shown the same trend, amounting to 6.6 per 1000 inhabitants in 1980.

Primary health care is being tackled effectively through the participation of health auxiliaries recruited locally and trained in one-year courses, and serving in both rural and urban areas. This programme, begun in 1958, gave us a body of 24,988 auxiliaries in 1980. At the present time, the Ministry of Health has 1080 rural health stations staffed by auxiliaries, and 253 urban and rural outpatient clinics staffed by a multidisciplinary health team headed by a general medical practitioner. Both the health stations and the clinics are properly coordinated with the health service hospitals in each region. In 1980, for an
estimated population of 11,104,293 inhabitants, there were 11,735,175 outpatient consultations, plus 993,090 cases hospitalized, or about an average 1.19 health care episodes per inhabitant for the year.

One of the topics singled out by the Director-General in his report was mental health, and I would like to comment on this subject, since it has taken on such importance in present-day societies that it must not be underestimated. One in five of the outpatients attending the clinics shows this type of pathology. Since in general health professionals do not have sufficient training in this field, the result is a constant stream of repeat consultations, with the corresponding overload in the general health care activities of the clinics. The problems generated by alcoholism and drug addiction tend to make things worse in this respect. Being convinced of the repercussions of mental health on society, the Ministry of Health has established a specific policy which will make it possible to diagnose early mental trouble right from the primary level of health care.

The Director-General rightly pays great attention to chronic noncommunicable diseases, which in many countries, both developed and developing, have become a matter of prime importance. In this respect, prevention and control of cardiovascular diseases, which are the main cause of death in Chile accounting for 26.6% of the total number of deaths, is a matter of priority concern for the country. With the help of PAHO and WHO, programs are being developed for secondary prevention of rheumatic heart disease and arterial hypertension, for which Chile was one of the first countries to formulate a national prevention and control policy. With regard to malignant tumors, which are the second cause of death in Chile, with 15.4% of all deaths, we are developing, with the invaluable cooperation of the Government of Japan, a programme of early diagnosis and treatment of gastric cancer. The prevention and control of cancer of the uterine cervix and of the breast are likewise being given preferential attention, with the collaboration of PAHO and WHO. The promotion of environmental health must be a priority concern for all governments. Well aware of its importance, the Chilean Government has integrated several State institutions which dealt with such problems into a single one - the National Sanitation Service, whose operations cover the entire country and whose establishment was facilitated by large-scale PAHO and WHO participation.

Chile has an 81.1% urban population. In 1979, 92% of this population was served by the drinking-water network. The figure is eloquent if we consider that in 1970 only 62% of the population enjoyed this benefit. With regard to excreta disposal, in 1970, some 36% of the urban population was served by the sewerage network, and 4% had septic tanks or latrines. In 1979, 69% were served by the sewerage network. The International Drinking Water Supply and Sanitation Decade (1981-1990) will provide a great opportunity for the Member governments and international agencies to make real headway in this vital aspect of wellbeing of the people.

My delegation agrees with the Director-General's view that satisfactory health care requires an adequate supply of drugs at reasonable prices. On the initiative of the Chilean Ministry of Health, in 1968 a list of essential drugs was approved under the title of the National Drug Formulary. At the present time, 180 of these pharmaceutical products are being produced under their generic names and at average prices substantially below those of their equivalents with fancy names.

Finally, my delegation is pleased to note the in-depth analysis made in the Director-General's report of all matters bearing on the extension of health coverage during the 19 remaining years of this century. This calls for firm commitment on the part of countries and adequate collaboration by the international organizations. My country, Madam President, reiterates its firm commitment to achieve health for all in the shortest possible time.

I would like in conclusion to express my thanks for the valuable and unfailing assistance which the Ministry of Health of Chile has received from WHO and PAHO in carrying out its programme. And finally, I would like to congratulate the Director-General, Dr Mahler, on his comprehensive report, which enables us to identify the areas on which we must concentrate our efforts in order to make steady progress towards the main goal of physical, mental and social wellbeing for our communities.

Professor RAHHALI (Morocco) (translation from the French):

Madam President, distinguished Vice-Presidents, Mr Director-General, ladies and gentlemen, how can one help being moved in the presence of this Assembly of representatives of the health authorities of all the continents, and especially so when one brings them brotherly greetings from another country, Morocco, whose Sovereign, together with his Government, ensures a scupulously fair health coverage of his country through a just and equitable distribution of health services to the whole population without the slightest discrimination.
To you, Madam President, and to the Vice-Presidents of the Thirty-fourth World Health Assembly, I offer my warmest congratulations on your election. To you, Mr Director-General, I repeat my sincere compliments on your clear and concise report in which you never lose sight of your constant objective, the attainment of health for all by the year 2000. At the thirtieth session of the Regional Committee for Europe, held at Fez last October, I had the honour of assuring you of my country’s firm determination to cooperate with the World Health Organization for the greater wellbeing of all the inhabitants of our planet. You have been able to see for yourself the Moroccan Government’s efforts, achievements, and future goals under the dynamic leadership of His Majesty the King, who is constantly issuing directives to the effect that health should be considered as one of the priorities of our social action.

I found it most moving, also, to hear Mrs Indira Gandhi, one of the most remarkable personalities of the planet, associate herself with the objectives that we have always supported from this platform - an equitable distribution of health throughout the world, an effort to reduce disparities in the health field, and above all a new world order as concerns health. But is it enough simply to express a wish? I say it is not, for the will to achieve health for all by the year 2000 requires that each of us must have faith in that ideal and must assume a firm engagement to work together to that end. It requires, in particular, that those who possess the means and the technology must sincerely desire to transfer them to those who are less favoured. Actually, it is not the idea that is new - no one would deliberately exclude any population from health care; rather - and here, Mr Director-General, any success obtained is attributable mainly to you - it is the will to do everything possible, to mobilize all resources, including mental attitudes and means, to reach this revolutionary goal, for that is what it is. What must be done, then, is to create a moral and political obligation in all countries, rich and poor, to face the problem of health and its components, of the distribution of services essential to the raising of the level of health of every human being, whoever and wherever he may be.

In my country, that will has been expressed through a certain number of decisions and programmed activities, especially during the past four years in which cooperation has been established between Morocco and the World Health Organization. For example, in our new five-year plan costly hospital construction has been reduced to the advantage of the basic health infrastructure, which is to provide a better coverage of the country, more accessible to the population. Working from this infrastructure, first tried out in pilot provinces, we shall launch new programmes, of which your Organization, gentlemen, will be the mainstay.

One component will be the Expanded Programme on Immunization in which Morocco is taking part this year and which is already operational. Under the auspices of WHO and UNICEF, a national seminar on planning and management of the Expanded Programme was held in November and December 1980, and was followed by a larger seminar in March 1981, attended by more than 30 representatives of African countries. Further international seminars have been scheduled between now and 1984.

A diarrhoeal disease control programme was the object of WHO missions in March 1980 and 1981. These enabled us to draw up a national action programme in which UNICEF is playing a particularly valuable role. Through an interregional seminar we shall no doubt be able to share our experience with neighbouring countries.

With a view to preventing perinatal mortality, and thanks to a WHO expert mission in January 1981, a programme for improving deliveries has permitted the establishment of maternity units at rural health centres and liaison between the health services and traditional birth attendants. As a result, more deliveries have taken place under medical surveillance.

Aware of the importance of that essential element, water, especially at a time when several African countries are afflicted by droughts, Morocco has increased its researches in that field by acting as host to national and international seminars and by setting up, three years ago, a committee for the control of waterborne diseases. How gratified we were to learn that His Majesty the King was to establish a Higher Council for Water Resources at the end of this month.

It would be vain to attempt such ambitious programmes without ensuring a really reliable management of health resources. Thanks to missions from WHO and the United States Agency for International Development, we have found ways of improving management and bringing it up to the level of our ambitions.

For the record, I should also mention my country’s role in the joint coordinating committee for the Mediterranean zoonoses control programme, and its untiring efforts towards a better drug policy, drawing up a list of basic products whose prices are to be frozen at a low level, thanks to the understanding attitude of our young pharmaceutical industry.
It would be ill-advised and indeed ineffective to allot a merely passive role to the population. For us, therefore, health education has become an essential element in prevention by introducing the notion of preventive self-care and enabling the individual to take responsibility for averting illness.

Family planning must remain a major concern if the population explosion is to be checked through maternal and child health activities. And here I wish to stress that the success of that sensitive undertaking depends on an integrated policy and an unequivocal commitment on the part of governments to carry it through. Otherwise they may find that their efforts towards development collapse under the weight of their populations. And those efforts are already under heavy pressure from inflation, world economic disorder, and the spectre of insecurity raised by partisans of one or another doctrine promising a better future. I believe that such population pressure can but increase instability and throw our peoples into a state of moral and material insecurity, thus risking to destroy what each country holds most dear: its authenticity, the traditional values of its history, and above all its liberty - for it may well happen that realities are clouded under the pretext of defending liberty. I am sure, however, that the authorities present here are able to distinguish the true from the false. My country, for its part, will give its sole support to health for all and world health, without engaging in political polemics.

Morocco is giving close study to the draft International Code of Marketing of Breast-milk Substitutes. Regarding disability prevention and rehabilitation, the coming of the International Year of Disabled Persons has strengthened my country's efforts in this area through its National Committee for the Disabled and its physical rehabilitation centres. As already mentioned, our policy in this field is complemented by an expanded programme on immunization, improved nutrition, safe water, and accident prevention.

As the human factor remains the principal element in all health policy we, together with the Ministry of Education, have undertaken a reform of medical studies based on a clearer understanding of national realities and the country's needs. This reform, while taking account of the experience of other countries, retains its own original character and is adapted to Morocco's specific problems. The new doctor will be of a higher level and better adapted. High-level technical requirements have not been neglected, and postgraduate training for that purpose has been developed with cooperation from friendly countries. We realized that, when assessing a country's level of health, it was not enough to think in terms of the physician/population ratio, and that such criteria belong to the past. What is important is the health team, consisting of both doctor and paramedical personnel. Although the doctor is the indispensable team leader, he cannot deal with everything alone, and our experience has shown how much more effective it is to train larger numbers of nurses and technicians to work with the doctors than to increase the number of doctors beyond reasonable limits. It is our wish that WHO should emphasize the need for a change in the ways of interpreting statistics regarding medical personnel, which ought not to be dissociated from data on paramedical personnel without whom there cannot be any effective and economic public health programmes. The formula we have adopted is better adapted to the resources of the majority of countries - many of which, as we know, do not have a very high gross national product and cannot devote a large proportion of it to health programmes, and especially to the salaries of health personnel. The assessment of a country's level of health should therefore no longer be based on the criteria of statistics on medical personnel, but on adequate health services coverage, with genuine medical and social support.

For the greater success of our programmes we have endeavoured to diversify the qualifications of paramedical personnel by training social workers, midwives, orthoptists and orthophonists - as well as maintenance workers, without whom the growing use in developing countries of costly and sophisticated equipment becomes economically nonsensical even with the most well-meaning outside aid. For without a minimum of maintenance such equipment stands a risk of slowly deteriorating and becoming useless. Furthermore, it is well that the development problem should be subjected to a period of rethinking in order that the existing contradictions between top-heavy, sophisticated infrastructures and rudimentary management methods should be avoided.

I have given a brief outline of our health activities, which closely adhere to the policies followed by our esteemed World Health Organization. This year we intend to go still further by including the priority health objectives in our five-year plan for 1981-1985. I am confident that our country will thus be able to achieve health for all by the year 2000. All the inhabitants and citizens of our country will then be healthy and vigorous, able to conduct their nation on the road to further development while protecting its liberty,
continuing to contribute to world peace, respecting everyone's ideologies, and keeping its
doors open, in accordance with its age-old tradition, to cooperation with all who, like itself,
prize liberty, mutual respect, peace and social wellbeing.

Professor PROCA (Romania):

Madam President, Director-General Dr Mahler, distinguished delegates, the present World
Health Assembly is called, in the view of the Romanian delegation, to make crucial judgements
concerning the activity of our Organization for the coming two decades. In fact, future
generations will tell whether our concept of health for all by the year 2000 was correctly
conceived in terms of strategic solidity and operational efficiency.

Madam President, I should like to take advantage of this opportunity to express on behalf
of our country's delegation my sincere congratulations on your election to this function of
high responsibility. I wish you and the distinguished Vice-Presidents and members of the
General Committee every success in conducting the proceedings of this Assembly.

Personally I am convinced that the very impressive efforts of our Director-General,
Dr Mahler, over the last years will make our task considerably easier. I want to express my
appreciation both for his total commitment and his brilliant address which we heard the day
before yesterday. At the same time, I should like to thank the Regional Director for Europe,
Dr Kaprio, for the spirit of close cooperation with my country and for his dedication in
preparing this Assembly at the regional level.

May I stress the fact that the development which has taken place over the last years
regarding the general orientation of our Organization is followed with particular interest in
my country for at least two reasons.

First, because of the difficult international climate, with regard to which the President
of Romania, Nicolae Ceausescu, has recently pointed out - and I ask for your permission to
quote:

"More than ever, it is necessary to do everything to stop the armament race, to
pass gradually to the cutting down of military expenditures and the assignment of funds
to own socioeconomic development, as well as to action supporting developing countries.
It is necessary to increase the efforts for overcoming underdevelopment and for setting
up a new international economic order, a basic condition for the socioeconomic progress
of every people, for security, national independence and peace".

We are convinced that any step towards international solidarity, any success of
cooperation between our countries may have a beneficial political, economic and social
influence and an overwhelming importance for mankind's future, peace, and the health of
people. In fact, the goal of our Organization - health for all by the year 2000 - cannot be
achieved in isolation; it implies national commitment and determination for large-scale
technical cooperation between WHO and Member States as well as an efficient cooperation between
Member States for the development of their own national health systems. Within the overall
orientation of Romania's foreign policy, for a continuous enlargement of cooperation with all
countries which follow their line of independent development, we are ready to pay our
contribution to an effective exchange of experience and cooperation with a view to attaining
as soon as possible the major objective of health for all. As an illustration of this policy,
there are 18 000 foreign students currently studying in Romania, of which more than 6000 are
medical students.

Secondly, the new orientation of the Organization is highly appreciated in my country
because it concentrates on and reminds us of the human condition itself, trying to recapture
the basic social meaning of medicine within a global understanding of health as part of the
overall socioeconomic development.

The Romanian delegation considers that elaborating a world strategy for health for all by
the year 2000 represents important progress towards the achievement of a general framework
that should generate well-defined action, stimulate and support the elaboration of national
strategies adapted to the specific socioeconomic and political conditions of every Member State.
There should be a permanent flow of exchange of information between world strategy and regional
and national strategies so that the viability of the whole system can be maintained. I should
like to emphasize that the world strategy as well as national strategies should not only have
a firm platform but also a technology of proven value for its application. The translation of
strategies into action requires new techniques, skill and abilities.

I still feel that in the particular field of appropriate technology there are gaps to
be filled in regard to the transfer of technology from the developed to the developing countries,
as well as transfer from the medical field to the community.
To conclude, I should like to mention as briefly as possible a few examples from the experience of my country that may support the validity of the principles put forward by the world strategy of health for all by the year 2000. The whole population of our country has access to all forms of medical care, owing to the fact that the State has committed itself through its national health policy to providing a health budget which allows permanent growth of the health status of the entire population. In this way it has been possible to build up a large network of basic health facilities staffed by a sufficient number of general practitioners and auxiliary personnel whose work is supported by specialized ambulatory and hospital units. Health activities are conceived on a multisectoral basis, and the Council of Health is coordinating the achievement of the basic principles of the national health policy. There is a unique legislative act, the law on securing the health of the population, passed in 1978, which defines responsibilities for the health sector as well as for all other economic and social sectors contributing to health.

The Romanian delegation is convinced that during the debate that will take place both within the World Health Assembly and in the Technical Discussions we shall have excellent opportunities to confront various and relevant facts accumulated in different parts of the world that will not only stimulate our interest but will also determine an extension and strengthening of international dialogue and cooperation.

Dr QIAN Xinzhong (China) (translation from the Chinese):

Madam President, please allow me first of all to extend to you on behalf of the delegation of the People's Republic of China my hearty congratulations on your election to the presidency of this Assembly.

The World Health Organization decided not long ago to make World Health Day the occasion for launching activities having "Health for all by the year 2000" as the main theme. These activities are highly meaningful and beneficial to mankind. I delivered a speech on April 7 expressing China's support for them.

The modernization of China's medical and health services is in full conformity with the goal of health for all by the year 2000 put forward by WHO. We are making vigorous efforts to speed up progress, to ensure that in China, by the year 2000, medical science and technology will have further developed, health knowledge will be widely disseminated, urban and rural sanitation will have undergone a significant change, and the health of the population will have experienced a relatively great improvement. To realize this great objective China has adopted the following guiding principles and formulated the following main tasks:

1. To continue to implement the principle of putting prevention first. Patriotic health campaigns must be widely launched, and diseases seriously threatening the health of the population actively prevented and treated, so that the health status of the population will be improved.

2. To continue to give priority to medical and health work in rural areas, while at the same time reinforcing medical and health services in factories, mines and urban areas. Over 80% of China's population lives in the countryside. Solving the problem of disease prevention and treatment for her 800 million rural population remains therefore a priority in China's medical and health work. The construction of a health network at grassroots level in both urban and rural areas must be further strengthened, by restructuring and improving rural commune hospitals and urban neighbourhood clinics. Barefoot doctors are to receive active training to enhance their capability. We believe that the cooperative health care practised in China's rural areas is a good system suited to local economic conditions, and various different approaches must be adopted to ensure its further consolidation and development. It is only by establishing a sound urban and rural basic health system that disease prevention and treatment among the masses can be guaranteed. At the same time a programme was outlined in 1979 by which country-level medical and health care establishments were to be reinforced in batches, and become the county centres of medical care, epidemic disease prevention and sanitation, maternal and child care, and family planning technical guidance, as well as bases for basic health manpower training. In 1980 a first group of over 300 counties had already undergone such reorganization of their health care units. Technical and management standards showed noticeable improvement, and this initial success was favourably appraised by the masses.

3. To maintain and develop the great heritage of traditional Chinese medicine, that veritable treasure-trove. In this respect new progress has been achieved, in both general and specific policies, in basic research and in clinical practice.

4. To carry out family planning, providing intensified technical guidance in this field. This is an important task in China's medical and health work. To strive to limit China's
population to under 1200 million by the end of the century, the Chinese Government has called on the Chinese people to have only one child per couple. This is a step of great significance, concerning the health and happiness of future generations and conforming to both the long-term and immediate interests of the entire people. On the one hand, health institutions must implement the policy of giving priority to contraception, intensifying birth control technical guidance and technical manpower training, and raising technical standards; on the other hand, eugenics must be advocated, maternal and child care improved, perinatal care and child health and safety protection ensured, with nurseries and kindergartens efficiently run in coordination with the concerned sectors.

(5) To intensify research in the field of health economics, raise the level of scientific and administrative management, improve the quality of disease prevention and treatment, practise strict economy and seek greater economic effectiveness.

(6) To further enhance the build-up of manpower in medical science and health technology. Earnest efforts must be made to run effectively more than 500 medical colleges and technical schools and improve their teaching standards. At present, in-service training must be well organized and many different methods of training adopted, to turn out a large number of personnel having mastered modern scientific technology and modern scientific management.

Madam President, I have noted with pleasure that the past year has witnessed further development of academic exchanges and technical cooperation between China's medical, pharmaceutical and health circles and WHO and friendly Member States as well. In cooperation with WHO and the United Nations Development Programme, China has periodically conducted acupuncture and moxibustion training courses in Beijing, Shanghai and Nanjing. Since 1975 more than 350 friends from 88 countries of five continents have participated in 23 such courses. Since 1980 four seminars on primary health care, with a total of more than 80 participants coming from 37 countries, have been held in Yexian County, Shandong Province, Conghua County, Guangdong Province and Jiading County, Municipality of Shanghai. All these activities have proven most fruitful.

Our experience in technical cooperation has made us deeply aware that such activities are not only beneficial to exchanges in the field of medical science and to the promotion of global medical science and technology, but also help to enhance mutual understanding, friendship and cooperation among medical circles and peoples of all countries.

I sincerely hope that the peoples and friends from the medical circles of all countries will further unite and join efforts in strengthened cooperation to make their due contributions to achieve the great objective of health for all by the year 2000.

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

Madam President, Mr Director-General, distinguished delegates, may I begin by offering warm congratulations, on behalf of the Tunisian delegation, to Dr Violaki-Paraskeva on her election as President of this august Assembly. I also congratulate all the Vice-Presidents and all delegates elected to hold office during this Thirty-fourth World Health Assembly. I take this opportunity to pay a sincere tribute to WHO for its unceasing efforts on behalf of health promotion in the world, efforts that are reflected in the admirable report by the Director-General, which in our view is a valuable working document.

We followed with interest the work of the Executive Board at its sixty-sixth and sixty-seventh sessions, and thank the members of the Executive Board for their reports.

On behalf of my delegation I should like to give you our views on a number of matters in these reports which particularly caught our attention. First of all I should like to reaffirm Tunisia's unconditional support for the noble humanitarian objective we have set ourselves - health for all by the year 2000. We are fully aware of the substantial efforts demanded by such an ambitious target and have resolutely decided to work for its achievement. The objective of health for all by the year 2000 is all the more important for us because it corresponds to our national aspirations in the health field, aspirations based on the determination to safeguard the right to health of all citizens. This right is embodied in our Constitution, and ever since our country became independent the Tunisian Head of State, President Habib Bourguiba, has worked unceasingly to uphold it. In keeping with the commitments it has made to achieve this objective, Tunisia has strengthened its national strategy, which is essentially based on extending the existing infrastructure so as to provide the entire population with access to primary health care. Under our next Five-Year Economic and Social Development Plan (1982-1986) we intend to concentrate our activities on a fairer distribution of health resources, granting absolute priority to the least privileged and worst served regions.
In his report the Director-General stresses the need to provide support for worldwide, regional and national strategies. May I take this opportunity to express Tunisia's approval of this constructive approach. WHO has managed to secure a political commitment, reflected in the adoption of resolution 34/58 by the United Nations General Assembly. This is an indication of our Organization's determination to continue to uphold the cause of health in the world. Nevertheless, it is evident that political commitment alone is not enough and must necessarily be supported by international cooperation which encourages the transfer of health resources from the developed countries towards the countries of the Third World. We particularly welcome the introduction of a new concept of international cooperation based on the principles of what it has been agreed to call "the New International Economic Order". Tunisia regards the setting-up of health development advisory councils, and in particular the establishment of a health resources group for primary health care, as a praiseworthy initiative that deserves encouragement. We have noted with particular interest the establishment of a health resources group for the African Region and hope that the other regions, particularly the Eastern Mediterranean, will follow this example. In order to strengthen WHO's contribution, in particular at the regional level, it would seem desirable to encourage an increase in the number of regional offices so as to further decentralize and intensify the relations between Member States and WHO via the regional offices. As regards the contribution of Member States, which have been invited to strengthen the role of their Ministers of Public Health and to set up multisectoral national health boards, I am pleased to inform you that Tunisia has already responded to this appeal. Our Minister of Public Health has made substantial changes to his organization chart at both central and regional levels. He was also responsible for setting up a Higher National Health Board, an advisory body dealing with all health problems in the widest sense.

Madam President, we also take great interest in the question of the periodicity of Health Assemblies, and without going into detailed arguments I should like to make it clear that Tunisia is in favour of biennial Assemblies. In my view this step should be accompanied by the introduction of a session of an expanded Executive Board, including all Members of WHO, at which they can discuss without formal speeches, and for a maximum of seven days (instead of three weeks), problems that may arise between two biennial Assemblies. You can well imagine how much time would be saved by such an innovation. While recognizing the need to study the repercussions of introducing biennial Assemblies on the life of our Organization, I invite the present Assembly to take a definite decision on the principle, leaving it to the Executive Board to make the necessary arrangements for putting this decision into effect, rather than postpone the examination of this question indefinitely from one Assembly to another.

I should also like to raise the matter of the transfer of the Regional Office for the Eastern Mediterranean, which I have deliberately mentioned in connexion with the study of WHO's structures in the light of its functions because I believe this transfer to be fundamental to the development of WHO's structures for the countries of the Region. It is indeed utterly regrettable that at a time when we have all acknowledged the imperative need to strengthen the role of the regional offices and committees in order to support our health strategies the countries of the Eastern Mediterranean Region should have been confronted with a serious decline in the role of their Office. While thanking the Director-General for the steps he has taken to limit the adverse repercussions of this decline, I have to stress that these steps can only be provisional. At the request of the Assembly the International Court of Justice has issued an advisory opinion on the rules and legal principles applicable to the conditions and procedures for the transfer of the Regional Office for the Eastern Mediterranean. Now that the legal implications of this transfer have been examined in detail, Tunisia appeals to the goodwill of the Members of this Assembly to meet the wishes of the majority of the countries concerned, which for a year have been requesting the transfer of the Office to Amman, and to consider this question solely in the light of the interests of our peoples' health. The best evidence of compliance with the democratic principles of our Organization would be to see the Assembly ratify the decision taken by the majority of States of the Region.

My final comments on the Director-General's report concern the programmes undertaken during 1980 and Tunisia's achievements during this period. All these programmes are equally important in our eyes, but we have particularly concentrated our efforts on the International Drinking Water Supply and Sanitation Decade, maternal and child health, and the International Year of Disabled Persons. We have given fresh impetus to maternal and child health programmes, in particular to the promotion of breast-feeding. An international symposium on the feeding of babies and young children was organized in Tunis in December 1980. Since the start of 1981 the International Year of Disabled Persons has attracted special interest in
Tunisia, and various bodies have combined their efforts in order to improve the situation of handicapped persons.

Another topic worthy of our interest, and one very close to our hearts, is the deteriorating health situation of the Arab populations in the territories occupied by Israel. The plight of these populations calls for our full attention and support. We must explicitly condemn the Zionist aggression and proclaim our support for the brother Palestinian people, who are the victims of this aggression. For as long as oppression and colonization continue to exist on our planet we cannot really claim to have achieved health for all.

In conclusion, I hope this Assembly will be a complete success, and I am convinced it will take decisions in keeping with the aspirations of our peoples.

Dr CALVOSA CHACÓN (Costa Rica) (translation from the Spanish):

Madam President and officers of the Assembly, allow me to express, to you Madam President, our satisfaction at your election to preside over our meetings. It is a well-deserved tribute to you and your country, and the same applies to the Vice-Presidents. Our sincere congratulations and gratitude go likewise to Dr Mahler for the excellent work done under his direction by WHO during the past year. In compliance with resolution WHA30.43 of the World Health Assembly, which sets the goal of "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", and in accordance with the Declaration of Alma-Ata, which recognizes that primary health care is the key to achievement of that goal, Costa Rica has focused its efforts on organizing programmes to attain this goal as rapidly as possible. Our health indicators, with life expectancy at birth of 73.4 years for both sexes, an infant mortality rate of 22.1 per 1000 live births, and a 1-4 year-old child mortality rate of 1.1 per 1000, reflect the efforts made by my country in two major fields: in the field of health as such, by means of a series of preventive, curative and rehabilitation activities; and in the field of social development, by means of a number of measures designed to raise the level of living of the people of Costa Rica.

In the health field, the implementation of appropriate technology calculated to meet the needs of the most needy population groups and making use in particular of rural health and community health strategies, has enabled us to bring health services from door to door to 95% of the rural and 48% of the urban population, especially those situated in urban fringe areas. The Social Security system, with its Law of Universal Coverage, reaches 92% of the population with its sickness and maternity scheme, including not only the economically active population and their dependants but also the social outcasts and the very poor, who have been brought under this scheme through State support. In a number of specific fields, the situation in my country is very good. For example, since 1973 no cases of poliomyelitis have been reported; the last cases of diphtheria were reported in 1975; and in 1980 the mortality rates per 100 000 inhabitants were 0.2 for measles, 0.3 for tetanus and 0.4 for whooping-cough - a situation which demonstrates the effort made in the field of diseases preventable by vaccination. The immunization programmes, which are part of the routine work of the health centres, and the programmes for the extension of coverage, are making it possible for us to attain levels of protection amounting to 85% for children of two years of age, and we are confident that by 1990 we shall have reached the target of the Expanded Programme on Immunization with protection for 100% of the children in the country.

Side by side with these improvements, we have already begun to tackle, with steadily increasing speed, other types of problems arising from the characteristics of modern life and industrial countries. For example, with the participation of the entire sector, programmes to combat specific health problems are taking shape; these include programmes for the prevention of blindness and deafness and the control of arterial hypertension and diabetes mellitus. In these cases, standards have been established for the various levels of health care, and the programming has been integrated into the normal work of health establishments. As part of the policy of the present Administration, the strategy of organization and participation by the community has been implemented and consolidated into a national plan for participation by the people in health matters, fostered, in conception and early implementation, by a policy of promotion of the individual based on the Government's ideological and philosophical principles. Community health programmes, both in the rural areas and in the urban fringe zones, already included the establishment of health committees, but efforts have been made to introduce a greater measure of community participation. This has been achieved by awareness-promoting and educational action, thus transforming these community groups into a genuine link between the community and the institutions. In six cantons of the country,
we already have 60 specific development programmes, jointly worked out by the institutions and community groups. It is hoped in this way to strengthen and expand basic planning, through studies, education and guidance, with a view to identifying resources, and action for the implementation of the solutions found.

In accordance with the guidelines laid down and the general policy of the people's participation in national decision-making, we have structured the policy of organization integrated at local, cantonal, subregional, regional and national levels with basic organizations at the local level. More than 1000 health committees, 43 associations at cantonal level and three federations at regional level which together with two others will make up the regional health federations, are due in the second half of this year to become the Health Confederation, and in accordance with the same policy this will take part in the Sectoral Health Council. Finally, the multisectoral health approach, because of its comprehensive nature at the present time, has led to the coordination of all the institutions whose action is vital for the achievement of the objectives of the health programmes as summed up in the goal to which we are all committed, namely health for all by the year 2000.

Madam President, Mr Director-General, fellow delegates, having given this succinct account of the salient aspects of the health sector of my country, I would like to take this opportunity to express our sincere hope that this great meeting, under your distinguished presidency, will achieve the greatest possible success, in the interests of the health and wellbeing of our peoples.

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

Madam President, fellow delegates, the Bulgarian delegation offers its cordial and heartfelt congratulations to you, Madam President, on election to your high office at this Assembly, and also warmly welcomes the Vice-Presidents, and wishes you all the very best of success in your honourable work. We agree with you, Madam President, that women are truly an immense force in the development of public health. In Bulgaria they have always been the main initiators of the development of basic health care for the broad masses of the population, particularly in regard to maternal and child health. I myself recently had the honour of visiting some countries in Africa, and I gained the impression that the fate of the "health for all" programme is above all in the hands of the heroic women of those countries.

The Director-General has again delivered a brilliant speech on a "contract for health", in which he develops the lofty ideas and aims of Alma-Ata. We are ready to play an active part. We only wish to remark that, in the light of the strategy for implementing that contract, the role of the medical worker must sharply change. Medical workers must assume new obligations with national and international dimensions. For this, it seems to us that we need to promote the further development of the process of what might be called "socialization" of the thinking and professional conduct of the physician. WHO should pay the closest attention to this question because, as a rule, a country's leaders listen to the opinions and proposals of the medical profession, which is the bearer and creator of medical knowledge. This year my own country, Bulgaria, celebrates a jubilee - the 1300th year of its existence. A historical review of the development of Bulgarian public health shows that its achievements are due above all to the revolutionary social changes that have taken place in the country during the last 35 years, but they are also due to a large extent to training national medical staff to understand their social mission. The popular traditions of the Bulgarian system of medical education and medical research, which have become established under the fraternal influence of Soviet medicine, have enabled us to bring modern medical care closer to people living in the most remote corners of the country. During the last decade we have also been able to provide more appreciable aid to public health in a number of friendly countries, where at the moment several thousand Bulgarian medical staff are working. At the same time an increasing number of medical students have come to Bulgaria from roughly 50 countries in different parts of the world, and it is a pleasure for me to welcome in this Assembly some of the graduates from Bulgarian medical schools. Today the main problem for the social policy of Bulgaria, as was emphasized by the General Secretary of the Party and Chairman of the Council of State, Comrade Zhivkov, at the recent Twelfth Party Congress, is to further extend social welfare in the broad sense of the term to all members of society. Health is one of the main components in the social welfare system. The main trend in the development of public health services has found practical expression in long-term programmes for the control of cardiovascular diseases, health education, the promotion of mental health, an anti-smoking campaign, etc. The priority given to prevention and the large-scale introduction into medical practice of the
latest achievements of medical research correspond to the ever-improving general level of economic development in Bulgaria. The successful development of our health system increases our ability to play a more active part in international cooperation. This year a broad programme to improve services for the disabled is being implemented and a programme is being prepared to extend services for old people. On the basis of a number of bilateral agreements, Bulgaria is successfully cooperating in medical research and public health with many fraternal and friendly countries. I wish to emphasize in particular our fruitful cooperation with WHO, especially in connexion with the implementation of the general memorandum on cooperation. Scores of physicians from various countries take part every year in courses organized in Bulgaria. Interesting results have also been obtained from the development of primary health care on the Gabrovo model and of other forms of public health care.

Allow me, Madam President, to join other speakers in calling attention to the alarming international situation. Mankind is celebrating the thirty-sixth anniversary of the end of the Second World War in the context of a new arms race on the part of the imperialist powers. Our country, together with the other socialist democratic countries, consistently supports a policy of peace and international security. It seems to us that WHO should take up a more consistent and firmer position as a defender of peace. The millions of physicians throughout the world form a part of mankind whose professional training makes them better able than anyone else to understand the threat posed by thermonuclear war to the health and life of human beings. On behalf of the Bulgarian medical profession I should like to state that we warmly welcome the initiative of the first congress of "International Physicians for the Prevention of Nuclear War". The Bulgarian medical profession is supporting with deeds the appeal to all the physicians of the world. It is only under peaceful conditions, as other colleagues have already said, that WHO's strategy for implementing the goal of health for all by the year 2000 can be successfully developed.

The PRESIDENT:

Thank you, Professor Gargov. The next plenary meeting will be at 14h30 this afternoon.

The meeting rose at 12h25.
SEVENTH PLENARY MEETING

Thursday, 7 May 1981, at 14h40

Acting President: Mr M. C. JALLOW (Gambia)

GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The ACTING PRESIDENT:

Distinguished delegates, the Assembly is called to order. We shall continue the general discussion on items 9 and 10 and I call to the rostrum the first two speakers on my list, the delegates of Comoros and Rwanda. I give the floor to the delegate of Comoros.

Mr MOHAMED (Comoros) (translation from the French):

Allow me to depart from the recommendations of the President and to add the congratulations of the delegation of the Federal and Islamic Republic of the Comoros to those of the other delegations that have preceded me on this platform and have complimented the President on her election to that honourable office. I also offer my warmest congratulations to the Vice-Presidents and the other officers who have just been elected. I wish also to congratulate the Director-General, Dr Mahler, on the clarity of his report which will remain in the annals of the Organization as one of the basic instruments for the attainment of the objective, health for all by the year 2000.

During the thirtieth session of the Regional Committee for Africa, the Regional Director, Dr Quenum, gave us a lucid and convinced description of a veritable charter for an African health revolution, and we wish to congratulate him warmly on it.

To attain the objective of health for all by the year 2000 the Comorian delegation which I have the honour to lead appeals to the generosity of the rich countries to give greater support to the often ambitious national health strategies of countries with limited resources.

The geographical and historical characteristics of the Comoros are somewhat different from those of other African countries and have important repercussions on health policies. The division of the country into four islands makes communications difficult and this has certain effects on the organization of the health services. To imagine that it is easy to organize basic health services because a small population of 350,000 is contained within a restricted area is illusory and ignores the inherent difficulties of the situation. It is in spite of these, and other, difficulties that the Comoros have to organize basic health services and primary health care. That is a great challenge for us, and one that is all the greater since we have only 20 years in which to reach the objective so rightly suggested by WHO, health for all by the year 2000.

In order to avoid dispersion of our activities and to advance gradually towards our goal, we have adopted an approach of programming by objectives. This we believe to be the only scientific method which, by periodically checking results, provides a positive feedback and enables us to keep on our course.

As at present conceived, the organization of health services in the Comoros is of quite recent date. Indeed it was only in 1978, following a politically unstable period and the destruction of all the existing health structures, that the present Government set out to reconstruct them. In the last two and a half years a great deal has been done to establish the bases of a health system that is under constant improvement through the numerous projects now under way.

The country now possesses seven health centres, or one for about 9000 people. In making an estimate of the effective range of action of a health post, it is found to be at most between three and five kilometres. Extrapolating from this, we have reached an ideal

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1 The following is the full text of the speech delivered by Mr Mohamed in shortened form.
requirement of one centre for 5000 population, but this ideal cannot at present be realized owing to the bottleneck of lack of competent personnel.

The Comoros have a National Health School which is now providing a three-year course at the State-registered nurse level as well as in-service training courses for existing personnel. One-year training courses for auxiliary nurses will shortly be added to these activities. The School is at present inadequately housed in borrowed premises, and we would welcome international assistance in constructing adequate accommodation. As regards in-service training, a medical documentation centre for the use of all medical and paramedical personnel will be available towards the end of 1981. For several years to come we shall have to depend on international cooperation for our medical personnel. We hope however in the less distant future to have Comorian staff filling organizing and planning posts so that we can take control of our services. Requests will be made to international bodies to make good the shortage of technical personnel. We already have several Comorian physicians at work in our islands and others are being trained abroad.

Although our primary concern has been to achieve overall objectives such as the expanded programme on immunization, maternal and child health services, control of the main endemic diseases, and nutrition, we have also developed that indispensable control tool, a system of statistical data collection. This system, which is definitely oriented to the overall objectives, has been tried out for more than a year and has already provided interesting results in 1980. With a view to obtaining more reliable information on the health situation and adapting our action accordingly, we have planned, with the aid of the statistical and programming services, to undertake certain studies in the coming year. At present in preparation are a study of infant mortality, a nutrition survey, and research on the resistance of Plasmodium falciparum to chloroquine. Other equally interesting projects are under consideration.

Coming now to the main objectives, first let us look at the expanded programme on immunization, which made a slow start in 1979 but has gained momentum ever since. It should be said that, for various reasons, no vaccinations had been given since 1974, and it was therefore necessary to seek out all the children under five years of age that had received no vaccination protection. It can now be stated that half this task has been accomplished and that by the end of 1982 all children in the Comoros will have been immunized. From then on, all that will be needed is to immunize the children, about 15 000, born each year. That will be done by the maternal and child health services.

Development in maternal health has, however, been rather slow owing to lack of qualified personnel and logistic support. We may nevertheless be proud of the fact that 50% of pregnant women benefit from prenatal care and 30% of deliveries take place under health supervision. It is true, however, that much remains to be done in this sector. As from this year, traditional birth attendants are receiving training in a trial zone. If we are able to improve their delivery techniques and to ensure that they refer difficult cases, a great advance will have been made. We expect also that they will take part in child health activities.

As regards the control of the main endemic diseases, special attention is being given to the malaria eradication project. Malaria is hyperendemic in the Comoros, and the problem has a high priority. A study of the feasibility of malaria eradication was carried out in 1980 by the Government in collaboration with WHO. We realize that this is a very large-scale operation, and that failure in similar undertakings has usually been due to weakness in the health infrastructure. By the end of 1984, that infrastructure will have achieved a reasonable population coverage.

Malnutrition ranks second in importance. Among children there is 40% of slight and 10% of severe malnutrition. Curative activities are underway but preventive and educational activities remain to be developed. During 1981 an integrated nutritional recuperation centre is to be set up as part of regional health development action, and once it is opened research will be undertaken to evaluate the impact of this type of activity. Other multidisciplinary approaches are being developed, such as school gardens and support centres for regional development.

Further basic health activities are under way, including the uniformization of treatment protocols, the evaluation of lists of essential drugs, and the publication of a monthly review of health information.

The basic health services are still benefiting from international investments. But the young Comorian State is meeting considerable difficulties in ensuring the regular operation of primary health care during this early stage of structurization. We are therefore requesting from different multilateral and bilateral aid bodies some logistic support for the operation of these services.
Primary health care is a "must" for the Comoros, and the return of expatriated health personnel is therefore to be encouraged. This is facilitated by the existence of a sound health care organization. International bodies can help us in this respect, perhaps by offering reintegration fellowships as they do for training fellowships, since our little country cannot compete in the international "brain market".

Mr President, Director-General, honourable delegates, the Government of the Federal and Islamic Republic of the Comoros is convinced that the goal of health for all by the year 2000 can be reached only through the solidarity of all the dynamic forces of our planet.

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

Mr President, honourable delegates, like most of the delegations that have preceded it, the delegation of the Rwandese Republic which I have the honour to lead at the Thirty-fourth World Health Assembly offers its warmest congratulations to the President whom this august Assembly has elected to direct its debates. My congratulations go also to the Vice-Presidents of the Assembly, to the Chairmen of the main committees and to all the other officers.

May I ask Dr Al-Awadi to accept my most sincere compliments for the great service he has rendered the Organization by directing the Thirty-third World Health Assembly with dignity and ability.

My delegation must also very sincerely congratulate Dr Mahler for the dynamism, competence and devotion he has shown in directing our Organization since he became its chief. We highly appreciate the valuable report he presented at the second plenary meeting of this Assembly. My congratulations go also to Dr Lambo, Deputy Director-General, to the members of the Secretariat and to those of the Executive Board for their untiring efforts and their contribution to the proper functioning of our Organization.

Mr President, honourable delegates, I wish through our Director-General and our Regional Director to offer my sincere thanks to the World Health Organization for the various activities undertaken in my country, including health measures, health manpower training, the expanded programme on immunization, the material support provided for research on medicinal plants, and the mental health programme. I wish also to thank the international bodies and the friendly countries that have also assisted us in carrying out our public health programmes which are outlined for us by our Head of State, President of the Republic and Founder President of the National Revolutionary Movement for Development within which the entire population of Rwanda is united.

Mr President, honourable delegates, I must tell you that my country has signed and ratified the African Charter for Health for all by the year 2000 and in so doing has strengthened its determination in regard to health matters and in particular to its decision to direct its main health action to community medicine. The Rwandese Government consequently gives its unreserved support to all programmes for the betterment of the health of our people. We are aware that the International Drinking Water Supply and Sanitation Decade has now begun. To give concrete expression to his support for the advancement of the wellbeing of the population, our Head of State, Major-General Habyarimana Juvénal, has named the year 1981 in Rwanda as "rural water supply year". In furtherance of this aim he has asked the whole population to unite its efforts to provide safe drinking-water in the rural areas.

In my country, as in most Third World countries, the population explosion is an acute problem, and the Government has established a body to study all our country's demographic problems. This is the ONAPO (National Population Office). Among its many activities may be mentioned maternal and child health and birth control. For the latter activity, my country is requesting assistance from WHO for a study of the effectiveness of the so-called "natural" methods.

In regard to primary health care, the Rwandese Government is doing everything possible to achieve the objective of health for all by the year 2000.

In spite of the Government's efforts to control the common endemo-epidemic diseases such as malaria, cholera, cerebrospinal meningitis, measles, deficiency diseases, tuberculosis, leprosy and tick-borne relapsing fever, we are at present faced with a serious epidemic of bacillary dysentery. This calamity first struck my country at its north-west frontier and then progressed towards the centre. Control measures have been initiated, but in view of our limited means we must count on international solidarity for help in fighting this scourge.

May I conclude, Mr President, by expressing my best wishes for the success of the work of the Thirty-fourth World Health Assembly and my wholehearted desire that our struggle against disease may help to strengthen the bonds uniting the peoples of the world in their efforts towards the noble objectives of peace, happiness and prosperity.
Mr JAYASURIYA (Sri Lanka):

Mr President, Director-General, distinguished delegates, ladies and gentlemen, may I on behalf of the Government and people of Sri Lanka congratulate the President on her election to high office, and also you and the other Vice-Presidents. I am convinced that under the President’s leadership and with the active participation of the distinguished delegates present here we can look forward to a successful Assembly.

I would also like to congratulate the Director-General and his staff for the work they have accomplished since our last meeting. My Government would like to place on record its appreciation of the assistance and cooperation we continue to receive from the World Health Organization. I would also like to take this opportunity to congratulate Dr Ko Ko of Burma on his appointment as the new Regional Director of our South-East Asia Region. I am confident that his well-proven competence, his great enthusiasm, and his deep and sympathetic understanding of the problems of health and development will enable him to provide dynamic leadership to the countries of the Region in the difficult years that lie ahead and make our goal of health for all by the year 2000 a tangible reality. We wish him all success and offer him our wholehearted cooperation and assistance in this endeavour.

To us in Sri Lanka, and to me in particular, the year 1981 is of very special significance. I have had the pleasure and privilege of addressing this Assembly in successive years since 1978. To all of us in Sri Lanka this year marks the fiftieth anniversary of our achievement of universal adult franchise and the establishment, growth and consolidation of a free, just and democratic parliamentary tradition of government by our people, for all our people. Despite being a small and very poor South-East Asian nation, with an almost exclusively agrarian economy, we have during this last half-century made very considerable progress towards our goal of achieving health for all. Our current health and population statistics bear witness to the success of our efforts. We now have a maternal mortality rate of less than 0.8 per 1000 births; our infant mortality rate has continued to decline and is now at the lowest ever recorded, at 37.1 per 1000 live births, and our average expectancy of life at birth now exceeds 68 years. Our census this year reports a population of 14.9 million, with an average growth rate of 1.7% per year during the 10-year period since our last census, in 1971.

Permit me, Mr President, to depart on this occasion from the traditional practice, and reflect a while on the significance of these achievements, for I would like to believe that our experience in health promotion may be of some relevance to the efforts of this Organization by providing some insight into the problems and processes of social development in the poorer countries. More particularly, I would like to draw the attention of this Assembly to the very complex interplay of social, cultural and economic value systems which, by determining levels of political consciousness, have determined also the way in which our people have participated in making governments of their choice respond to their needs. For I am convinced that our achievement in the field of health is a very direct consequence of our concept of development.

To us, the goal of our development efforts has been an improvement in the quality of life of all our people, and towards that end we have been committed to a multiparty, democratic parliamentary system of government, and to a mixed economy through which we seek to fulfil three major development objectives - those of promoting economic growth, enhancing social justice, and promoting individual human freedom. To us, development has always meant the creation not merely of a richer and more affluent society, but also of a more humane, just and compassionate one. We have not been oblivious of the fact that the simultaneous pursuit of these three different objectives necessarily generates some inconsistencies and contradictions; a neglect of the demands of social equity and justice, or a lack of concern for human rights and individual freedom, may well have enabled us to maximize economic growth more rapidly, but our unflinching commitment to the task of improving the quality of life of all our people has allowed us no compromise. When political sovereignty was achieved in 1948 it came to a people strongly influenced by the Buddhist ethic and tradition, with its compassionate reverence for life and its value system biased in favour of education, and to a people who since 1931 had exercised their franchise to elect governments of their own seeking, and set in motion a process of social transformation having profound effects on all aspects of our development. The widest extension of educational opportunity became a major concern. For this was seen as a key instrument of policy for promoting development and reducing socioeconomic inequality. The establishment of an extensive network of schools led to changes in literacy rates - from 50% for males and 25% for females in 1920, to 90% for males and 78% for females in 1978. The primary health care infrastructure based on the services of state-trained village midwives and public health nurses, first established in 1927, was expanded, and led to the establishment of a very extensive network of rural health care facilities. The concomitant improvements in educational status related very directly to the acceptance
and successful utilization of these facilities, resulting in the dramatic improvements in health in rural Sri Lanka that I indicated earlier.

Nor were the changes confined to the health and education sectors alone. Popular pressures led to the development of an extensive State-subsidized transport system, the adoption of far-reaching land reform legislation, and the provision of a basic food supplement to the neediest. By diverting a large fraction of our budgetary resources during this half century, we developed one of the most extensive social welfare systems seen anywhere in the developing world, and provided our people with a quality of life unmatched by any nation at a comparable level of economic development. What is particularly noteworthy about this progress is that, although the changes wrought were revolutionary in their social impact, they were accomplished without discontinuity through the mediation of existing political institutions. Despite the changing appeal of widely different models of development planning, Sri Lanka has consistently adopted a basic needs approach, giving priority to the needs of the underprivileged and vulnerable sections within the community, and its experience strongly confirms the view now accepted by all development planners that long-lasting and pervasive improvements in health status are primarily due to the beneficial interaction of several multisectoral development changes rather than to improvements in the conventional health care delivery system.

Whatever progress we have made in improving the quality of life of our people has made us even more acutely conscious of the need to consolidate and extend these gains. For we still have a long way ahead, and the future poses yet more complex problems. In common with every other country in the world, we face an explosive escalation of health service costs. Increasing literacy has led to an increased demand for health care at a time when worldwide economic instability has led to a rapid inflation in the cost of all health care supplies and services. Concerned as we are with promoting development which leads our economy to the phase of self-sustaining growth, we need to redeploy our scarce resources more effectively, so that they support higher levels of investment in directly productive enterprises. Consequently, we are faced with the need to scale down the outlay on our welfare systems, while ensuring that the needs of those who are most in need are adequately met. We are faced with the task of making our health services more self-supporting, making our people more self-reliant, and making our health care management systems more effective. And to that end we are deeply appreciative of the efforts of this Organization in making the concept of the primary health care approach more meaningful.

We are acutely conscious of the need to promote greater community and individual participation in the planning, organization, operation and control of our primary health care services, the need to make the fullest use of all our available resources, and to ensure that the care provided is based on practical, sound and socially acceptable methods, made universally accessible to those in need. Since signing the Charter for Health Development in 1950 and adopting health for all as our key objective, we have taken several steps that will facilitate the implementation of our new policies and programmes. 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 in other sectors and health-related activities, while the strongest political commitment remains an absolute precondition for the successful implementation of any policy. To achieve these objectives, we have set up a National Health Council under the chairmanship of the honourable Prime Minister, with the Minister of Health and the ministers of health-related subjects as its members. My Ministry of Health has also set up a national health development committee to service the National Health Council, while this committee itself is serviced by several specialist standing committees in the major areas of health development, including primary health care, health manpower, manpower development, health research, and drug policies. I am happy to report that all these committees are now fully operational and are engaged in the tasks assigned to them.

Mr President, I have with your indulgence attempted in this brief address to relate the problems of health in our small country to the wider context of social and economic development, and in doing so made an effort to identify some areas in which we see new problems emerging. For I believe that these are areas of increasing concern not merely to us but to all those concerned with health promotion and development. I am aware of all the efforts that this Organization makes through its many divisions and programmes to develop new and better tools for the more effective control of disease. Appreciative as I am of all these efforts, I remain convinced that there is a great deal yet left undone in learning how we could make much better and more effective use of the tools, drugs, vaccines and technology that we possess even now. In conclusion, may I venture to suggest that the adoption of innovative approaches in areas such as these may well determine the success of all our efforts towards achieving health for all.
Mr SAHLU (Ethiopia):

Mr President, the delegation of Socialist Ethiopia associates itself with the remarks of the previous speakers in congratulating the President on her election to high office, and also congratulates the Vice-Presidents.

As a major theme of this Assembly is deliberation on strategies for health for all by the year 2000, my delegation would like to point out briefly Ethiopia's undertakings in this regard. Concerning government commitment, the Revolutionary Government of Socialist Ethiopia has given high priority to the health sector in the socioeconomic development programme of the country. As a result, health services coverage through basic health service increased from 15% to 43% in the last six years. Although still inadequate, all levels of trained health professionals increased by 250% in the same period. In other areas of the health services appreciable improvement has also been achieved.

Regarding the strategy for health for all by the year 2000, Ethiopia has accepted the principle and concept of primary health care as the way for achieving the objective of health for all by the year 2000, and taken concrete steps towards the realization of this objective. In conformity with the WHO schedule, Ethiopia has prepared and submitted its strategy for health for all by the year 2000, and has also signed the Charter for Health Development for the African Region. Awareness is being created at all levels of the implications and of the action that should be undertaken to meet the goal of health for all.

To implement the strategy for health for all, an indicative 10-year plan has been developed and launched. The major objectives of the plan are as follows: (1) by the end of the plan period there will be an 80% to 85% coverage of the entire population with basic health services and community health services; (2) the training and development of community health agents and traditional birth attendants will be given high priority; (3) in conjunction with and in support of the development of community health services, the strengthening and expansion of health stations and health centres will take precedence in the development of health service facilities; (4) as the next priority, existing hospitals in the rural areas will be strengthened; (5) in conjunction with the above, and depending on the availability of funds, new rural hospitals will be established; (6) having fulfilled the above priorities, hospitals and health centres in the cities will be strengthened; (7) training of all levels of health professionals will be given high priority.

Among the specific objectives of the 10-year plan, emphasis is given by the Ministry of Health to the following: to ameliorate the acute shortage of manpower; to expand the construction of health facilities; to control communicable diseases; to improve environmental sanitation in line with the objectives of the International Drinking Water Supply and Sanitation Decade; to strengthen the national maternal and child health programme, including the expanded programme on immunization.

As a first step curricula have already been developed for training community health agents and traditional birth attendants through direct participation of communities. At present there are 1737 community health agents and 867 traditional birth attendants - trained personnel that are serving under the direct administrative and financial control of the peasants' associations in the country.

With regard to medium-term programmes, Ethiopia has launched an expanded programme on immunization (EPI), in line with the WHO programme. A model study EPI programme was launched two years back, and the results evaluated were found to be satisfactory; consequently a national programme was launched in January 1981. At present the programme is carried out in 90 localities, covering expectant mothers and children below two years of age. It is envisaged that the programme will cover 80% of all expectant mothers and children by 1990. The Revolutionary Government's commitment and support has been declared, as evidenced by a resolution of the second regular plenary meeting of the Central Committee of the Commission for Organizing the Party of the Working People of Ethiopia (COPWE), held in March 1981. The resolution states that the inoculation campaign is to be strengthened with efficient organization and manpower, and urged all revolutionaries to cooperate in agitating, instructing and coordinating the broad masses to accelerate the campaign. The emphasis given by the COPWE Central Committee, coupled with the recently developed national maternal and child health programme and the planned expansion of health facilities, will no doubt ensure the success of the expanded programme on immunization.

Concerning the International Drinking Water Supply and Sanitation Decade, in line with the resolution passed by WHO to provide adequate and safe water supply and sanitation to all in the next 10 years, the Government has established a committee chaired by the Ministry of Water, Mines and Power; the Ministry of Health is an active member of the committee. A national action programme is in the process of being implemented.
Regarding managerial mechanism, the popular Ethiopian Revolution has created a very conducive social and political milieu in the country for the achievement of the objective of health for all. The Revolutionary Development Campaign and Central Planning Supreme Council, established in 1978, provides a balanced and coordinated approach to all sectors of social development in the country. This body exercises its power at national, regional, provincial and district levels.

Active participation of the community already exists in the area of training and control of the community health agents and traditional birth attendants, construction of health facilities, etc. The establishment of mass organizations such as the all-Ethiopia peasants' associations, urban dwellers' associations, youth and women's associations, etc., facilitates easy access for concerted community participation.

The ongoing national literacy campaign also contributes positively to community participation in that it raises the level of consciousness and knowledge of the masses. The functional literacy campaign, among other measures, embraces health education, personal hygiene, elementary nutrition, and basic sanitary measures. In just 18 months since the launching of the literacy campaign 9 million Ethiopians have become literate. This unprecedented achievement brings down the illiteracy rate inherited from the previous regime from 93% to 65%. It is envisaged that in eight years illiteracy will be stamped out from Ethiopia.

My delegation believes that the above-mentioned health and other development programmes, although not exhaustive, will help accelerate the achievement of the objective of health for all by the year 2000. Although all possible efforts will be made to achieve this objective, for a country like Ethiopia, with the lowest official development assistance figure per capita, the implementation of the various phases of the primary health care programme will not be an easy undertaking. In particular, the recurrent drought conditions and the effects of war have made it difficult for my country to utilize the available resources for productive development. The programme for relocation and resettlement of displaced persons on viable sites is, therefore, the most appropriate long-term solution to prevent famine and ill health. To this end, therefore, coordinated increased assistance is needed to support the Government's reconstruction and rehabilitation efforts for displaced persons.

As you very well know, Mr President, the social objective of health for all by the year 2000 will not be successfully achieved until the people of Namibia are free and independent, and apartheid is completely eradicated. To this effect, the Government of Socialist Ethiopia discharges its obligation by providing moral as well as material assistance to the liberation movements recognized by the Organization of African Unity and the United Nations.

In conclusion, my delegation wishes to thank the Director-General, Dr Mahler, and his dedicated staff for their numerous concrete achievements in 1980.

Dr FALAKI MOLOMA (Zaire) (translation from the French): 1

Mr President, Director-General, distinguished delegates, it is with enthusiasm that, on behalf of my delegation and on my own behalf, I add my country's voice to those of previous speakers in offering our warmest congratulations to the President on her election by the Thirty-fourth World Health Assembly. We wish also to congratulate the other officers of this distinguished Assembly. We wish you all full success in discharging your responsibilities.

Our most sincere congratulations go also to the Director-General, Dr Mahler, for his excellent report on the work of WHO in 1980. We have pleasure also in associating our Regional Director for Africa, Dr Quenum, with the Director-General in connexion with the remarkable labours performed during 1980.

Mr President, we have examined the Director-General's report on the work of WHO in 1980 (document A34/3) with great attention, and we once again wish to congratulate the Director-General and the Secretariat on the quality of this valuable document, which is rightly centred on the social objective of health for all by the year 2000.

Since the International Conference on Primary Health Care held at Alma-Ata from 6 to 12 September 1978, all the countries of the world, whether developed or developing, have been talking of primary health care. But in Zaire, long before Alma-Ata, the President-Founder of the People's Revolutionary Movement (MPR), President of the Republic, citizen Mobutu Sese Seko, in his keynote speech of 30 November 1973, stressed the importance and the necessity of giving priority to collective health care in both rural and urban areas. Then in 1974, situating the action to the word, the President of the Republic established, by Order No. 74/256 of 6 November 1974, a National Council for Health and Welfare of which he himself is Chairman, the Vice-Chairman being the Minister of Health. The Council was made responsible for drawing up

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1 The following is the full text of the speech delivered by Dr Falaki Moloma in shortened form.
national health policies. In 1975 the philosophy underlying health policy was developed on the basis of primary health care, and structures were designed for its application. In 1977, in AFRO Technical Report Series No. 3, WHO mentioned Zaire's strategy for primary health care, which was marked by a phase of as yet unplanned sectoral achievements. Thus, without using the language that WHO, and consequently all its Member countries, use today referring to health for all by the year 2000, Zaire long before felt the need to adopt such a policy for the rapid and harmonious development of its people. The two MPR congresses, in 1972 and 1977, through the resolutions they adopted, further guided the Executive Council on the main targets in the health sphere. Thereupon the National Council for Health and Welfare and the Department of Public Health had to devise a health policy and a matching strategy relying on thoroughly basic structures. The pillars of these structures are the rural and urban health zones, whose purpose is the promotion of the health of the whole population in collaboration with the other development sectors. The health zone includes, in descending order, the referral hospital, the health centres, the community wellbeing centres or health posts, and the base communities (villages or localities), together with health or development committees at the various levels. This policy and strategy and the resulting structures fit perfectly the Alma-Ata Conference's findings and recommendations: the right of each citizen to access to primary health care, the establishment of a structure making such care accessible to all, anywhere in the country. It was therefore with very great satisfaction and real enthusiasm that Zaire welcomed and adopted the Declaration of Alma-Ata.

There is at present a national project of primary health care which includes a study phase designed to make a countrywide evaluation of all aspects of the project's implementation in order to advance towards the goal of health for all by the year 2000. In addition to the programmes related to the various primary health care components, the national project includes specific integrated programmes dealing with tuberculosis, leprosy, trypanosomiasis, malaria and onchocerciasis. The following activities in the field deserve particular emphasis.

Education concerning current health problems and appropriate preventive and control methods is conducted throughout the country by the mass media and various other means; these activities could however be improved by rationalization and better coordination. Efforts to promote satisfactory food supply and nutrition conditions are being actively pursued at the National Planning Centre for Human Nutrition which, together with the agricultural and rural development services, is responsible for improving nutritional status through programmes in agriculture and domestic economy designed to meet priority needs of the family and the community as part of the national programme of agricultural and economic development. Special attention is given to locally available resources and foodstuffs. As regards the supply of safe water and basic sanitation measures, the Department of Public Health and the Departments of Energy, Rural Development and the Environment jointly operate programmes for the supply of safe water to collectivities or individuals, sanitation and mosquito control. In the field of maternal and child health the various health services and centres provide prenatal, infant and preschool care and, in addition, a national programme concerned with the desirable rate of births applies methods that are acceptable to the community and to families at a cost they can afford.

The expanded programme of immunization in Zaire began in 1977, following upon its smallpox eradication programme, which had been launched in 1968 and under which smallpox and tuberculosis immunization had systematically been provided. The initial target of the expanded programme was systematically to provide immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles and tuberculosis for all children aged 3-24 months living in the 15 main towns. In July 1979 a team from WHO and the United States Center for Disease Control (CDC) was sent to evaluate the programme with a view to its extension to other towns. Following the evaluation a plan of action with detailed strategies and targets was drawn up for 1980-1984. Following a thorough evaluation after three years of implementation, a joint Zaire/WHO/CDC team noted that the expanded programme of immunization in Zaire is ahead of the schedule contained in the plan of action for 1980-1984. That plan provided that by 1984 the programme should cover only Kinshasa and 14 other large towns, but it is already operating in 11 villages and several rural zones, and the team concluded that it can no doubt rapidly be extended to cover the great majority of rural and urban populations. The team moreover made recommendations for adapting the programme and modifying the plan of action. In 1980 the programme administered 749 624 BCG vaccinations (3% more than in 1979), 447 193 against tetanus (8% more), 366 893 against measles (35% more), 636 375 DPT vaccinations (14% more), and 585 000 against poliomyelitis (8% more), representing a total average increase of 28% over 1979.

The surveillance of monkeypox continues as part of an international programme initiated by WHO for the epidemiological surveillance of poxvirus diseases for a period of five years after smallpox eradication. To the control of poxvirus diseases was added the surveillance of viral haemorrhagic fevers which have a high epidemiological potential and whose area of distribution coincides with that of monkeypox. The prevention and control of locally endemic diseases is
given great attention. Tuberculosis is a major endemic disease in Zaire and its control is one of the priority health problems that the Department of Public Health is determined to solve over the next 10 to 20 years. The current incidence of tuberculosis in Zaire is some 60,000 positive cases (300 per 100,000 population), corresponding to an annual infection rate of 5% according to the Styblo and Sutherland table established in 1974. The overall prevalence is estimated to be 1%, giving 260,000 cases, half of whom would be cases of positive tuberculosis. The National Tuberculosis Bureau moreover reckons that less than half the positive cases are detected - an indication of the scale of the problem. A national seminar on tuberculosis control was organized in Kinshasa in November 1980 by the National League against Tuberculosis under the patronage of the Department of Public Health, and a national control programme was elaborated, the medium-term goals of which were (a) to detect at least 90% of positive cases; (b) to give proper, efficient and standardized treatment - the only guarantee of a cure - to at least 90% of detected cases; (c) to vaccinate at least 90% of infants born during the year with BCG and to revaccinate at least 90% of 7-9 year olds having no vaccination scar. To meet this triple goal the programme observes four principles: it is permanent, not a mere temporary mass campaign; it is integrated, that is, applied throughout all health formations; it covers the whole country; it addresses the populations' needs, is accepted by them, and the services are provided free and as directly as possible to the patient. Leprosy is another problem of concern to the Department of Public Health, with an estimated 550,000 cases out of a population of 26 million, giving a prevalence of about 2%, and a national leprosy control programme is being developed by the Department. Malaria is also a subject of concern, for Zaire is a country where the disease is strongly endemic; a national antimalaria strategy has been drafted and communicated to the Regional Office for Africa. The Central Trypanosomiasis Bureau organizes and coordinates the control of sleeping sickness throughout the Republic of Zaire; in 1980 it detected 4,817 new cases, 350 fewer than in 1979. The situation thus appears to be well under control over most of the national territory although a few foci still cause concern. The activities of the National Fund for Medical and Health Assistance are mainly preventive but also curative, and priority is given to the countrywide control of epidemics and of the principal endemic diseases. The Fund thus supports the activities of the previously mentioned services or institutions.

The treatment of current diseases and lesions is provided by the whole national health network which comprises 4,162 institutions or centres: general hospitals, clinics, sanatoria, neuropsychiatric centres, leprosaria, isolated maternity centres, health centres or dispensaries, with a total capacity of around 73,000 beds. These are manned by a total of 16,468 doctors, 4,172 pharmacists, 54 dentists, 8 sanitary engineers, 344 administrators of health institutions, 125 medical assistants and medical graduates, 3,616 nurses at different levels, 872 birth attendants and auxiliaries, 160 laboratory technicians, 170 sanitarians, 160 X-ray technicians and 113 kinesitherapists, etc. (situation as at 31 December 1979).

Health manpower training is carried out by the Zaire National University (UNAZA) for physicians, pharmacists, dentists and engineers, and by the Higher Institute of Medical Technology, which forms part of UNAZA, for health administrators, senior nurses, laboratory and radiological technicians, kinesitherapists and anaesthetists, while medical and paramedical technical schools and institutes train secondary-level personnel: nurses, sanitarians, pharmaceutical and laboratory assistants, etc. I would point out that, in the spirit of technical cooperation among developing countries, our teaching institutes accept trainees from several African countries. In the field of primary health care, it has been decided to form a new category of health manpower, health agents and maternal and child health agents, in the villages. These should be permanently resident in the locality, and they are selected by the local population to be responsible, with the active participation of that population, for the promotion of community health. These health agents and maternal and child health agents receive a training appropriate to the level of the health centre where they work. Their duties are simple and in accordance with the training they have been given. They are supported and supervised by the zone health team composed of physicians, nurses and birth attendants. They are members of the local development committee, as are the agents of other socioeconomic development sectors.

The drug policy adopted consists in providing, through the Central Medico-pharmaceutical Depot, the essential drugs required in the local disease situation to all the different health services ranging from the health post, the health centres, the health zone referral hospital up to the district hospital, the regional or provincial hospital, and the national hospitals.

In its health activities, Zaire benefits from the active cooperation of international organizations such as WHO, UNICEF, and UNDP, and of nongovernmental organizations or philanthropic organizations as well as from bilateral cooperation with friendly countries, Belgium, China, Denmark, France, Korea, the United States of America and all the others who, in one way or another, near or far, cooperate with us in the health field. I take this opportunity to
express our sincere gratitude to the Director-General of WHO, the Executive Director of UNICEF and the Regional Director of WHO for Africa, to the nongovernmental or philanthropic organizations, and to the countries that have given us cooperation. We are pleased to mention particularly the United Arab Emirates, which sent from Abu Dhabi a large consignment of equipment for our hospitals; our deep gratitude goes also to them.

The implementation of these activities has not been without constraints, besides those inherent in health problems, their identification and priority ranking: the prevalence of avoidable communicable diseases, the serious malnutrition and undernourishment especially in preschool children, the very high infant mortality, the growing population and high natural increase rate, and the large number of young people and of pregnant and nursing women and preschool children, constituting special risk groups; a large proportion of the population is rural, and rural exodus - especially of the young - goes with rapid urbanization; and we must mention the dispersion of health activities due to insufficient coordination within the health sector on the one hand and between the different sectors of national life concerned with health problems on the other hand. The absence of effective planning mechanisms within the health sector, the inadequacy of the existing health structures, the difficulties in circulating information, the insufficiency or lack of reliable statistics, the inadequacy of available means of action to meet the vast needs, the resistance, the indifference and the lack of motivation of health professionals, are among the constraints which bear on the implementation of programmes.

A number of measures have already been or will shortly be taken to overcome these difficulties. A change in the National Health Council has been proposed; the health policy is being brought up to date; a planning unit has been set up in the Department of Public Health; and more substantial budget estimates have been prepared and may result in larger credits for health services. Requests for supplementary aid or for support from external sources are being addressed to international, nongovernmental or philanthropic organizations and to friendly countries, and more rational management mechanisms are being introduced.

Thus Zaire has every hope that, through the sustained operation of the various health projects and programmes mentioned above, it will achieve the social objective of health for all by the year 2000.

Mr KAKOMA (Zambia):

Mr President, Mr Director-General, distinguished delegates, my delegation was very inspired by the eloquent address of the Director-General. We fully share his conviction that the attainment of health for all by the year 2000 is not a mere dream but a goal which is within the reach of the determined Members of our Organization. We also agree with him that what we are committed to is no less than a social and moral contract for health. We recognize and accept the implications of this commitment.

Mr President, I believe it is not being unduly pessimistic to admit that the obstacles in the path to health for all are many and varied. At the global level, we see economic and political constraints, while at the national level the constraint of limited resources is an ever present threat to the health programmes. We are consciously aware of the worsening economic situation, particularly in the developing countries. This may be so, but we would like to submit that the problem is not entirely one of the availability of resources; there are other factors - for instance the distribution of resources. We have witnessed the failure of meetings between North and South in the search for a New International Economic Order. We have seen the continuing preponderance of multinational profit-motivated competition over a more rational balance of trade which would be favourable to the less developed countries. These tendencies, born of the age-old precept of self-interest, are a greater threat to the attainment of our goals than the alleged decline in global economic growth. It is unfortunate, therefore, that the United Nations system has addressed itself to the factors affecting resource transfer rather than the obsession with total economic growth in industrialized countries.

On the political side there can be no more profound emphasis than the reference made in the Director-General's speech to international political strife. Virtually even since independence, 17 years ago, the health programmes of our country, Zambia, have been frustrated by the repercussions of the just struggle for political emancipation against racist regimes in Southern Africa - which we regarded as a noble cause. We joined the progressive world in rejoicing at the attainment of independence in Zimbabwe last year, and in accordance with WHO's objectives, looked forward to developing our health programmes at the regional level in peace. Regrettably, this goal has not been fully realized. Raids from the racist South African regime continue to afflict our neighbours in the east and in the west. Incursions from the same country continue to terrorize parts of Zambia, making it impossible for health programmes to be conducted. The Government and people of Zambia, therefore, view the attainment of independence by Namibia not only as a political issue, but also as a necessary
step in the achievement of health for all in Southern Africa. Furthermore, we believe that there is an urgent need for an in-depth WHO-sponsored study of the health conditions of affected persons in this part of the world.

The problem of limited resources within a nation is a serious one. In the Zambian man-centred philosophy of humanism, poverty is recognized as one of the root causes of hunger, ignorance and disease. For this reason the search for health cannot be divorced from the elimination of poverty. To this end, Zambia has therefore embarked on an extensive programme of food production which is conceived in the context of the overall national economic development strategy. We are convinced that the path to health is as much through food production as through medical programmes. At the same time, we recognize also that technical cooperation will be necessary in order to achieve our goals. We have therefore greatly appreciated the cooperation and assistance from friendly countries. We have also appreciated the interest and support shown by the Secretariat of the World Health Organization through the Regional Director in fostering technical cooperation between Zambia and Mozambique in the field of manpower in the health sector. With the generous support of a number of Member States and WHO, Zambia has been able to embark on certain programmes for the attainment of health for all.

First and foremost, there has been no difficulty in securing the political commitment of the entire leadership of our party and Government, since the objectives of health for all are identical with the national aspirations. In fact, the party has been mobilized to take this programme to all the levels of leadership down to the local community level. Second, Zambia has formulated a national strategy for attaining health for all through primary health care, and will look forward to incorporating this programme into the global strategy which is to be deliberated during this Assembly. Third, I wish to inform the Assembly that we have published our own version of an essential drugs list in the form of a national formulary. In this regard we look forward to cooperating with the drug manufacturing industries in ensuring that the national objective is not lost in the whirlwind of international commerce. Fourth, the foundation for appropriate research has been firmly laid by the establishment of the Tropical Diseases Research Centre in Zambia. We were greatly honoured to receive the Deputy Director-General of WHO, Dr Lambo, when this centre was officially opened by the President of Zambia, Dr Kenneth Kaunda, last March. We view the centre as an international forum for research and training in tropical diseases. Through you, Mr President, I wish to invite all Member States of WHO to participate in this important venture.

May I finally mention that the National Mental Health Coordinating Group has identified priorities and embarked on the development of a strategy for including mental health in all primary health care activities. We have received support from the United Nations Children's Fund in successfully launching an in-depth assessment of the conditions of women and children in Zambia.

We are satisfied that, with these programmes, Zambia has joined other Member States of the World Health Organization in the march to health for all by the year 2000. I submit that this is a vigorous march which will dislodge all obstacles in its way and the World Health Organization must stand by to render first aid to those whose vigour may be temporarily undermined.

The ACTING PRESIDENT

Before giving the floor to the delegate of Iran, I invite the Secretariat to make a clarification.

The DEPUTY DIRECTOR-GENERAL:

The delegate of Iran has asked to take the floor and speak in his national language. In accordance with Rule 89 of the Rules of Procedure of the World Health Assembly, an interpreter provided by the delegation of Iran will simultaneously read the text of his speech in French.

Dr MANAFI (Iran) (translation of the French interpretation from the Persian):\(^1\)

In the name of God, the Merciful, the Compassionate: Oh God, we thank thee for the life thou hast given; Praise be to the Prophets that they have guided mankind in the straight path and led men to God, and have freed them from desires and from pride, injustice and vice. I greet all believers and pious and worthy men whose whole endeavour is towards God and the good of mankind.

\(^1\) In conformity with Rule 89 of the Rules of Procedure.
Mr President, honourable delegates, today the opportunity is given to delegates from the different nations meeting here in this Assembly to find solutions for the health problems of the world's population, to come to its aid and to protect it against disease. It must be remembered that this Assembly, which reflects international diversity and pursues the objective of safeguarding mankind, is a proof of neighbourly love. That love is inherent in the human character. Inwardly and almost instinctively, men are led to love others. No man is better than another except by his virtue. The Koran says that God has created men and women, tribes and communities so that they may know one another; no man is better than another except by his piety, and God is all-knowing. God loves a creature that is human and near to Him and makes no discrimination as to colour, race, nationality or wealth. Piety, human feelings and submission to God, these alone give value to a man. If we seek the deep causes of wars and of the oppression of human beings we cannot fail to see that injustices and crimes are the acts of perverted men and are like malignant tumours whose abnormal cells multiply in a pathological and anarchic way. All kinds of injustices and exactions are committed by persons of this stamp who incite and make use of naïve populations.

I wish to draw your attention to the political roots of most of the problems and defects in the health field in the Third World and among the underprivileged, and even in the developed countries. If we fail to attack the root of the evil we shall be powerless to reach our goals. For proof one has only to look at events in Africa, in Iran, in Palestine and in all other places where oppression and injustice are rife and the native land is occupied by the usurper. At the same time that an Assembly is meeting here to discuss measures to prevent disease and death, elsewhere plans are being made for the destruction of humankind, tons of bombs are being showered in certain regions of the world over the heads of defenceless populations thus rendered homeless.

What health can there be for people who lack food, water and the wherewithal of life? If we are to speak of world health, we cannot ignore this problem. Is the talk of health for all by the year 2000 the expression of a determination or merely a slogan? If it is determination, it involves finding means to uproot exploitation, war and poverty, the basic evils which beset health. While the superpowers of the East and the West are strangling and pillaging the Third World, the peoples of that world are deprived of the fundamental right to eat and drink. What health is there for them? Should not those powers that set themselves up as the protectors of the Third World peoples be told that those peoples have nothing to expect of them, that they should simply avoid doing harm, and should leave the oppressed nations alone and allow them to find their own solutions to their problems. A story told by Mollah Djalaleddin Roumi illustrates this point. A child was weeping and a man of ugly and frightening aspect went near the child to comfort it, but the child cried out in fear. Then a saintly man approached and said, "Leave the child alone and go your way, it will find comfort by itself; it is afraid of you." We ask that the peoples of the Third World should be left alone and not exploited on the pretext of affording protection and aid.

The Islamic revolution is now two years old. It has put a radical stop to the action of the Great Satan which for years had sucked the blood of our country by the intermediary of its agent of the old regime. That Great Satan which for years and years carried away between 5 and 6 million barrels of our oil per day while pretending to practise charity thrust the people who owned that great wealth into misery and destitution. As one example, the old regime claimed to have provided piped water to 10,000 or about 15% of Iran's 60,000 villages, but in fact only 3000 villages or 5% of the total benefited from piped water. After the revolution and thanks to the energy of the people, water was brought to 6000 more villages, making about 15% in all, and development plans made rapid progress. The Great Satan has repeatedly plotted, both internally and externally, to destroy the revolution which was the people's right, yet has been discouraged by our national successes. Through its agent, the aggressor Government of Iraq, it is attacking Iran and is going so far as to attack houses at night when the defenceless population is asleep. It is attacking people and schools, wounding innocent children and sparing neither hospitals nor ambulances; it even imprisons the Minister of the country and medical men. It is the cause of 2.2 million war refugees. How can they be fed, housed and given medical care? Furthermore, as a result of the situation created by the superpower of the East in Afghanistan, 1.5 million Afghans have sought refuge in Iran. Iran has established an Islamic revolution and will not endure tyranny. Islam commands that you should not oppress and should not submit to oppression; that is considered a sin. Islam is a religion by whose principles the country must be administered; religion and politics are closely related in Islam, and require that there should be no submission to the oppression of the superpowers that, for one reason or another, seek to destroy the Islamic revolution.

What is to be done for the 4 million Iranian war refugees and Afghan refugees as regards food, housing and medical care? Representatives of the nations of the world met together here
in the interests of world health, what are you going to do to find a solution for my country’s problems and for similar problems elsewhere in the world? You superpowers, know that in history oppressors have had a sad fate; profit from the lessons of history and come back to the human fold. You governments of Third World countries, fear God and be honest with your peoples; realize that the superpowers are weak, exceedingly weak, when faced with populations. Do not trample on peoples' rights in order to safeguard the interests of the superpowers; do not think that the small countries of the Third World are helpless against the superpowers. Not only are the peoples of the Third World far from being helpless, they possess a high degree of humanity, which is more than the oppressors have.

God teaches us honesty; the oppressors are condemned. Praise be to God, to His Prophets and to all believers. Let us seek greatness by following God; let us seek in union with God to achieve true power and true greatness. Then, and only then, will "Health for all by the year 2000" have any meaning. As long as there are wars, poverty and exploitation, deliberating on health is a waste of time. It is an established fact which needs no explaining that all we have built since the Islamic revolution has been destroyed by war; all our energies have been dissipated in preventing the spread of diseases due to the war and in caring for the wounded. God be praised, there have been no epidemics, for otherwise the health of the region would have been endangered.

Above all, then, the causes of war, oppression and poverty must be uprooted. That can happen only through the union of man with God; only then will mankind have the force to overcome its weakness and its fears, to be free, to condemn the oppressor and defend the oppressed, and to take a stand before the most powerful. We ask all the world’s peoples to raise their protests, to free themselves and to defend what is right. We beg almighty God to guide us and support us on that path.

The ACTING PRESIDENT:

Thank you. The delegate of Iraq wishes to speak. I shall give you the floor, but first the Secretariat would like to call your attention to a point of procedure.

The DEPUTY DIRECTOR-GENERAL:

Mr President, Rule 59 of the Rules of Procedure of the Health Assembly reads:

The right of reply shall be accorded by the President to any delegate or representative of an Associate Member who requests it. Delegates and representatives of Associate Members should in exercising this right attempt to be as brief as possible and preferably deliver their statements at the end of the meeting at which this right is requested.

The ACTING PRESIDENT:

I think this is clear. The delegate of Iraq, you now have the floor.

Dr HASSOUN (Iraq):

Mr President, thank you very much for giving me the floor. The delegation of Iraq heard the name of its country being mentioned in a most disgusting way....

The ACTING PRESIDENT:

Point of order? The delegate of Iran. Yes, what is your point of order?

Mr AMERI (Iran):

Mr President, right now we heard the statement made by the distinguished representative of the Secretariat that the exercise of the right of reply should be done at the end of the plenary meeting. We wait for your ruling, Mr President.

The ACTING PRESIDENT:

Thank you very much, distinguished delegate from Iran. Well, as the President of the Assembly I have the right to rule, and I have given my ruling for the delegate of Iraq to give the reply in accordance with the rule that was quoted by the Secretariat. Yes, the delegate of Iran?
Mr AMERI (Iran):

Thank you, Mr President. In this case I would like to reserve the right of my delegation to reply to the statement which will be made by the Iraqi delegation.

The ACTING PRESIDENT:

You have the right to make your reply at the appropriate time. The delegate of Iraq: you have the floor.

Dr HASSOUN (Iraq):

Thank you again, Mr President. The delegation of Iraq heard the name of its country being mentioned in a most disgusting way, and far from any respect, with a pack full of allegations which deserve the denouncing of the Chair. Mr President, we do not want to see this dignified forum turned into another battlefield. All we would like to say at this juncture is that all honourable delegates present here this evening, as they leave this august meeting, will find in the pigeon-holes allocated to their respective countries an illustrated booklet denouncing the barbarous aggressions carried out by the country of the honourable delegate - those aggressions committed against the civilians and the civilian quarters in my country, Iraq.

I thank you, Mr President.

The ACTING PRESIDENT:

Thank you very much, distinguished delegate from Iraq. Now, may I please appeal to distinguished delegates. We started this Assembly in a very good atmosphere of friendship, brotherhood and so on; I do not mind you giving your reply, but I am now appealing to distinguished delegates that we should really now continue the same way that we have been behaving since we started this Assembly.

Thank you. The delegate of Iran, please.

Mr AMERI (Iran):

Thank you, Mr President. I will follow your appeal. My delegation listened with great interest and attention to the statement made by the representative of Iraq. In spite of the fact that Iran is the obvious victim of the flagrant aggression of Iraq, I have no intention whatsoever to take the floor at this stage and indulge in discussion of the Iraqi aggression against Iran, which is of course not directly related to the work of the conference. Trying to focus on the noble task before this august conference, we intentionally refrained from a detailed discussion of the Iraqi aggression in our statement. Nevertheless, in spite of our demonstrated good intentions, the representative of Iraq shamelessly brought up the subject of the blatant and cruel aggression of his regime against my country. It is therefore justified to answer to his statement.

My purpose in asking for the floor is to dissipate a false impression that may have been created, not in the minds of the distinguished representatives present here, but in the mind of the representative of Iraq as a result of his intervention - the false impression that he has perhaps been able to deceive the international community in his futile attempt to justify the brutal aggression that Iraq has unleashed against my country, killing thousands of innocent Iranians and leaving two-and-a-half million displaced persons. It is not my intention to make a long statement, because in our statements in appropriate bodies of the United Nations we have already unmasked the true nature of Iraq's pretensions regarding the war it has imposed on my country. Under these conditions, how does the Iraqi representative dare to come to the World Health Assembly and discuss questions related to the lives of people when, as a result of the continued aggression of his regime, more and more innocent people are losing their lives? We are therefore certain that the distinguished representatives present here will agree that nothing that was said by the representative of Iraq can justify an unjustifiable action in the aggression that Iraq has launched against my country.

In conclusion, Mr President, may I just say that in his statement the representative of Iraq said that the delegations present here will find in their pigeon-holes a booklet. I would like to appeal to the Secretariat that the pigeon-holes provided here for the delegation are only for official documents of the World Health Assembly. They are not provided for every delegation, especially a delegation of an aggressive country, to use them to distribute false accusations against other countries.

Thank you, Mr President.
The ACTING PRESIDENT:

Thank you very much, distinguished delegate from Iran, and now your intervention has been noted and the Secretariat will definitely take care of this, so please let us proceed to our business.

The next speaker on my list is Liberia. Liberia has the floor and then I will call the distinguished delegate from Zimbabwe to come to the rostrum.

Dr KARPEH (Liberia):

Mr President, Chairman of the Executive Board, Director-General, fellow delegates, distinguished ladies and gentlemen, we join previous speakers in congratulating the President for her unanimous election to preside over the Thirty-fifth World Health Assembly. Despite the world’s financial constraints, we observe that the WHO budget for the next fiscal year is over US$ 500 million; of course this is understandable in view of world economic inflation.

The Liberian Government is pleased to report that prior to the Alma-Ata Declaration on primary health care, we had initiated a village health workers’ programme in several regions of the country. This programme has been broadened and incorporated into the primary health care system. We would be able to cover the entire population and country by the year 2000 if we could receive greater assistance from WHO, UNICEF and UNDP, and from our bilateral donor countries such as the United States, the Federal Republic of Germany, Netherlands, Japan and others.

In implementing primary health care and other facets pertaining to the health of the nation, such as safe drinking-water, sanitation, instruction, and rehabilitation and integration of disabled persons, the national strategy has been to involve the voluntary participation of the villagers in the construction of farm-to-market roads, wells and privies. On the county and national level, various Ministries such as Health, Planning, Agriculture, Local Government, etc., are all contributing and working together to bring about health, education, safe water and adequate sanitation for all by 1990. This was further emphasized by our Head of State in his Redemption Day message.

With reference to the International Drinking Water Supply and Sanitation Decade, it is a known fact that we in Liberia have over 200 inches of rainfall a year. Therefore we are not lacking in water as such, but rather our major concern is safe potable water supply to our people in rural and urban areas. We have embarked upon this difficult and expensive task through the assistance of the Government of the Federal Republic of Germany, and we are pleased to mention here that water works have been completed with improved sanitation in four major cities of the country, and similar projects are being conducted in many of the villages.

Nutrition is one of the essential components of our primary health care programme, and great emphasis is being placed on nutritional education through the proper preparation of local food for infant, child, and adult feeding. In recent times we have been observing a marked increase in the number of cases of diarrhoea among infants due to increased artificial feeding of babies as a result of brain-washing the population through constant advertisement by the producers. It is a known fact that in most developing countries, besides the adverse effect of artificial feeding, the average family cannot afford the high cost. This is just as detrimental as providing dangerous drugs to the populace.

1981 is declared as the International Year of Disabled Persons. We in Liberia have undertaken to make our people aware of the increasing number of disabled persons in our society, and the prevention of some of the causes of disability through health education. It is also our endeavour to formulate ways and means of integrating and rehabilitating our disabled persons into the society as well as providing employment for them. Again we are very grateful to the Governments of the United States, Netherlands, the Federal Republic of Germany and Sweden for their help in providing dormitories and schools for the lepers, deaf, blind and epileptic persons in our country.

Without adequate training of health manpower, we cannot achieve our goal in providing health care for all by the year 2000. We are pleased to note the continuous provision of scholarships and training facilities which are being given by WHO, the United States and other Governments, as well as the West African Health Committee (WAHC) and other agencies. Notwithstanding, there is still much more help needed to achieve our goal.

Dr USHEWOKUNZE (Zimbabwe):

Mr President, Dr Mahler, Dr Lambo, fellow ministers of health, friends and colleagues from around the world, I cannot tell you how pleased I am to address the World Health Assembly just two weeks after the first anniversary of independence of my country.
The Government of Zimbabwe is firmly committed to the development of a health system which answers the needs of all the people, and it is in recognition of your stand in favour of such a programme and of the valuable support which WHO has given to my country in this early, most difficult period, that I wish to salute you and thank you today. To Dr Mahler and Dr Quenun I would like to extend special greetings. We benefited greatly from their contributions to a symposium held in Salisbury last December, and we are all grateful for their continuing interest in the problems of the people of Zimbabwe.

Representing as I do one of the newer Member nations of WHO, I feel it would be appropriate to outline to this Assembly Zimbabwe's approach to its problems of health and ill-health. Let me begin by describing briefly the situation inherited by the newly elected Government of Zimbabwe just over a year ago: an economic infrastructure severely weakened by the years of armed struggle, a massive refugee problem with thousands of our people displaced, an exploitative capitalist economy, unsuited by size and objectives to the needs of the whole population, a health care system which was the creation of a colonial State; the distribution of health resources was grossly inequitable as between urban areas and the rural areas, where most of our people live; the type of health care provided was predominantly curative, involving expenditure on expensive and sophisticated facilities available only to a minority; our medical establishment concentrated on the complicated problems of the few, rather than the basic health needs of the many. In short, we found that resources available for health improvement were distributed in inverse relation to the health needs of the majority.

The health problems facing Zimbabwe are not greatly different from those confronting other Third World countries represented here today. Fifty per cent. of our population is under 15 years of age, 20% of which is under the age of five years; over 75% of our population live in rural areas, which in effect form a reservoir containing a large proportion of Zimbabwe's women and dependent people - the very young and the very old. It is these groups which experience the bulk of disease, and it is among the under-fives that most deaths occur. Our infant mortality rate is over 120 for every 1000 live births. The causes of ill-health in Zimbabwe are the familiar air-borne, fecally transmitted and water-related diseases of the developing world; and, as always, the primary condition of under-nutrition enhances the susceptibility to these diseases. There is, of course, also the killer in the bottle, the breast-milk substitutes, for which we must prepare the hangman's noose, in the form of the code of marketing. But it is not enough simply to pay lip service to the need for an effective code of marketing for breast-milk substitutes; no code of marketing will work without an effective monitoring mechanism. The Executive Board has recognized this need in its resolution EB67.R12; the Government of Zimbabwe supports this resolution and urges the Director-General to take the necessary steps to ensure that the implementation of this code is given careful study during the next two years. In Zimbabwe we are concerned that the health and well-being of our infants, the foundation of our future development, should not be threatened. We will not tolerate any influence which harms the health of our children, and we hope that our colleagues in this Assembly will share our concern and give overwhelming support for the efforts which have been initiated to protect and preserve the right of all infants to the most ideal start to life.

In response to our situation in Zimbabwe - the situation of inappropriate and inadequate health services - we adopted wholeheartedly the concept of primary health care, low-cost delivery of basic health improvement at village level. Indeed, the Alma-Ata Declaration became the foundation for a radical shift in health policy. The primary health care concept formed the cornerstone of a balanced socioeconomic development policy. For the first time the overall needs and demands of the community as a whole were recognized, and a firm political commitment to the concept of primary health care was made.

The two key elements in making the primary health care concept work are community participation and the village health worker. Regarding community participation - the success of Zimbabwe's armed struggle for independence depended in large measure on the political mobilization of the masses. When the war ended we had a large rural population that was politically aware and organized. Against this background we have been able to channel community efforts into such important health promotive interventions as improved nutrition, safe water, better sanitation and housing, and control of communicable disease. We see the role of the village health worker as that of the catalyst for community participation. Large numbers of village health workers, elected and supported by their local communities, are being trained by the Government. In addition, well trained medical orderlies who served with the guerrilla forces during the liberation war have been released to staff clinics throughout the country. Central government, aided by WHO and other organizations, has embarked on a reconstruction programme to bring back into operation the large number of rural clinics that were closed during the war. Supplementary feeding programmes for children have been carried out in areas.
where malnutrition was rife and large-scale vaccination campaigns have ensured protection against measles and diphtheria. That the mass of our people had not been well catered for by the old health service was well illustrated by the tremendous increase in attendance at clinics and hospitals which followed the introduction of free health care for the low-income earners. The priority we are giving to primary health care also makes it imperative for us to examine the other levels of health service. Accordingly, legislation is being drawn up to make our hospital services both just and equitable.

At the recent meeting of the Government of Zimbabwe sought to present programmes requiring funding from external sources in the areas of land resettlement, rural development, training and technical assistance. The paper "Equity in health" which was produced by the Ministry of Health sets out in detail a series of projects necessary for the reconstruction and development of our rural health services. These are not projects which attract private investment. I would appeal therefore to those governments of the developed world represented here today to give special consideration to aid for Zimbabwe in the light of its health needs.

Professor BAH (Guinea) (translated from the French):

Mr President, Director-General, honourable delegates, after a careful study of the Director-General's report, which clearly sets out the different aspects of the strategy that will enable each people to achieve the noble objective of health for all by the year 2000, my delegation approves the report and supports all the proposals contained in it.

The Revolutionary People's Republic of Guinea has, since attaining independence in 1958, opted for the health of the people with the people and by the people. This policy was clearly set forth by the Head of the Guinean State, President Ahmed Sékou Touré, at the twenty-second session of the Regional Committee for Africa held in Conakry in September 1972. It was with a view to promoting primary health care in our country that the Ministry of Health organized, from 30 March to 1 April 1981, a national health conference on the theme "Health for all by the year 2000". That conference, which was attended by health workers and representatives of other branches of socioeconomic activity such as education, information, agriculture, public works, town planning and housing, dealt with the following subjects: the national strategy for primary health care, the master plan for the expanded programme on immunization and other aspects of the control of communicable diseases, health manpower development, and measures to meet community requirements in essential drugs.

In developing the national strategy for primary health care, the Ministry of Health is fully aware that the planning, organization and implementation of primary health care programmes require a long-term approach, and that to ensure total coverage of the population it is necessary to proceed by stages. In view of all these considerations, the Ministry has decided upon the following sequence: retraining health personnel in order to improve methods for the management, coordination, supervision and evaluation of primary health care programmes; progressively training primary health care personnel suited to the units to be formed; and adapting the instruction given in secondary health schools to give more emphasis to primary health care. The Government intends to provide a primary health care unit for at least every 600 people and at most every 1000. We may expect that between 1982 and 1990 some 2000 such units will gradually be put into operation to cover about 50% of the rural population. Each primary health care unit will have a health technician posted by the Ministry of Health and seconded by two or three health agents necessarily including a birth attendant and freely chosen from within the community. It will therefore be necessary between 1981 and 1990 to train about 6000 persons able to read and write as community health agents and 2000 health technicians. The State Party of the Revolutionary People's Republic of Guinea is studying how best to establish a national support committee for the primary health care programme and the insertion of this item on the agenda of the next meeting of the National Revolutionary Council, one of the highest political bodies of the country, so that all the people will be well informed and mobilized in support of this common objective. The satisfactory results obtained in the two experimental rural centres opened in 1980 demonstrate that the primary health care approach adopted is applicable to rural communities.

The expanded programme on immunization (EPI) was launched in our country in November 1970. Difficulties related to the cold chain and the technical and logistic equipment have, however, prevented the full implementation of the programme as planned. The master plan for EPI for 1980-1984 provides for the immunization of 55% of children in the 0-4 age-group against diphtheria, poliomyelitis, pertussis and tetanus, 55% of children in the 0-14 age-group against tuberculosis, 75% of children between 9 months and 4 years of age against measles, and 50% of pregnant women against tetanus. The communicable disease control programme is being pursued energetically in our country. From the epidemiological point of view, the diseases causing
greatest concern are malaria, schistosomiasis, ankylostomiasis, trypanosomiasis, onchocerciasis, measles, leprosy and tuberculosis. A national department for tuberculosis control is being established in the Ministry of Health. The national malaria control strategy provides, in addition to sanitation and environmental hygiene measures, for each primary health care unit to be equipped with insecticide spraying apparatus so that the rural communities can themselves carry out vector control. The national water supply service, set up in 1980, is responsible in collaboration with the Ministry of Health for installing water supplies and constructing wells with pumps in the context of the primary health care units.

The Government has made creditable efforts in training health personnel. At the end of 1980, Guinea had 10 paramedical agents for each doctor, a doctor for every 12,500 population, a paramedical agent for every 1,200 population, and a midwife for every 11,800 population. The Ministry of Health makes every effort to ensure the equitable coverage of health services throughout the country. To that end all newly graduated health personnel are required to work for at least two years in rural areas before being considered for urban service.

The Ministry of Health has made appropriate arrangements for ordering and distributing drugs, and particularly for providing essential drugs to the district health centres which are the most peripheral health services providing support for the primary health care units. In addition, applied research in the field of traditional medicine is being pursued with a view to enabling health workers to employ currently used traditional remedies whose efficacy has been proved.

Mr President, honourable delegates, the Revolutionary People's Republic of Guinea wishes to thank WHO, UNICEF, UNDP, the United Nations and FAO for their fruitful collaboration. My delegation reaffirms its total support for the objective of health for all by the year 2000.

Dr ARAFAT (Observer for the Palestine Liberation Organization) (translation from the Arabic):

Madam President, Mr Director-General, heads and members of delegations, ladies and gentlemen, on behalf of our Palestinian people, who are still suffering under the yoke of colonization by the Zionist settlers, I offer our congratulations to the President on her election as President of the Thirty-fourth World Health Assembly, wishing her every success in carrying out her noble human endeavour which will certainly help to alleviate the sufferings of humanity.

On behalf of the Palestine Liberation Organization, which is the legitimate and sole representative of four million Palestinian citizens, half of whom live under occupation in our homeland of Palestine - the other half are scattered through many countries of the world - on behalf of all of them I report to you, ladies and gentlemen, on their sufferings and on the many serious problems I myself and my fellow-workers in the medical field have to cope with. In addition to the shortage of resources, skills and infrastructure encountered by our colleagues working in the medical field in the Third World, we Palestinians have our own health problems as a result of the Zionist settlers' occupation and its effect on our people, whether in the occupied territories or in our refugee camps outside. I wish to mention here only some of them:

First, since half our population live under the yoke of occupation in the homeland, and the other half are scattered through many countries - a state of affairs which has continued now for 33 years, and just like your august Organization is now moving into its thirty-fourth year of existence - it is very difficult for us to deliver health and social services in the atmosphere of occupation, and under laws and regulations which prevent our people even from using their own private capabilities to develop their health and social services. These conditions and regulations range from expulsion of health personnel from their houses and from their lands to imprisonment, torture, demolition of their homes and the closing-down of hospitals and medical centres, as stated in the report of the Special Committee of Experts, to which I would like to convey my thanks for the great effort it has made to expose the sufferings of our people. This is what the occupation authorities do to medical and other workers in the humanitarian field of health, not to mention what they do to our people in general.

Secondly, there is social and psychological instability, both in the occupied territories and outside, particularly as a result of the Zionist enemy's determination to annihilate the Palestinian people everywhere; this has led to the barbaric attacks on the heroic Palestinian people in southern Lebanon, and also on the heroic Lebanese people who have received us into their country until our calamity ends and we recover our land. These attacks are carried out by their Phantom planes, which drop their bombs and their means of destruction with no limits of time or scale. This has put our Palestinian people under psychological stress, which is in itself a disease afflicting our young people, women and old people.
Thirdly, the circumstances under which our people live, whether inside or outside the occupied lands, often prevent them from receiving even the help sometimes given to them. If you read the report of the Special Committee of Experts, you will be surprised to find that all our people received from abroad was a few thousand dollars, not enough to start a collective clinic these days, let alone to meet the health needs of a whole nation.

Fourthly, I thank the Committee of Experts for clearly indicating in its report the wide difference between the condition of the medical centres and hospitals in the occupied lands and that of the medical centres and hospitals established by the government of occupation. Although laws permit Arabs to be admitted for treatment in these hospitals together with the occupiers, the Committee members were astonished to find very few Arab patients in these hospitals. That shows that the enemy has its own undeclared ways of preventing our people from getting any medical treatment.

Fifthly, in this International Year of Disabled Persons, I can say that Palestinians lead the world in the proportion of disabled citizens. Their disabilities result from torture inside Israeli prisons, from the beating and torturing of our schoolchildren, and hundreds of cases occur every month as a result of the ruthless air raids on our refugee camps. I have to point out that most of the victims are children and women.

Ladies and gentlemen, I do not want to burden you with many statistics on the deteriorating health situation of the people of Palestine, nor do I want to enlarge upon the strenuous efforts we are trying to make inside and outside the occupied lands to alleviate the misery, the wounds and the illnesses of our people during the hard times we are experiencing as a result of this Nazi-Zionist occupation of our land. In view of this Zionist occupation, which prevents our people from returning to their country and going about their legitimate business in their homeland of Palestine, there is no need for medical statistics to condemn the health-undermining practices of the occupation authorities.

To you who represent humanity, I have this to say: your great, noble and humane slogan of "Health for all by the year 2000" cannot be applied to our Palestinian people as long as they suffer under the yoke of occupation and are deprived of the elementary rights embodied in the United Nations Charter and in the Constitution of WHO. A nation which does not have the right to decide its own future, whose citizens do not even have the right to dig artesian wells inside their own houses on their own land, or the right to establish one clinic, will never be able to join you in achieving your objective of health for all by the year 2000 unless the occupation is ended.

Finally, before I conclude I would like to thank the Director-General, Dr Mahler, and his distinguished staff for the help they give to our people of Palestine, in the light of the circumstances in which we live, until the PLO is able to carry out its task of developing the health and social services. This help does indeed alleviate a little of the load of suffering until our liberation from the yoke of occupation, and until we establish our State of Palestine, join your international family of nations, and contribute to building the society which calls for health for all by the year 2000. Thank you.

The ACTING PRESIDENT:

Thank you very much. Tomorrow and Saturday there will be the Technical Discussions. The next plenary will be held on Monday at 9h30. I thank you all very much for your cooperation and I only hope that distinguished delegates will take into account my appeal this afternoon.

The meeting is now adjourned.

The meeting rose at 16h55.
EIGHTH PLENARY MEETING

Monday, 11 May 1981, at 9h35

President: Dr M. VIOLAKI-PARASKEVA (Greece)

GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The PRESIDENT:

Ladies and gentlemen, good morning. The meeting is called to order. May I just appeal to all of you again to be here at 9h30 - otherwise we are losing about ten minutes, as we cannot start if there is not a quorum. I have to thank the distinguished delegate of the United Arab Emirates, who is not going to take the floor but has asked for a statement to be included in the verbatim records. I now give the floor to the delegate of Jamaica, and call to the rostrum the delegate of Colombia.

Dr BAUGH (Jamaica):

Madam President, fellow delegates and colleagues of this distinguished Assembly, I would first like to take the opportunity of congratulating you, Madam President, on your election as President this year, and to extend my congratulations to the five Vice-Presidents. Jamaica has always been proud of its participation in the deliberations of this Assembly. We recognize the tremendous contribution being made at this forum in the sharing of ideas and experiences and in discovering the amazing similarities of our problems.

I take the opportunity, on behalf of the people and the new Government of Jamaica, to record our congratulations to the World Health Organization on its initiative and thrust in setting a definable goal - the attainment of health for all by the year 2000. The new Government of Jamaica affirms its support for the strategy - the attainment of this target through the instrument of primary health care.

Like so many countries represented here today, we have over the years pursued a course of building hospitals, training doctors and nurses and other supportive professionals in response to the growing demands for such services in our country. The ambitious pursuit of high modern technology and the training of our staff along these lines are clearly shown in our institutions in the major urban areas. It has become painfully clear that the benefits of such a system are not generally accessible to large sectors of the population - in particular, residents of the deeper rural areas. Another problem is that the efficiency and availability of such services suffer wide fluctuations, mostly in relation to changing economic conditions and the accelerating exodus of expensively trained professionals. A similar lesson is to be learned from our experience in that the increasing cost of preservation and maintenance of building and equipment has been prohibitive, and the inability to cope with such a problem has caused difficulty and interruption in the provision of a continuous health service.

Basic medical care saw its modest beginnings in Jamaica when the Department of Social and Preventative Medicine was established at the University Hospital of the West Indies under the direction of Professor Ken Standard in the latter 1960s. This unit spearheaded the studies of health problems of communities and pioneered for us the training of community health aides, who were seen as the first port of call in our effort to bring health care to the community level. This programme has been expanded and now covers the whole country. The global emphasis which was generated by WHO and the Declaration of Alma-Ata has stimulated us to implement a more comprehensive approach incorporating the many facets of primary health care. It has also been very instrumental in creating an increasing national awareness of this effort. The plan for the Jamaican perspective was documented and circulated at the Conference of
Alma-Ata. Jamaica embarked on the implementation of this programme, which found ready acceptance on the background of an infrastructure established through earlier efforts. Over the past four years we have witnessed the benefits of expanding programmes of health care built on the pillars of community participation, health education, training of indigenous workers, and the creation of new categories of health personnel to meet local needs. The significant advantage is the accessibility of basic health care and the well-founded continuity of the services, which are not subjected to the wider fluctuations caused by the migration of highly trained staff. At this point we wish to recognize the collaborative efforts and support of UNICEF.

There have been noteworthy achievements in some avenues of primary health care. We have been successful in eradicating malaria, and surveillance continues to prevent its re-introduction into the country. There is the obvious need for regional cooperation in this venture. There is also an increasing awareness of the need for environmental monitoring and control as we seek to solve our economic and unemployment problems through the exploration of industries utilizing our national resources. We have been very fortunate and privileged to be the host of the recent regional conference of UNEP and have been honoured to be selected as the site of the proposed headquarters of this regional unit. Every effort is being made to continue and expand health education, maternal and child health programmes, population control, eradication or control of some diseases and early detection and prevention of others.

However, Madam President, do I detect an area of conflict or misinterpretation regarding the evolution of primary care in relation to the secondary care system? I would venture at this point to be the devil's advocate in stating quite clearly that every country needs its hospitals, and that small rural hospitals must play an integral role in the establishment of a comprehensive health care system. In our experience the neglect of hospitals over the past few years has manifested itself in the deterioration of hospital services physically and functionally and great inconvenience to the people. Yet it is our observation that part of the initial impact of primary care through early detection is to make greater demands on some aspects of the secondary care system. We feel sure that there is a need to clarify the respective roles of both sectors, which we see as facilitatory and complementary one to the other. It will be on the lines of a comprehensive integrated system that our services will be developed. This essentially involves a structured programme of renovating and refurbishing the existing hospitals and facilitating the free flow of referred patients to and from either level, together with relevant information so essential to continued care.

At this point, there is a distinct need to record some of the deficiencies that are unmasked as the systems develop. One of the significant new benefits of primary care is the formation of a planning and evaluation unit within the Ministry of Health in Jamaica. The evaluation and measurement of the effectiveness of established programmes is dependent on improved recording and elaboration of more relevant indicators - which, I am pleased to see, has received consideration in the global strategy which this Assembly has met to consider and endorse. We hope to be able to report in the near future on the results of a pilot scheme in which we are using community health aides in the documentation of vital statistics.

We have discovered that primary care is not necessarily cheap. As we increase the availability of services and accessibility to them there are increases in amounts of essential drugs and other expendables used, and a greater demand on diagnostic and other support services. However, part of the high cost results from inefficient and inappropriate use of resources. We are analysing the systems with a view to applying stricter and better management controls to improve efficiency and effectiveness, and to reduce waste.

There is a need for top-level intersectoral cooperation not only in issues of common interest and relating directly to the environment and health, but also in securing financial support and national awareness of our activities.

We regard the health and nutrition of infants and children as of vital importance. This is especially so in the formative years when the faculties are being developed. We see this as important to the ability and national productivity of our population in the future. Accordingly it is our policy that a child should get the best possible start in life. It is against this background that the Government of Jamaica has considered the draft International Code of Marketing of Breastmilk Substitutes.

In conclusion, may I congratulate the Director-General, Dr Mahler, for his inspired leadership, the Secretariat of this Organization for its dedicated work, and our Regional Director, Dr Acuña, for his continued support.
Dr JARAMILLO (Colombia) (translation from the Spanish):

Madam President, Mr Director-General of WHO, ministers and delegates, allow me to congratulate the distinguished ministers and delegates on their sound judgement in electing you, Madam President, as the central figure of authority at this Thirty-fourth World Health Assembly. The soundness of judgement with which the officers were elected is likewise a matter of gratification. I would like at the same time to congratulate the Director-General on his excellent report on the activities of WHO during 1980, especially those designed to give impetus to the global strategy to achieve health for all by the year 2000.

Colombia, situated in the northern part of South America, is a country with a population of 26 million inhabitants, 70% of them living in urban areas, and a per capita income of US $ 925. It is the main producer of mild coffee. It may be useful to take this opportunity to describe the effort made by Colombia to carry out important preliminary steps in connexion with the goal of health for all by the year 2000. The following are the main items:

A. Short-term national health plan. The current plan forms part of the national economic and social development plan, the basic objectives of which are economic decentralization and regional autonomy, development of transport, means of communication, energy and mining, and the "New Social Strategy" designed to improve the quality of life as rapidly as possible as a factor of major importance in the health component. Specifically, by improving the social and economic situation rapidly and effectively, this social strategy will help in large measure to bring about substantial changes in the rate and structure of morbidity and mortality among the population. The concrete strategies under the health plan comprise: increasing the coverage and quality of the services, especially those relating to primary care, with high priority given to the rural and urban fringe populations; stimulating coordination and integration within and between the sectors with a view to rationalizing the use of the scarce resources at our disposal; active participation by the community in defining its needs and in programming, implementing, controlling and evaluating services; developing a technology of our own, stimulating and encouraging research; promoting educational activities related to community health; intensively reinforcing action on the environment; exploring new strategies and sources of financing and improving the productivity and output of health resources; developing human resources through adequate programming, liaison, training, periodic refresher courses, constant encouragement and timely promotion; building up the physical infrastructure of the health service system, a high priority being given to that needed for primary care; developing and improving the national health system, particularly in respect of organizational and administrational norms and those of the planning, information, supply, research, investment and personnel subsystems; and improving administrative and technical management through a national system of management control. To ensure that all these efforts have an impact in the right areas and produce a real effect on the level of health, specific policies, objectives and strategies have been defined with respect to high-risk population groups, such as mothers and young children, the prevalent endemic diseases such as malaria, dengue and yellow fever, and diseases preventable by immunization.

B. Health for all, with primary care. As already pointed out, the extension of the health services based on auxiliary staff and the active participation of the community constitutes the system institutionalized by the Government of Colombia to guarantee over the short term that the entire population has access to primary care. Thus, in pursuit of the plans outlined by WHO, it was felt to be essential to carry out a careful evaluation of primary health care services given at local level, with a view to introducing the necessary adjustments to guarantee the attainment of the goals to which my Government is committed. The impetus given to this strategy over the last four years has been so great that by the end of 1980 primary care activities had embraced 830 localities covering 6.7 million inhabitants in rural and urban fringe areas. In support of these activities, the sum of US $ 40 million was set aside. Between 1978 and 1980, 533 health posts were set up and brought into operation, together with 89 health centres, and work was proceeding on the remodelling of 84 health centres and 268 health posts, representing an investment of US $ 15 million. For 1981 and 1982, we have programmed the construction of 64 health centres and 263 health posts, together with the remodelling of 56 centres and 94 posts, on the strength of the increase in the budget item, amounting to US $ 35 million, for the development of the health service infrastructure. In addition, an item of US $ 2 million was earmarked for the installation and renewal of equipment. These achievements are the outcome both of systematic and coherent efforts by all levels of the present national health system and of intersectoral and international support.

C. Control of diseases preventable by immunization. The expanded programme on immunization, one of the main components of primary care, has made great strides as a result
of a vigorous mass immunization effort covering some 3.5 million children under five years of age, the group which has the highest morbidity and mortality rates from preventable diseases. For this purpose, a substantial increase has been made in the cold chain at all levels, including the distribution of thermos equipment to health promoters to enable them to administer vaccines - an activity for which they had not been trained hitherto. Similarly, the budget for the purchase of antituberculosis drugs has risen from US$ 400 000 to US$ 1.7 million, making it possible to introduce short-course treatment of tuberculosis, with consequent benefit for the patient and a reduction in the period of infectiousness, defaulting on treatment, and the work of the health services.

D. Revolving fund for drugs. I would like to take this opportunity to recall the request we made two years ago to WHO to set up a revolving fund for drugs similar to the fund under the Expanded Programme on Immunization, the effectiveness of which has been demonstrated in the development of a number of priority programmes such as those for tuberculosis, leprosy, venereal diseases, malaria and family planning.

E. Control of prevalent endemic diseases. At the same time, special priority has been given to the control of diseases transmitted by mosquitoes, such as yellow fever, malaria and dengue, which were beginning to cause problems of incalculable proportions in the country, aggravated by the ecological conditions of the areas situated at altitudes below 2500 metres, especially the forest zones undergoing colonization and favourable to contact with the vectors and periodic outbreaks. Consequently, the finances earmarked for the reduction and control of these diseases were increased to a total of US$ 19 million while health education, community participation and intrasectoral and extrasectoral coordination were also reinforced. The outcome of these new activities is that we have begun to record considerable advances in domestic spraying, parasitological diagnosis and malaria medication. The risk of introducing the yellow fever virus into urban areas has been reduced considerably as a result of increased coverage with physical and chemical control measures against Aedes aegypti.

F. National health development programme. At the suggestion of WHO, decisive steps have been taken to draw up a national health development plan, as a mechanism for coordination among institutions and programmes designed to culminate in a network of nuclei and to back up the efforts of the Ministry in developing the national health system, which is regarded as a basic strategy for the achievement of health for all by the year 2000.

G. Intersectoral coordination efforts. As the Director-General of WHO pointed out in his address during the inaugural ceremony at the VII Meeting of Ministers of Health of the Andean Area at Quito (Ecuador) in June last year, the social target of health for all by the year 2000 cannot possibly be attained on the basis of isolated and independent action by the health sector. There will always be a need, in addition to the political will of the Government as a whole, for a continuing and coordinated effort from the other sectors. Colombia has made huge efforts over the last few years by way of intersectoral coordination, as reflected in the national food and nutrition plan (PAN), the national integrated rural development programme (DRI) and the community popular integration programme (IPC), one feature being an integrated programmatic and executive system with highly standardized principles, criteria and priorities. This effective coordination has made it possible to cover a large number of areas of the country which until very recently had not even rudimentary health services.

H. National rehabilitation system. In response to the relative ineffectiveness of efforts being made by the country through various public and private bodies, and bearing in mind that the handicapped sector of the population constitutes a considerable proportion of the total population of the country, Colombia set up the national rehabilitation system to coincide with the International Year of Disabled Persons. The purpose of the system is to provide an adequate level of services to meet the needs of the handicapped population in order to ensure the highest possible level of integration into the social and productive life of the country. For this purpose an interinstitutional committee was set up, attached to the Ministry of Health and consisting of representatives of Justice, Education, Labour and Social Security, Family Welfare, Health, and the National Department of Planning. Its function is to seek and propose mechanisms for intersectoral coordination in the interests of total rehabilitation of the handicapped.

I. Diarrhoeal disease control in children under five years of age. In Colombia, a developing country, 90% of deaths from enteritis and other diarrhoeal diseases occur in children under five years of age, and more especially in children under one year of age. The problem is considered serious because of its economic and social impact, as reflected in disease, loss of human life and need for medical and hospital care. For these reasons, we
have just completed, within the framework of the national health plan, the organization of a national programme for the control of diarrhoeal diseases in children under five years of age, the objectives of which are to reduce mortality from this cause and to prevent dehydration through early treatment with oral rehydration solution. For this purpose Colombia, in conjunction with WHO/PAHO and UNICEF, has installed a plant for the production of salts to supply the country and to extend support to the Andean area.

J. Geriatric care. At the present time, 5% of the population of Colombia, or 1.3 million persons, are over 60 years of age. Up to the present time this group has lacked an adequate comprehensive programme of medical and dental care and rehabilitation. This situation has led the Ministry of Health to draw up a programme of care for the aged including these aspects. The programme involves an immediate implementation phase to improve the already existing bodies and costing $15 million, and a second phase is being worked out for the expansion of care for the aged, including education of the family, clubs, hostels and geriatric day hospitals.

K. Improvement of the physical environment. Bearing in mind that the physical environment is the main determinant in the primary causes of morbidity and mortality affecting the country, the Government carried out an objective analysis and gave very high priority to this matter. The following can be mentioned among the outstanding achievements: completion of 224 water pipelines in localities with under 2500 inhabitants; installation of water supply and drainage systems in 128 localities with over 2500 inhabitants; fluoridation of drinking-water in 30 municipalities, to prevent dental caries in seven million inhabitants; establishment of laboratories in 22 sectoral health services and four training centres under the food control programme; and strengthening of the production and administration of vaccines against human and canine rabies and equine encephalitis throughout the country.

L. National health survey. As part of a broad model of planning, evaluation and management control of the national health system, great impetus has been given to the information subsystem for the purpose of generating systematically the indicators required on health problems, the most important determining factors, and on the functioning of the health services. This subsystem includes among other working tools a programme of national surveys, the first of which was carried out in 1965. The second, carried out between 1977 and 1980, took the form of a sampling throughout the population of the country, including home interviews and clinical and laboratory examinations. This helped to update the diagnostic situation for the sector, to evaluate the changes in health that have occurred in the last 15 years, and to establish a baseline for assessing the effectiveness of the strategies drawn up for achieving the world target of health for all by the year 2000.

Madam President, allow me to express my sincerest good wishes for the success of the deliberations of this Assembly.

Dr TARUTIA (Papua New Guinea):

Madam President, Mr Director-General, honourable delegates, my delegation wishes to associate itself with the previous speakers in congratulating you on your unanimous election as President of the Thirty-fourth World Health Assembly. May I also extend our congratulations to the Director-General and his Secretariat for the concise and comprehensive report now before the Assembly.

My Government is fully committed to the social goals of health for all by the year 2000. To attain this objective it recognizes the need for a revised health design system that will support the overall national development strategy. This was incorporated in our five-year national health plan and has been completed.

Papua New Guinea has experienced problems of developing a management framework that allows the country to develop its economic and social infrastructure while reducing dependence on external aids. For this the Government devised the National Public Expenditure Plan (NPEP) - a rolling four-year plan which allocates government expenditures in line with the priorities of the national development strategies contained in our eight development aims. Most new initiatives take the form of project proposals submitted to the centrally-operated Budget Priorities Committee, which evaluates them according to strategic objectives.

External aid management. Papua New Guinea directs all external aid into the NPEP. In fact, the expenditure target is based on estimates of likely future aid flows from all sources. This policy ensures that aid does not distort the fiscal priorities of the NPEP by funding projects outside the plan. Mechanisms have been developed for accepting "tied" grants in a way that gives Papua New Guinea the best value for money and does not distort national priorities.
As in other developing countries, the health problems in Papua New Guinea - in order of priority, taking into account morbidity, mortality, preventability, social and economic loss - include respiratory diseases, malaria, gastrointestinal diseases, malnutrition, tuberculosis, accidents and injuries, pregnancy and its complications, leprosy, skin conditions, sexually transmitted diseases, psychosocial disorders, dental diseases, and neoplastic and degenerative diseases. Diseases seen at the rural health centres include skin diseases, diarrhoeal diseases, malaria, malnutrition, pneumonia, bronchitis, otitis media, conjunctivitis and, in some cases, leprosy and tuberculosis, as well as sexually transmitted diseases.

Health services and system support for primary health care. In Papua New Guinea the concept of primary health care was not altogether a new system, for we had developed an aid post system throughout the country way back in 1948. For one such aid post there is a population of 1500; it is staffed by an aid post orderly whose basic training is limited, but whose role is very important in that he is the first contact point in the community and at a remote rural setting. His prime responsibilities are threefold: (1) to educate and set an example of personal hygiene and village sanitation in the village community; (2) to treat minor illnesses and injuries; (3) to recognize serious diseases and report epidemics to the nearest health centre. 1968 posts have been constructed throughout the country; some of these were built by the local communities themselves. The Department of Health provides medical supplies and trains aid post orderlies. Since 1978 the national Government transferred to the provincial governments the responsibility of administering and supervising these aid posts, including health centres, as part of the decentralization process. The national Government, however, encourages provincial governments to upgrade facilities and extend aid posts to less developed areas.

The four broad policy areas of the Department of Health are: (1) to provide basic health services through hospitals, health centres, health sub-centres and aid posts equally distributed to all the people, to provide personal and family care, an expanded programme of immunization, maternal and child care, family planning, and disease surveillance; (2) to provide health improvement programmes which will lead to the improvement of the health care of the community and ensure that their importance in improving health is clearly identified and that separate costing of these programmes is mentioned, so that they are not absorbed by demand for increases in the maintenance of other services; (3) the decentralization and promotion of community involvement; (4) to train adequate numbers and categories of health workers, health trainers and health specialists and orientate them to the provision of primary health care.

In translating this into health for all by the year 2000 in Papua New Guinea, emphasis is placed on (1) improving the health status of Papua New Guineans, in particular the improvement of nutritional status, the provision of clean water and adequate sanitation for all, the reduction of communicable diseases and rural infant mortality, and the increase of rural life expectancy; (2) equitable distribution of the health delivery system, providing integrated preventive and curative services for all Papua New Guineans through hospitals, health centres and aid posts: (3) priority to be given to rural areas, especially the less developed provinces; (4) main direction is to be given to the development of community self-reliance and to partnership with government agencies, the private sector and the community.

Previously, the health services were very much centralized; the decentralization policy, introduced in 1978, tended to place decision-making levels closer to the community level, where community needs can be readily perceived. A major strategy during this plan period will be the further strengthening of mechanisms for intersectoral collaboration in health development at all levels. At the community level in Papua New Guinea this will be achieved through local government councils and coordination of extension officers' activities in various sectors. At the provincial level, the already existing mechanisms of provincial government for intersectoral coordination should be strengthened. At the national level a multi-sectoral body is to be established to provide advice and information to the health sector, bring the necessary inputs from other sectors into the formulation and implementation of national policies and strategies, and help in the translation of these policies into operational plans. The main approach here will be dissemination of information and education of the public at large, politicians, personnel of provincial government departments and specific training of nurses, health extension officers and aid post orderlies.

Local government councils exist throughout the nation; they represent a viable mechanism for deciding on social priorities, and request specific inputs from higher levels of government which will reinforce and complement the local inputs.
The extent of community involvement in planning is probably low, but at least two known WHO-assisted primary health care projects exist in the provinces in Papua New Guinea. One of these projects was visited by Dr Mahler, the Director-General, and our Regional Director, Dr Nakajima, during their visit to Papua New Guinea in September 1980. These two pilot projects stimulate planning by the local people of the type of services required and the rating of their own priority as to what is imposed on them. These two projects will later be evaluated, and we hope similar projects will be started in other provinces.

Our Institute of Medical Research in Papua New Guinea studies the major disease problems in Papua New Guinea—pneumonia and acute infections, malaria, diarrhoea and malnutrition. It has well established research programmes in pneumonia and other respiratory infections. These will continue during the 1981-1985 period. A major new development planned is in the field of diarrhoeal diseases. It is anticipated that these studies will be combined with those on "pigbel" within the enteric disease research unit. The nutrition research programme includes the following aspects: (1) the relationship between nutritional status and function, including the prospective risk of mortality in children under five years of age and the relationship between maternal nutrition during pregnancy, birth weight and postnatal growth; (2) the etiology of malnutrition in young children, including a detailed study of breast-milk and food intake and growth in the first two years of life; (3) the relationship between subsistence agriculture and nutrition; (4) the role of nutritional factors in the pathogens of major disease syndromes; (5) the establishment and monitoring of a national nutrition survey in collaboration with the Department of Health, the National Planning Office and the provincial governments; (6) studies of nitrogen metabolism in collaboration with investigators from Japan; (7) studies on trace elements and iron metabolism; the trace element study will be linked with environmental health studies, and the iron metabolism study with the anaemia research programme. I would also mention that the Government of Papua New Guinea has introduced several legislation measures with a view to curbing some of the country's public health problems. Firstly, we have seen the dangers of inappropriate bottle-feeding, and have taken positive steps through legislation to ensure that the health of our infants is protected; advertising of breastmilk substitutes is prohibited, and feeding bottles and teats are only available on prescription—certainly not plastic bottles. Only two short years after the introduction of this legislation, a study has shown a major impact on the promotion of breast-feeding and an associated decline in malnutrition, morbidity and mortality in infants as a result of our efforts. We welcome and fully support the International Code of Marketing as another important milestone on the road to better infant health. Secondly, since in Papua New Guinea there is a big consumption of rice, the Government has introduced legislation which allows only vitamin-enriched rice to be imported into Papua New Guinea as a bid to prevent beri-beri. Thirdly, legislation which permits only iodized salt to be imported into Papua New Guinea is being introduced to prevent or curb endemic goitre. Finally, in the well-developed centre of the country, water fluoridization is a must, so that we can reduce some of the dental disease.

Madam President, I wish to extend my delegation's sincere thanks and gratitude for the continued support from international agencies, in particular WHO, UNICEF, UNDP and, last but not least, the World Bank. I also wish to make special mention of the continued bilateral aid Papua New Guinea receives from the Governments of Australia and New Zealand. Finally, Madam President, my delegation is convinced that, through better national health programming, fully financed and with a good supportive primary health care system, health for all humanity is attainable.

Dr CHIDUO (United Republic of Tanzania):

Madam President, Mr Director-General, honourable delegates, ladies and gentlemen, on behalf of the Tanzania delegation, I would like to extend my warmest congratulations to you, Madam President, on your election to the presidency, and to your five Vice-Presidents for being elected to the vice-presidency of the Thirty-fourth World Health Assembly.

I listened to the Director-General's speech with interest. A Director-General's speech can be used as a rallying point in our efforts and search for better ways of improving the health of mankind. Among the various programmes aimed at improving the health of our people, I would here like to touch upon three.

First, on potable-water supply and sanitation: my delegation feels it is appropriate that potable-water supply and sanitation are listed amongst the most important components of primary health care. If these two are properly and successfully carried out in poor countries like mine, Tanzania, many of the communicable diseases prevailing in our countries will be
effectively controlled. These two undertakings are a priority in my country, as part of our primary health care delivery. My country is, however, aware of the financial and technical implications of these undertakings, but - poor as it is - has decided to tackle the problem of providing potable water and improving environmental sanitation so as to raise the health status of its people.

Secondly, health for all by the year 2000: with only 19 years left to reach the deadline, Tanzania has already had a conference on the subject in 1980, with all interested parties in the country participating. During this conference the subject was discussed in detail and a small task force was set up to write up the conclusions reached, draw up the strategies for reaching our goal and indicate the implications of the undertaking. I am pleased to inform you that the need of health for all and the political will and support for the attainment of the goal exist in my country. It is only the economic situation of the country that negates our efforts to push forward with all speed to fulfil the objective. But my country, with the cooperation of international organizations, friendly countries and nongovernmental organizations, is training the appropriate cadres of workers and establishing infrastructures required, such as dispensaries, rural health centres, cold chain for the expanded programme on immunization, maternal and child health clinics, rural water supply, rural roads for communication, and pharmaceutical firms to enable the country to manufacture the commonly used drugs.

Thirdly, and lastly, the question of support to the liberation movements recognized by OAU and support for the politically oppressed people in the world: my country will continue to rally forward with all peace-loving people in the world to ensure that the countries still under colonial domination get their independence and also continue supporting the politically oppressed, both morally and materially, to the best of our ability. This my country is doing, and will continue doing, because it is convinced that there will be no health for all by the year 2000 if some countries are oppressed or under colonial domination.

To conclude my remarks, I would like to state that the United Republic of Tanzania hopes that the international organizations, nongovernmental organizations and friendly countries will continue to cooperate with poor countries, recognized liberation movements, displaced people and newly independent countries so as to make the fulfilment of the goal of health for all by the year 2000 a reality.

The PRESIDENT:

I thank the Minister, Dr Chiduo, for his very short statement. Now I give the floor to Mr Pepovski, Member of the Federal Executive Council of Yugoslavia. Mr Pepovski is going to speak in his national language, so I ask Dr Lambo to give the article showing that he has this right.

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 his speech in English.

Mr PEPOVSKI (Yugoslavia) (interpretation from the Serbo-Croat): 1

Madam President, Mr Director-General, distinguished delegates, we consider this year's session of the World Health Assembly as very important, both with respect to the decisions to be taken on the promotion of health care and the contribution we should give to the improvement of the present unfavourable international situation that is burdened with various conflicts, confrontations, the arms race and economic instability.

Medicine as a humanitarian activity and a development component in national and global frameworks and relations has the right and duty to strive and take the initiative in the struggle for peace and peaceful cooperation between all countries of the world. This moral obligation of medicine stems from the nature of this profession - which has to deal with the effects of war and other conflicts, attempting to help people in distress - as well as the right of all people in the world to health and life. This is why we must first of all be steadfast in our demands before national and international fora concerning our jointly established goal: health for all by the year 2000.

At this Assembly we should be as unified as possible in the adoption of the envisaged document along the lines of the realization of these goals. We must also be unified and

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1 In accordance with Rule 89 of the Rules of Procedure.
energetic with our demand before the international community for the taking of the necessary measures regarding the realization of the goals and tasks contained in the international development strategy for the third decade. In view of the fact that the development of health is inseparable from socioeconomic development, and vice versa, we should also continue to demand the establishment of new, more just international economic relations between the developed and developing countries, which is a matter of special and justified insistence on the part of the non-aligned and developing countries, as it represents the only real basis for the establishment of lasting, comprehensive international cooperation and world peace and is a mutual long-term interest for both developed and developing countries. In this manner we shall best contribute to the realization of our human goal, health for all by the year 2000, based on the Declaration of Alma-Ata on primary health care, which has given - in the example and experience of my country for more than ten years under the name "primary health care for all citizens" - exceptional results in the improvement and promotion of the health status of the Yugoslav population.

Our experiences also confirm the concreteness of WHO's position regarding the prerequisite for the realization of primary health care, such as the multisectoral approach, the participation of the local community and corresponding health technology. In our self-management system the participation of the beneficiaries of health care in the planning and creation of conditions for its realization is also of particular importance.

We have examined with attention the materials and documents prepared for this Assembly. We support the reports and proposed programme and budget. We consider that these documents are in keeping with the programme and budgetary policy that was established at an earlier time and they are also in accord with our common orientation adopted in Alma-Ata. We consider the new programme and budgetary policy, which is based on the resolutions we adopted in the mid-1970s, as a basis for the long-term policy of our Organization, with the conviction that it can be further improved, especially the part which refers to technical cooperation with the developing countries. In this context, we are prepared to also support the necessary modifications in the organization and the method of work of our Organization that will serve a more complete realization of these goals.

The Director-General indicates in the Introduction to the Proposed Programme Budget the difficulties that stem from the present unfavourable international political and economic situation. We agree with his evaluation as well as with the assessment that this can be negatively reflected in the work and tasks of the World Health Organization. We also agree with the opinion of individual speakers at this session with regard to the rational utilization of the available resources. However, we are against possible tendencies to use economic and financial difficulties as arguments for decreasing the resources intended for the promotion of health care in developing countries. All the more so, since some countries, despite the difficulties they speak about, unfortunately find the means and justification to increase their armament budget. Regular cuts in armament expenditures could secure sufficient resources for health care and other progressive goals of contemporary mankind. This will not only enable us to more easily realize our noble aim, health for all, but will open a new chapter in development of détente and such comprehensiveness international cooperation as will bring mankind to lasting peace and a considerably higher level or standard of living of all the countries and peoples of the world.

As you see, there are sufficient foundations and space for us to continue boldly and resolutely with our work on the realization of jointly set goals to define, and then adopt, the global strategy through which we shall secure a corresponding level of health care for all the citizens of the world by the year 2000, and decidedly and audaciously confront the current and future difficulties and obstacles for the realization of this goal: We must constantly bear in mind that the majority of countries members of the international community is comprised of non-aligned neutral and developing countries, and we must hope that the developed countries will also offer us support for these noble goals.

With that work and orientation we shall give the best possible contribution to the improvement of the international situation, and this will be in accordance with the ideas and work of President Tito and other great men of the international community. Tito's messages to the World Health Organization are for us Yugoslavs a lasting task and obligation.

Mr SHANKARANAND (India):

Madam President, Director-General, Your Excellencies, distinguished delegates and friends, my heartiest congratulations to you, Madam President, and to the Vice-Presidents. I wish you all a successful tenure.
In his precise and pointed statement Dr Mahler has brought into sharp relief the issues which should engage our national, regional and global attentions to translate our collective commitments into realities. While fully sharing the Director-General’s anxieties, I would like to say that if all of us proceed ahead with determination, fully involving those we are seeking to serve, success would not be so difficult to achieve.

Nearly four years ago we agreed that there is a vital relationship between human development and economic growth. We also agreed that there is a crucial connexion between health and human development. It is largely on the basis of these realizations that we had resolved to usher in the New International Economic Order, by evolving and implementing appropriate development strategies. The crux of this consensus relates to the understanding that the developed and rich countries would willingly share their knowledge, skills and resources with all such countries as are still struggling to achieve adequate standards of development. Let us find time to ascertain whether the cherished order is really in the process of being ushered in or whether we are merely indulging in the fruitless exercise of beguiling each other through impressive statements of good intentions.

The question of sharing of resources has assumed the most urgent importance if we have any seriousness in achieving, even partially, our unanimously agreed objective of securing health for all by the year 2000. In this connexion I would like to reiterate Dr Mahler’s reference to the projections indicating that during 1980-1985 the majority of the developing countries will face a decline in the growth of gross national product. It is in the background of such a forecast that we have to discuss, in realistic and straightforward terms, what we can do to translate national, regional and global strategies of health for all from a mere slogan to a measurable percentage of success. The global strategy shall remain a string of words unless all of us assembled here can guarantee effective and meaningful cooperation rather than confrontation between countries. I strongly believe that a global health movement directed towards reducing and consequently altogether eradicating disparities in access to basic health care is feasible and can be achieved if all of us firmly commit ourselves to move in this direction. The effective provision of primary health care amongst all people in the developing countries would require momentous transformations which can be secured only through the rapid transfer of technologies and resources. The discussions in the next few days should give evidence whether those who can give have decided to cooperate willingly and sincerely.

The objective of health for all will remain a mere dream unless women are emancipated from unplanned child-bearing and enabled to assure for themselves and their offspring appropriate levels of health and well-being. Every woman requires to be educated regarding the possibility of choosing pregnancy as an option and not submitting to it as an inevitable natural occurrence. She is to be assured of her basic right to decide for herself the spacing and number of her offspring, which alone can lead to the better care of children and their growth as happy and healthy citizens. I would therefore urge that the sheet anchor of our strategies for health development should relate to the all-round improvement in the status of women and children who form the preponderant majority of any population. Every development activity has, therefore, to necessarily incorporate definite plans for the amelioration of the condition of women and children. Needless to say, of the greatest and most urgent importance is the need to reduce infant and child mortality rates. If we are to optimistically presume that we are already at the threshold of a new world order we would still be left with the gigantic problem of overpopulation. Unless the high rate of growth of population in the developing countries of the world is arrested soon enough, our various attempts to raise the health status of the people will fail miserably.

This August Assembly has for long engaged itself with issues relating to disease prevention and control. The achievement of WHO in these fields has been considerable. However, appropriate strategies and technologies for making available better, simple, safe, hygienic, inexpensive and reversible contraceptives for men as well as women have still to be developed. You would agree, Madam President, that time-bound research and development of such contraceptives would phenomenally improve the levels of acceptance of the small family norm, which in turn would rapidly lead to betterment in the health status of women and children and consequently much higher returns of investment on development across the entire developing world. I would specifically urge our Director-General to focus the Organization’s most urgent attention on this crucial problem.

Thanks to the dynamic efforts of Dr Mahler the developing countries have become sensitively aware of the implications involved in the provision of primary health care. Extensive exercises have been undertaken to identify health for all strategies and to evolve action plans. In this context, I would like to refer to some of the more pressing problems.
Considering the situations faced by societies steeped in ancient traditions and beliefs and beset with problems of change-over to modernity, mere resort to large-scale changes in the structure of the national health care services would not by itself lead to the effective implementation of primary health care. Perhaps the largest single problem relates to how close we can take the services to our people, without whose willing help and involvement we cannot implement our policies. Much of the medical and public health knowledge can be easily translated into practical health action by the use of relatively simple technologies which can be readily implemented by common people to whom has been imparted relevant basic training. However, such an approach can succeed only through effective people's participation. The programmes to be launched would have to be relevant to the needs and aspirations of the community and acceptable to it.

Sustained community involvement cannot be secured and harnessed into an effective agent of change without launching mass health education programmes. There is also need to bring about fundamental changes in the curricula and philosophies of the existing educational patterns. We shall have to very greatly reduce the enormous emphasis placed on the rendering of curative services and consciously restore emphasis on the preventive, promotive and public health aspects. This can be brought about only if the leaders among the educationists and medical scientists realize the enormous damage that is being done through the continuance of out-dated and socially irrelevant educational systems.

In the ultimate analysis, the success of our various ventures to promote primary health care will depend upon the effectiveness of the health workers, paramedical staff and community representatives. In this context, the entire question relating to the education and training of health care personnel, their functional roles and interrelationships assumes importance.

There are a host of issues which I would have liked to refer to, but this is not possible due to the limitations of time. However, I would like to briefly refer to the need for medical professionals to shed their preconceptions and take a fresh look at the vast storehouse of knowledge and practice which lies almost unexploited in the ancient systems of medicine. In India, Ayurveda and Siddha have proved efficacious for thousands of years. Later, Unani and homeopathy were established and have continued to command acceptance over the centuries. In recent years yoga and naturopathy have been rediscovered and their practice is becoming growingly popular. Such systems should be studied and their capacities harnessed in the overall effort to secure health for all. I may mention that such an effort is necessary if for no other reason than our awareness, in recent times, of the need to develop locally viable, low-cost technologies which can meet the most basic needs of the poorest sections of society anywhere in the world. Science and technology would have little meaning in today's context if they could not be utilized as effective instruments for subserving basic human needs. While our scientists can continue to extend the existing frontiers of the biomedical sciences, there would be no justification whatsoever for not ensuring the application of what has been known and practised beneficially for centuries. I would, therefore, urge Dr Mahler to organize effective steps for the extension of these systems on a scientific basis.

In her address to this august Assembly, our Prime Minister has referred to the need of adequate attention being paid to the eradication of leprosy and the control of malaria and blindness. We also need to devote time-bound steps to deal with malnutrition.

A resolution of the various issues that I have briefly referred to shall not be possible if our friends in the developed world continue to project their belief in the "trickle-down" theory. Advancements in science and technology must no longer remain symbols and instruments of dominance. If balanced human development is to be secured for all the peoples of the world, we cannot afford to waste a day in ushering in the new order. We must relieve ourselves of all our fears and misgivings and, at this most crucial juncture of human history, launch a global health movement as the first concrete venture in lessening inequalities.

I hope, Madam President, that all of us in this Assembly shall drop our apprehensive and over-cautious approaches and, in the true spirit of collective statesmanship, resolve to help each other and to move with determination towards the attainment of health for all. As our ancient scriptures say: "Awake! Arise! Stop not till the goal is reached!"

Mr BOUKANGA (Central African Republic) (translation from the French):

Madam President, Mr Director-General, Mr Deputy Director-General, honourable delegates, ladies and gentlemen, allow me first, on behalf of the delegation I have the honour to lead and on my own behalf, to convey to this august Assembly the warm greetings of the Head of State, the people and the Government of the Central African Republic.
Fourteen years of savage dictatorship have brought the people and the Central African Republic to a state of profound economic, financial and social distress. Thus on 5 December 1980, at its thirty-fifth session, the United Nations General Assembly adopted resolution 35/87 in which, after being "deeply concerned" about the serious damage suffered by the economic and social infrastructure of the Central African Republic, and after "affirming the urgent need" for international action to assist the Government of that country in its efforts for reconstruction, rehabilitation and development, it "urgently appealed" to all Member States, specialized agencies and other organizations of the United Nations system and international economic and financial institutions to contribute generously, through bilateral or multilateral channels, to the reconstruction, rehabilitation and development of the Central African Republic. It is in this context that the United Nations Under-Secretary-General for Special Political Questions, Mr Farah, visited my country to draw up a list, with the local authorities, of critical and urgent medium- and long-term needs, and prepared a report for the information of the international community.

Here I should like to say with joy and pride that our Organization was the first to respond to the United Nations appeal for aid in critical areas, by sending to our country a large consignment of drugs and dressings. It is for this reason that I should like, on this solemn occasion, on behalf of the Central African people, to extend our warmest thanks to our Director-General, Dr Mahler, whose constant approachability and great understanding of the specific problems of the Third World is, of course, well known to us all, but who has just shown, in such painful circumstances for my country, that he also knew how to translate into concrete and immediate action the high qualities we have just mentioned. Closely associated with our thanks is our Regional Director, Dr Comlan Alfred Quenum, whose sense of social justice, devotion to Africa and special friendship towards the Central African Republic there is no need to recall here. We express to him all our gratitude for his close collaboration in the Director-General's action in favour of our country.

Still basing myself on the appeal contained in the above-mentioned United Nations resolution, I should like to issue an urgent appeal to the entire international community to support the action of our Organization and bring to the Central African Republic urgent and massive aid in all forms, in order to allow its people to rehabilitate themselves and retain their chances in the race towards the goal of health for all by the year 2000.

Madam President, my delegation will perhaps want to make a few comments on a number of draft resolutions submitted by the Executive Board for adoption by this Thirty-fourth World Health Assembly. But I should like to state at once that we are particularly satisfied with the work of the Board's sixty-sixth and sixty-seventh sessions. With regard to the global strategy, we are in agreement with the Board in saying that to ensure implementation of the strategy, it is essential to pass to action. The proposed budget programme for the two-year period 1982-1983, by giving priority to primary health care, is in keeping with the historic commitment at Alma-Ata. Moreover, the choice of subject for the Technical Discussions at the Thirty-fifth World Health Assembly in 1982, "Alcohol consumption and alcohol-related problems", appears to us very wise in its universa1 implications and very close links with mental health.

Mr Director-General, your report on the work of WHO in 1980 is once more, like your successive previous reports, full of clarity and concrete facts, an acute sense of responsibility and courage, and it brings dynamism and hope to countries' victims of major catastrophes or which, like my own, have just emerged from them in a state of ruin, and which would be tempted to succumb to complete despair by contemplating at the same time the too long road and the very short space of time remaining for achievement of the social goal of health for all by the year 2000.

In fact, in spite of major difficulties and obstacles of all kinds - technical and political - and the shortage of financial resources, the "social contract" which you propose among governments, people and WHO should ensure us of success, provided that everyone is aware of their role and profoundly convinced by it and, above all, that everyone makes a firm commitment to do everything possible without delay for achievement of the final victory. I say this for the benefit of the first two partners mentioned, for it is clear that the third partner, WHO, is well aware of its role, which is the one which has been entrusted to it by the States - a role of management and coordination of international action for health, and technical cooperation. Nevertheless, it is up to us to know how to make "full use of our WHO", as you have already invited us to do, as well as to use it correctly, "properly", in the terms of your opening address to this Thirty-fourth World Health Assembly. In this connexion, be assured of our support for the action you are taking with our Deputy Director-General, Dr Lambo, and the Secretariat as a whole.
The Central African Republic is in full agreement with the target of health for all by means of the primary health care strategy approach, and this has been confirmed at a high political level by the signature, in February 1980, of the Charter for the Health Development of the African Region by the year 2000. Unfortunately, the difficulties of all kinds that my country has experienced for a number of years has not enabled us to develop, according to the recommendations of our Organization, a consistent multisectoral global strategy for health for all. This gap will soon be filled thanks, once again, to the kindness of our Regional Director, Dr Quenum, who has agreed to send us a consultant during the next few weeks to help us in this task.

However, without loss of time, we have directed our efforts, in somewhat disordered fashion it is true, towards a number of our priorities within the framework of the primary health care approach. One of these is family health. Infant mortality, which is 190 to 200 per 1000, requires a special effort to reduce the figure to an acceptable level. The activities being carried out in the context of the UNFPA/UNICEF/WHO project mainly comprise: immunization of children with BCG, and against diphtheria, tetanus, whooping-cough, poliomyelitis and measles, and immunization of mothers-to-be against tetanus; providing training and further training for appropriate personnel, including traditional midwives; health education, particularly in the field of nutrition; and control of sterility, including family planning. The expanded programme on immunization against the main endemic diseases is being gradually extended throughout the country with the help of the Aid and Cooperation Fund.

Control of transmissible diseases - malaria, diarrhoeal diseases, schistosomiasis and other parasitoses, trypansomiasis, leprosy, sexually transmitted diseases and endemic treponematoses - is of the greatest possible concern to the Government. The situation is particularly critical with regard to malaria, diarrhoeal diseases and schistosomiasis.

Nutritional problems are going to benefit this year from special aid from UNICEF and FAO.

Training and reorientation for all categories of existing personnel is well under way thanks to substantial aid from WHO and from UNICEF with respect to the community development agents responsible for running the 130 village committees for integrated development, whose communities receive multidisciplinary training with emphasis on personal responsibility and full involvement.

The Government has embarked, with foreign aid, on a number of projects in other high-priority sectors, but the projects are still at the embryo stage: they include water and sanitation, research, and essential drugs, although here our country has adopted the list proposed by our Organization.

Madam President, we shall conclude by reaffirming our determination to do everything in our power, in accordance with the recommendations of our Organization, to ensure that the revolutionary concept of health for all by the year 2000 becomes a reality for our people. It is the responsibility of all governments; it is also a simple question of social justice.

The PRESIDENT:

I thank the Minister of the Central African Republic. I give the floor to the delegate of Angola. The delegate of Angola will speak in Portuguese, and I will ask Dr Lambo to read the relevant article.

The DEPUTY DIRECTOR-GENERAL:

The delegate of Angola has asked to take the floor to speak in Portuguese. In accordance with Rule 89 of the Rules of Procedure of the Health Assembly, an interpreter provided by the delegation of Angola will simultaneously read the text of his speech in French.

Mr MENDES DE CARVALHO (Angola) (translation of the French interpretation from the Portuguese):\(^1\)

Madam President, Mr Director-General, Mr Deputy Director-General, ministers, your excellencies, honourable delegates and guests, on behalf of the Government of the People's Republic of Angola, on my personal behalf and on behalf of the delegation which accompanies me, I offer you my sincere greetings.

Madam President, the People's Republic of Angola, as a Member of WHO, represented by its Minister of Health, is present at this Thirty-fourth World Health Assembly to make a contribution commensurate with its capacities and limitations, and also to learn and propose normative principles for the health of the people in Angola.

I should like to speak to you in Portuguese, a language spoken in a country which has colonized other countries, and which has been a colonial language like French, English and Spanish, but which I cannot use officially because the peoples who speak it are not yet

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\(^1\) In accordance with Rule 89 of the Rules of Procedure.
liberated at the financial level and, because of that, they cannot bear the cost of the simultaneous translation and interpretation which would enable us to express ourselves freely and clearly on subjects as important as those which are included on the agenda.

We are convinced that WHO is one of the most important organizations of the United Nations through its political and social role, and because it is concerned with finding solutions to the different problems posed by health for all, in other words the material, social, mental and physical wellbeing of the citizens of all nations whether or not they are members of the United Nations. I repeat that WHO is carrying out an extremely important task, for without health there is no progress, there is no development, there is no life, there is no science.

We hope that all the problems presented, and those which will be presented during the meetings, will be thoroughly analysed, and that in the end, as it is a case of health, a consensus will be reached. In his speech, the Director-General, Dr Mahler, emphasized certain aspects with which we are in complete agreement. The regional and global strategies which will lead to health for all by the year 2000, expressed in the working documents of this Assembly and in the Director-General's address, constitute the basis of a programme which will be implemented during the next 20 years and which must be the object of our concern.

In Angola, in spite of the normal difficulties for a country having recently achieved independence, a great deal has been done thanks to the good will of the Government and the people, who, in the certainty of victory, are mobilizing their efforts to meet the tasks devolving upon them for revolution on all fronts and in the rearguard. We could list a number of tasks which have been assigned to us in accordance with the decisions of the MPLA (Labour Party) and the Government of the People's Republic of Angola, for example:

- mobilizing and making all the people aware of the need for active participation, direct or indirect, in health activities;
- promotion of a public health campaign;
- a programme of improvement of the environment (carried out by other ministries concerned, with technical staff such as engineers, geographers and doctors, and with the support of health workers);
- at the level of primary health care, organization of the workshop on primary health care in Luanda and participation of the People's Republic of Angola in the work of the Dakar seminar, which provide clear proof of my country's commitment to the strategy of health for all by the year 2000;
- control of major and principal endemic diseases - tuberculosis, leprosy, malaria and trypanosomiases - for which the Government has drawn up a special plan which should come into action this month.

This programme, ratified by the first special congress of the MPLA (Labour Party), is increasingly meriting the support and involvement of the higher structures of the Party, and, in particular, of His Excellency President José Eduardo dos Santos; it is a colossal programme which, because of the dynamism we wish to impart to it, requires executives and common-sense, audacity and determination.

On the other hand the factors for success of WHO programmes in our country are to some extent endangered. At a time when we are trying to carry out work for the progress and well-being of the Angolans, we are held up by the constant attacks and bombing raids by the South African racists who kill old people, women and children; who kidnap doctors, nurses and nuns belonging to the health services or kill them; who bomb health centres and hospitals and kill the patients and the personnel working there, and do not even respect the ambulances which go to the help of the survivors of atrocities perpetrated without discrimination by the racist Republic of South Africa. Our enemies take pains to discredit Angola by claiming that people are dying of hunger there, but they never take the trouble to inform the public of the deaths resulting from racist South African bombing raids and of the consequences to which they give rise. We have not got enough staff to replace those we lose every day in the zones where the South African racists carry out their "gunshot tourism".

Madam President, Mr Director-General, Mr Deputy Director-General, ministers, honourable delegates, perhaps you think that we ought not to discuss political problems. In that case how could we carry out a successful health policy, if we avoid the social policy of justice for the people? We believe that health policy is one of the most important tasks and, where it is not carried out for reasons contrary to the principles recommended by this Organization, I think that these factors ought to be divulged to allow you, honourable delegates, to know what a Member of the Organization suffers in its whole being, and the reason why WHO's recommendations are not implemented as we would wish.

The consequences of the indiscriminate attacks by South Africa are very serious for the Ministry of which I am the head, when we must go to the help of the wounded, when we must seek
refugees and protect them from the pitiless bombings and attacks which make hundreds of victims every day. If the objective of these attacks is to discourage us in our support for the South-West Africa People's Organisation (SWAPO), sole representative of the Namibian people, and which will lead that people to independence, peace and progress, then our aid is guaranteed to the Namibian people. We call on all ministers present who believe in peace, progress and the wellbeing of the peoples, both those ministers who are our friends, and those who, although not our friends, have sympathy for Angola, to ensure that the current cause of our people is heard by everyone.

We express our sincere thanks for the aid given by WHO, UNICEF, the Swedish International Development Agency (SIDA) and other international organizations. I should like, before concluding, to draw attention to and emphasize the support given to my country by the WHO Regional Office for Africa, in particular by its Regional Director, Dr Quenum, whose dynamism and interest in solving the health problems of the peoples is warmly appreciated.

To you, Madam President of this Assembly, we address our sincere thanks.

To the ministers of countries which are our friends and which, to reduce our difficulties at the Ministry of Health, send us doctors, male nurses or other technical personnel, and drugs and medical supplies, we repeat our thanks and our gratitude for everything they are doing for Angola and its people.

The struggle continues: Victory is certain!

Dr SAAVEDRA WEISE (Bolivia) (translation from the Spanish):

Madam President and the Vice-Presidents, Mr Director-General and Deputy Director-General, distinguished delegates, ladies and gentlemen: the Minister of Health of my country, Dr José Villarreal, greatly regrets not being present at this august Assembly, but he has asked me, as Permanent Representative of Bolivia to the International Organizations at Geneva, to head the Bolivian delegation and also to bear a very cordial greeting to all the distinguished delegations here present. I now have pleasure in doing so, with full confidence in the success of the Assembly for which we are now gathered under the banner of "health for all by the year 2000". Obviously, Bolivia associates itself wholeheartedly with the main lines laid down by WHO for attaining the goal of maximum health levels for the whole of mankind. We also agree with the distinguished Prime Minister of India, who in the course of her important statement said that the concept of health was a broad one, implying a state of physical, social, and mental tranquillity.

One of the traditions of this Organization is the report of the Director-General, who, because of the responsibilities involved in administering WHO, is perhaps the person best qualified to lay down the outlines of an overall health policy and to underline the responsibility of governments in this field. We therefore endorse the wise and weighty judgements propounded by Dr Mahler. There can be no economic development without the establishment of the necessary preconditions. This well-worn aphorism of economists must clearly include among these preconditions a sanitary and health infrastructure covering hygiene, immunization and nutrition, calculated to enable all the peoples on this earth to develop their potentialities to the utmost. In this respect, the delegation of Bolivia agrees with the pertinent views of the Director-General when he put his finger on the challenge facing us for the next few years. The year 2000 is not an abstract notion; it is a real event which is rapidly approaching, and while there is nothing which designates it as a historical turning point, it is a concrete fact that the transition into another millennium has been converted over the last few years into a sort of milestone or step from which civilization will take off in other directions, a new horizon leading to the succeeding stage. With this in mind, we have to speed up our efforts, both nationally and at international organization level, to ensure that in the next 19 years we shall be able to achieve the present WHO target. Furthermore, we ought to have a yardstick by which to evaluate the effective advance made towards the goal we seek. Otherwise we shall merely have invented one more slogan in the now dense tangle of unfulfilled purposes within the context of the international community.

Madam President, fellow delegates: I shall not burden you with figures concerning the situation of my country in regard to public health. The figures are easy enough to obtain in the specialized yearbooks. But there is one tragic fact to be mentioned: Bolivia, like many developing countries, finds that the needier classes among its population are a prey to a series of communicable and endemic diseases, and in spite of the efforts of WHO and the Pan American Health Organization, in addition to those carried out on a continuing basis by the Government, we have not yet been able to achieve even minimum acceptable health conditions. Bolivia trusts that the help and assistance it has been receiving up to now will continue so
that we can overcome the problems affecting the future of the younger generation and its own overall development. The full development of the policies and strategies laid down, with priority recognition given to the extension of health service coverage within the terms and scope already defined, will without any doubt necessitate a strong and increasing flow of funds such as Bolivia, for all its efforts, cannot hope to muster of its own accord, bearing in mind the extent of the support required for services to individuals, essential environmental changes, and the maintenance of structures appropriate for achieving the target. The Government of Bolivia, working within the framework of the overall guidelines effectively laid down by WHO, has worked out a programme designed to steer activities in the health sector with a view to attaining the goal of providing all Bolivians with socially acceptable care and services in keeping with a level of economic and social development enabling them to enjoy adequate levels of health.

There is one further matter to which I would like to draw the attention of the distinguished delegates here present. As you know, the cultivation of the coca leaf for medicinal purposes is a time-honoured practice among the Andean communities, dating from pre-Columbian days. However, cultivation of the coca leaf has assumed excessive proportions in order to satisfy base interests which have exploited the poverty and wretchedness of the Bolivian peasants and have perverted the practice, generating an evil drug traffic whose centres of operation are far distant from our frontiers. Faced with the enormity of this tragic situation, Bolivia recently appealed to the international community for its collaboration in the struggle against the traffic in narcotics. I would like to repeat the appeal here in this forum, Madam President, since the drug problem is eminently a health problem and certainly an international problem. As you all know, most of you being medical practitioners, the crux of the matter is always the etiology of the disease, knowledge of its causes and origins, since by definition if we eliminate the origins there can be no pathological phenomenon. Bolivia asks for help, as a country with modest means, in standing up to the powerful international system of drug trafficking, for although we have declared a state of internal emergency in confronting what is taking on the features of a public disaster and creating a false picture of our country, Bolivia cannot hope to achieve the results it aims at unless it has the cooperation of the specialized bodies and the wealthy Western countries, which in their turn have the misfortune to be major consumers of cocaine. In these circumstances, Bolivia has publicly requested, and in a note addressed to the Secretary-General of the United Nations, that consideration be given to an international aid plan on a sufficient scale to set up machinery for curbing and gradually replacing coca leaf cultivation. To this end we have concluded a series of international agreements, and we have appealed to the United Nations system to adopt the following measures without delay:

1. the establishment of an international commission to combat the traffic in narcotic drugs, in coordination with the commission set up by Bolivia;
2. the formation of an emergency fund, in keeping with the extent of the damage it is hoped to avoid, bearing in mind that one country alone spends each year something like US$ 2000 million on the rehabilitation of drug victims;
3. the convening in the near future of a world antidrug conference following the adoption of the necessary emergency measures, for the purpose of properly evaluating the programmes under way and adopting joint plans.

The drug problem, like alcoholism, the smoking habit, artificial foods, birth control, and many other problems which will be debated in this Assembly, is obviously a health problem, one that will have to be tackled seriously by WHO at its roots, and not by way of policing measures based on its consequences. This is the reason why today Bolivia once again, in the presence of all of you here, asks for understanding and international assistance to enable it to eradicate this positive social scourge, which certain circles of world gangsterism have turned into a lucrative, prosperous business. The health of the individual is sacred, as is the health of nations, which are merely groups of human beings formed over the centuries. There can be no "health for all by the year 2000" unless, parallel with the efforts being made in other areas, the drug problem is placed in its particular context, namely that of public health and, ultimately, the prevention of all the evils caused by drugs.

The minutes allowed for each delegate are counted. There are many other topics relating to the situation in Bolivia which I would have liked to outline, but time does not permit. Let me stress once again that Bolivia fully supports all the efforts of WHO and individual States to attain maximum health status, as a component of the concept of life worth living and constantly progressing. As far as Bolivia is concerned, the problems are manifold, but faith in our destiny is equally great, and the constant cooperation of WHO is inestimable.
In the past we have overcome enormous obstacles, and we trust once again that our situation will improve. Bolivia has already given an earnest of its sincere desire to combat the drug scourge. The international community and those nations which are suffering through their own citizens from the tragic results of drug trafficking have the last word to say on helping us to eliminate one of the most evil forms of human degradation from the face of the earth.

Mr AMADOU (Niger) (translation from the French):

Madam President, allow me, on behalf of the Niger delegation, to present my sincere congratulations on your election to the presidency of the Thirty-fourth World Health Assembly.

Dr Al-Awadi, your predecessor, Madam President, was able by his level-headedness, his humanity and his originality to conduct our debates efficiently, however stormy they were at times, during the Thirty-third World Health Assembly. I offer him my sincere congratulations and take this opportunity to express to his country, Kuwait, all our gratitude for the contribution it continues to make to the Onchocerciasis Control Programme of which Niger is a member. I likewise congratulate the Vice-Presidents, and also the Chairmen and Rapporteurs of the committees.

Dr Mahler, our Director-General, as is his wont, has presented a report which, even if deliberately succinct, has none the less provided a remarkable analysis of the work of our Organization in 1980 in the fields which we consider to have priority, to cite only a few:
- the strategy for achieving health for all by the year 2000;
- WHO's structures in the light of its functions;
- the launching of the Drinking Water Decade;
- the development of comprehensive health services and disease control.

While asking the Director-General to accept our warm congratulations, I should like to renew our last year's commitment, to stand at his side as well as beside our Regional Director, Dr Alfred Quenum - true health politicians.

Madam President, from this august rostrum in 1979 and 1980 we stressed the efforts of the Supreme Military Council and the Government of the Republic of Niger in the field of health and notably primary health care, health being considered in two aspects: as a constituent factor in any development project, before and after; and health for all, an essential condition for wellbeing. The objectives and programmes of the five-year economic and social development plan for 1979-1983 - a vital link in our social goal of health for all the people of Niger by the year 2000 - are being carried out in spite of increasingly difficult economic circumstances. This bears witness, if such a thing were necessary, to the existence of a real political will for economic and social development, which is becoming stronger every day, and moreover at the highest level.

By the end of 1980, in addition to fixed and mobile health infrastructures, some 6500 basic health workers and midwives provided care in 2200 villages (compared with 1500 villages at the end of 1978) out of the 9000 villages in my country. Guidelines for training village health workers, comprising the eight components of primary health care, have been published for the benefit of teachers, and a national committee has been set up to ensure regular evaluation of the system as a whole.

One extremely positive fact which I should like to mention is the increasingly significant part played by private individuals in health work in Niger, building free maternity hospitals and dispensaries in solid materials and according to blueprints drawn up by my department for the country as a whole, as well as by gifts of vehicles for evacuating people for health reasons. There is no doubt that the conclusions expected in June 1981 from the work of the national committee responsible for establishing the "development society", work with which the Ministry of Health has been closely associated, will show us the most efficient methods of community involvement in health work.

I should like to emphasize as a fundamental observation these words by the Director-General in the introduction to his report (paragraph 3): "Other levels of the health system support the services corresponding to the first contact level of primary health care to permit it to provide these essential elements on a continuing basis". This is to say, for the benefit of the countries and bodies with which we cooperate in the field of health, that our efforts must also be concentrated on other levels of the health system and not exclusively on the primary level. My conviction on this point is that it is all a question of degree.

With regard to the structures of our Organization in the light of its functions, Niger has, in its time, supported and continues to support the idea of global and regional advisory councils and the establishment of the Health Resources Group for Primary Health Care. Moreover, within the framework of the Seventh General Programme of Work for the period 1984-1989, we have opted for six dynamic regional components full of initiative and without any
idea of competition, headed by a global component with a facilitation and coordination role. Only in this way can the regional strategies adopted - and the global strategy which will be adopted in the next few days - for achieving health for all by the year 2000 complement each other and be carried out harmoniously.

In this connexion it seems to me very important to stress here the initiative taken by Dr Alfred Quenum, Regional Director for Africa, in presenting an original report at the thirtieth session of the Regional Committee. Thus the resolutions adopted at the Thirty-third World Health Assembly (May 1980) were in effect broken down into a series of proposals to be implemented as appropriate by the Member States and the Regional Office. The proposals adopted will be incorporated into plans of action, and the Regional Director's periodic reports will keep the Regional Committee informed concerning the execution of the plans. The Niger delegation considers that this approach should be pursued, and indeed generalized, as it would demand a greater degree of wisdom during adoption of the resolutions in the forum of the World Health Assemblies.

In common with all the other countries, Niger has launched its drinking-water decade, and the national multisectoral and multidisciplinary group is continuing its work, notably with the participation of WHO and the World Bank. The first national workshop was held at Niamey from 16 to 21 February 1981 and, as the Director-General says, the chief aim is to obtain optimum results for the poor in the country and in the towns. It is an expensive sector, and here as much as elsewhere, sincere international collaboration and respect for national sovereignty are necessary. I am bold enough to hope that in this field the World Health Organization, in addition to its expertise, will be able to mobilize the additional resources and rationalize their international transfer.

Madam President, Mr Director-General, honourable delegates, ladies and gentlemen, in the framework of development of comprehensive health services, I should like, with your permission, to dwell on the following two points: maternal and child health, and the draft International Code of Marketing of Breast-milk Substitutes.

On the first point, Madam President, I wish to inform you of my concern at the considerable delay in our project for a national family health centre, officially submitted in 1976 to the United Nations Fund for Population Activities (UNFPA). The various missions which followed each other until 1980 made it possible to finalize the plans, including the architecture for the complex. This centre, which will be devoted to activities relating to health care, research, training and information in family health, constitutes in the eyes of the Government an irreplaceable tool in this field. We hope that with the help of WHO and the recent appointment of a UNFPA coordinator, actual work on construction of the centre will begin at the latest in July 1981, in view of the unfavourable upward trend in prices.

Study of the draft International Code on infant feeding leads me to the following suggestions:

1. it is important that the age limits for infants and young children should be clearly defined and that in the preamble much greater emphasis should be laid on the value of our local foodstuffs;

2. it is desirable for the Code to be adopted in the form of a recommendation rather than in the form of a regulation for the following reasons:
   - because nutritional problems vary from one region to another, measures to improve the nutrition of children, and of pregnant and nursing women, should be determined in the light of food habits in each country;
   - each Member State should be allowed time to adopt adequate legal provisions, which would ensure more effective control by WHO.

I turn now to the no less important subject of disease control, to lay particular emphasis on malaria, leprosy and onchocerciasis.

In accordance with resolution APR/RC30/R17, adopted at the thirtieth session of the WHO Regional Committee for Africa, Niger has elaborated a national malaria control strategy. In view of the fact that in our Region a malaria eradication programme cannot be envisaged in the near future for financial and ecological reasons, our strategy is aimed at reduction of mortality due to malaria; reduction of the prevalence and incidence of malaria to an acceptable level, and in particular protection of vulnerable groups (children, pregnant women, students and workers). We ardently hope that research will continue with a view to producing an antimalaria vaccine, the only weapon that could allow us to succeed, as with smallpox, in a world campaign for malaria eradication.

Leprosy control is being actively pursued by our mobile teams and health units. In this context the French Association of Raoul Follereau Foundations and the German Leprosy Relief Association presented us on 18 February last with a fully equipped leprosy control centre
costing 150 million CFA francs. In addition to its therapeutic function, the centre is
designed for operational and practical research and training which will provide optimum
courses for our medical students and nursing personnel. Here I hope that these two
associations will accept the expression of the gratitude of the Government and people of Niger
for this gesture which celebrates one more victory of human solidarity over indifference and
egoism.

The subject of leprosy control gives me an opportunity, in the context of the
International Year of Disabled Persons, to point out that in addition to the various
manifestations taking place throughout the country, the national committee set up for the
purpose by decree dated 26 December 1980 has been assigned two principal tasks: to draw up
legal texts for the benefit of disabled persons on behalf of the competent authorities; and
to prepare a short-, medium- and long-term programme for the rehabilitation and social
reintegration of the disabled, and submit it to the competent authorities.

After the Thirty-fourth World Health Assembly, the fifth meeting of the national
onchocerciasis control committees will be held next June in Niamey, in Niger. This long-
awaited event prompts a number of reflections on my part which I shall pass on to you
concerning a programme as dynamic as the Onchocerciasis Control Programme.

Now that there is 80% control of the disease throughout the onchocerciasis zone, it is
important that the financial backers agree to finance economic and social development projects
and programmes in the zones now free from the disease; that the extensions in Benin, Ghana,
Togo and the Senegal basin be included and accepted as a vital necessity if we do not want a
reoccurrence of the dramatic situations which arose before 1975 as a result of reinvasion; and
that additional research on industrial production and formulation of Bacillus thuringiensis
(a biological larvicide) be stepped up with a view to more extensive utilization. At the
same time it is necessary to continue research and development of drugs for the cure of our
diseases.

My second concern, which has always preoccupied Niger since the Programme was set up,
is that it should now cease to be a vertical programme and become a horizontal programme
combining the control of all the diseases in the zone. I am convinced that with the new
Director of the Programme this enormous step will be taken cheerfully.

Such are the few remarks elicited by reading the report - once again comprehensive - of
the Director-General on the work of the Organization in 1980.

In conclusion I reaffirm my country's support for the major principles governing
relationships between WHO and the Member States, and for the social objective of health for
all by the year 2000 by means of primary health care. Long live the World Health Organization!

Dr SIAGAEV (Representative of the Council for Mutual Economic Assistance) (translation from
the Russian):

Madam President, ladies and gentlemen, permit me on behalf of the Secretariat of the
Council for Mutual Economic Assistance (CMEA) to thank the Director-General, Dr Mahler, for
inviting us to the Thirty-fourth World Health Assembly. At this Assembly important decisions
are being taken that represent a new step forward in protecting the health of the peoples of
the world. As you know, almost all the countries of the socialist commonwealth have highly
developed health systems, but they are still faced with several problems in further improving
the population's health, in preventing diseases and in improving environmental health.
Multilateral cooperation within the framework of CMEA is making it possible to solve major
problems of health, medical research and technology more quickly by concerted efforts and to
exchange information on one another's achievements and experience. I wish to dwell only on
the most important aspects of this cooperation.

WHO attaches great importance to the Expanded Programme on Immunization. The work done
and the results obtained in cooperation between CMEA member countries on an immunobiological
preparations programme can make a substantial contribution to solving the problems of
communicable disease control. In 1980, on the recommendation of our Public Health Commission,
the CMEA member countries concerned signed a special agreement and drew up a programme of
scientific research for the development of new immunobiological preparations. At the same
time an agreement was signed for the different countries to specialize in different branches
of production and to supply each other with such preparations. The problem of the supply and
quality control of medicaments is also attracting growing attention from WHO. Under the
auspices of the CMEA's Public Health Commission standardized documentation is being issued
on the evaluation of drug trials and the standardization of drugs, unified specifications for
drug quality and methods of determining drug quality. The preparation and use of this
documentation will make it possible to speed up the evaluation of new drugs and their introduction into health practice in the CMEA countries. An international information centre for CMEA member countries on the side-effects of medicinal preparations has been established and has begun to function in Czecho-Slovakia. The results of this work may be of interest and use to other countries.

Today and even more so in the future the emphasis in health will be on prevention. By their concerted efforts, the CMEA member countries are developing systems of preventive measures against such widespread conditions as cardiovascular diseases, cancer, virus diseases, and so on. The successful implementation of a scientific and technical cooperation programme on the complex problem of cardiovascular diseases has made it possible to draw up recommendations on methods of preventing, diagnosing and treating hypertension and myocardial infarction which are already in practical use in the health services of CMEA member countries. An important result of cooperation on cancer has been the publication of recommendations and joint monographs on subjects such as the prophylaxis of cancer, carcinogenic substances, cancer control measures in CMEA member countries, etc. A centre for clinical trials of new antitumoral preparations has been set up in Budapest. The combined efforts of scientists in CMEA member countries have led to the solution of a whole series of theoretical problems in the molecular biology and virus genetics of influenza. Sensitive methods of diagnosing viral hepatitis have been developed and introduced in practice. As a result of cooperation on the problem of environmental health several compendia of methods and standards relating to clean air, water and soil have been published. In 1979 a handbook on the control of atmospheric pollution was published. In connexion with the new WHO strategy, the establishment of indicators and criteria for evaluating the development of the health services in countries is of growing importance. As part of the cooperation between CMEA member countries, unified approaches to evolving methods of current and long-term planning for health service development have been worked out. A list of indicators has been drawn up for evaluating the status and quality of treatment in outpatient departments, polyclinics and hospitals. It is possible that these may prove useful within WHO.

Cooperation between CMEA member countries in the field of public health is continuing to develop. In 1981-1985 it is planned to draw up and develop 11 integrated programmes. A considerable part of the Commission's activities is devoted to organizing concrete aid to accelerate the development of health care in the Socialist Republic of Viet Nam, the Mongolian People's Republic and the Republic of Cuba. The Council, and its member countries on a bilateral basis, are helping to develop the health services in a number of developing countries. In those countries, doctors and medium-grade medical staff from the Council's member countries are working, hospitals and clinics are being built and local health staff for the developing countries are being trained. Over 40 000 students, postgraduate workers and trainees from the developing countries are studying in the CMEA countries, among them about 3000 people from 48 developing countries in Asia, Africa and Latin America studying on CMEA fellowships.

CMEA cooperates actively with many international organizations, inter alia on questions of health. Since 1978 the Council has maintained and developed constant contacts with WHO and its Regional Office for Europe. These contacts and the exchange of material promote the progress of health in the world. It seems to us that contacts and cooperation between CMEA and WHO could be even more fruitful, especially for the developing countries, in implementing primary health care programmes, national health planning, the Expanded Programme on Immunization, the training and further training of health service staff, etc. With this in view, WHO could make greater use of CMEA member countries' experience of cooperation in the field of health and increase the use of specialists from those countries and from the Council's secretariat as WHO consultants in implementing the programmes mentioned and other important WHO programmes. CMEA could also play a part with WHO in organizing a number of international conferences, seminars and symposia. WHO has shown interest in certain material worked out under the auspices of the CMEA Public Health Commission, and we should be pleased if it were used for the benefit of people's health throughout the world. This year we intend to send a collection of standards in industrial toxicology, standards on radiation sterilization and some monographs and publications to WHO as a contribution by the CMEA member countries to the common cause.

Without peace on earth it is impossible to attain the goal for which WHO exists and towards which it strives - health for all. The struggle to strengthen peace is the most important task of those who fight for health and of all decent people on earth. CMEA and its member countries stand for the maintenance of peace, for disarmament and for the use of the vast sums now devoted to military expenditure for improving social and living conditions and for protecting the health of the peoples of our planet.
Dr AL-QASSIMI (United Arab Emirates) (translation from the Arabic):

In the name of God, the Compassionate, the Merciful. Madam President, Mr Director-General of WHO, distinguished ministers, delegates, ladies and gentlemen, I extend to you my warm greetings and take this opportunity to thank the Director-General of WHO for his fruitful efforts and substantial achievements during the past year. I thank all his staff for the excellent preparations for the present World Health Assembly. I also congratulate all those who have been elected to office at this Assembly and wish them all every success in carrying out their duties; may they do so in a climate of cordiality and cooperation.

Since its creation the United Arab Emirates has worked unceasingly to establish firm foundations for a new health system, with the support and assistance of WHO. We have also concentrated on preparing health programmes and plans so as to meet our needs for all the essential services within the health sector. We flatter ourselves that we are in the forefront of countries that have translated the resolutions and recommendations of this august Assembly into decisions, most of which have been implemented. We greatly appreciate all the Assembly's decisions and resolutions, and take them into consideration, since they originate from an élite of experts in health planning and practice. It is a great privilege for us to benefit from their experience and use their guidelines so as to meet the basic needs of the majority of our inhabitants.

The Director-General's report adds a new and brilliant page to the long list of the Organization's achievements, inspired by the principles and rules that have been adopted to establish a long-term strategy for achieving health for all by the year 2000. I should like to point out that plans and programmes of this kind are bound to strengthen the national, regional and worldwide strategies for achieving this outstanding social objective during the next two decades and providing all peoples of the world with a level of health that enables them to lead a socially and economically productive life. We share the Director-General's opinion that the achievement of this objective calls for political, social and economic reforms, involving in particular a fairer distribution of health resources so as to acquire the equipment needed for joint action, while at the same time giving local communities an opportunity to participate seriously and effectively in preparing health plans and programmes. Already, via the regional strategy of the Eastern Mediterranean Region, we have embarked upon the implementation of this strategy in accordance with the draft document containing the Director-General's proposals.

The information contained in the Director-General's report on the work of WHO during the past year strengthens our deep conviction as to the capacity of this Organization and its staff to achieve effectively the aims and objectives assigned to them; WHO is a vital and invaluable source that encourages us to develop and increase our health capabilities, particularly those relating to primary health care, to maternal and child health, to the development of research and training in human reproduction, nutrition and mental health, not forgetting the formulation of policies for the procurement of prophylactic, diagnostic and therapeutic substances so as to safeguard activities in the field of disease control, including epidemiological surveillance.

The report of the Special Committee of Experts appointed to study the health situation in Palestine and the occupied territories reaffirms the reality of the bad health conditions of the Arab inhabitants of Palestine and the other occupied Arab territories. This is due primarily and essentially to the policies, practices and inhuman methods whereby the Zionist occupation authorities ferociously and cruelly hold sway; it is a part of their imperialist plans for the collective liquidation of the people of Palestine, physically and mentally, plans which also include torture and cruelty towards prisoners and the militant Palestine Liberation Organization internees, together with the repeated attacks against districts inhabited by Palestinian refugees in southern Lebanon.

Madam President, in accordance with your request to be brief I shall not list the achievements of the United Arab Emirates in the field of health, either in detail or in figures, but I should like to give an outline of what we have achieved in this field. Our religion commands us to spend money only for good, and health activities, as Mrs Indira Gandhi has told us, are a humanitarian and benevolent act rather than an administrative duty. Convinced as we are that the allocation of some of our money for improving health is an action for good, we have undertaken to distribute the financial resources needed for implementing the

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1 The text that follows was submitted by the delegation of the United Arab Emirates for inclusion in the verbatim record in accordance with resolution WHA20.2.
relevant plans and programmes even though in several areas we lacked high-level experience and expertise; that is why we hope WHO will continue to provide us with experts and specialists to strengthen our own capacity to carry out its plans and programmes adequately and in a manner consistent with the duties and objectives of the Organization, so that we can provide the necessary health services.

The United Arab Emirates has accepted the principle of primary health care as a basis and starting point for the delivery of health services. It has planned and set up a large number of centres for this purpose, has improved the intermediate centres dealing with more complex problems and the central structures for the coordination of health activities, and has made arrangements to supply them with equipment and staff while continuing to train health workers and create new and complementary categories of staff. More effective participation in health activities by the public has been ensured, as has coordination with the other public and private agencies and institutions at the national, regional and subregional levels. At the same time we have not forgotten our international duties and commitments towards our brothers in the developing countries, particularly the poorer countries: we provide direct aid and assistance and cooperate with all the specialist international organizations and agencies in the health field, within and outside the United Nations system, for the greater good of the health of our peoples.

Madam President, I am sure you will agree with me and my colleagues concerning the major role played by WHO’s structures in the light of its functions, in supporting the formulation and implementation of health plans, programmes and strategies at all levels. May I take this opportunity to broach a topic of great importance for the present and future health status of my country, the transfer of the WHO Regional Office from Alexandria to Amman. This transfer has become an urgent need and a vital imperative for the countries of the Region, for it has become impossible for us to cooperate with the Office while it remains in Alexandria; in other words, the Office has become paralysed following its boycott by the countries of the Region and is incapable of carrying out the duties assigned to it by the Constitution of WHO. The World Health Assembly is without any doubt competent to give its opinion on the subject of this transfer. Nevertheless, the Constitution links the Assembly’s decision on this matter with the wishes of the majority of Member States of the Region, including my own country which is suffering greatly from the present situation. We urge Member States to acknowledge our right to take the appropriate decision concerning matters which concern us and with which we are familiar. The advisory opinion of the International Court of Justice affirms the Organization’s right to choose its headquarters or the headquarters of its regional offices and to transfer them. We therefore hope that this august Assembly will take the necessary resolution in response to our request, on the basis of the resolution taken by a sweeping majority of countries of the Region to transfer the Regional Office for the Eastern Mediterranean to Amman in Jordan.

Finally, I wish the Assembly every success under your enlightened presidency; your abilities and efficiency will make it possible to achieve the noble objectives of WHO for the happiness and wellbeing of mankind.

The PRESIDENT:

The meeting is adjourned.

The meeting rose at 11h50.
NINTH PLENARY MEETING

Monday, 11 May 1981, at 14h55

Acting President: Mr M. M. HUSSAIN (Maldive)
   later
Acting President: Dr G. RIFAI (Syrian Arab Republic)

GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The ACTING PRESIDENT:

The ninth plenary meeting of the Thirty-fourth World Health Assembly is called to order. Now we proceed with our general discussions for this afternoon. I have the pleasure to invite the head of delegation of Samoa to take the floor and the Albanian delegate to come to the rostrum.

Mr FAUMUNA (Samoa):

Mr President, Dr Mahler, distinguished delegates, ladies and gentlemen, it is my pleasure on behalf of my country of Western Samoa, to congratulate Madam President and the Vice-Presidents on their election to their respective offices. I also congratulate Dr Mahler and his staff for the great, the remarkable work which they have done for the Organization - as well as our Regional Director, Dr Nakajima - and for the assistance they have given to Samoa in our efforts to attain health for all by the year 2000. I take this opportunity to congratulate our Executive Board for the hard work which they have done and which is to be finalized by this Assembly.

Western Samoa's population of 160 000 will rise to 250 000 by the year 2000 if present migration and fertility levels stay the same. This record population growth will bring a high demand on health services, particularly as high growth means a greater proportion of children. There will be pressure to channel an increasing proportion of government expenditure into expanding the capacity of health services. It is doubtful if there will be enough money to improve the quality of services.

In times of rapid social and economic change Samoa faces many problems which may greatly affect the health of the community. Our main concerns will be diarrhoeal and respiratory diseases, nutritional and metabolic disease, trauma, vector-borne diseases, and the chronic diseases for tuberculosis and leprosy. Shortage of skilled manpower, particularly in middle management, we will need to overcome.

The fourth five-year development plan, approved by the Government last year, sets out to raise the level of health and the quality and accessibility of health care. It gives emphasis to the promotion of primary health care and continues the traditional involvement of rural people through women's committees and the Pulenuu. A population policy has been introduced to allow each family to plan to have the number of children which will meet family and national goals and for whom the best possible growth environment can be assured.

The need is recognized for formal regional divisions to permit decentralization and more effective district health care delivery. Communication, both by telephone and road, still remains difficult in many areas and many district hospitals need repair or replacement of defective buildings and equipment.

It is recognized that there are inadequacies in managerial capacities and in the provision of supportive services. A commission of inquiry into the health services has recommended a new structure, which has been approved by the Government, and the required legislation has been passed by Parliament. These measures should increase the country's
capability for effective planning and management of health care needs. The present management will be decentralized to allow more effective involvement at community level.

Projects have been approved and planning is under way for the training of more village health aides and assistant health inspectors. These workers, together with other aspects of primary health care, will continue to form one of the bases of the Health Department's contribution to rural development.

A continuing intensive programme is planned to improve the health of mothers and children through better antenatal and postnatal care. A special effort has been made in the expanded programme of immunization to raise the level of effective immunization against the childhood diseases. Improved programme management and vaccine handling have already brought about a rise in the level of child protection.

The Government has begun a programme to develop the health education section. A new nutrition education centre has been completed and by next year the health education service should be in full swing.

Considerable progress has been made in the field of environmental sanitation. A working party under the programme of the International Drinking Water Supply and Sanitation Decade has been working for more than a year now. Plans for upgrading water supplies and sewerage are being finalized. The projects have a high priority in primary health care.

Western Samoa endorses and has adopted in principle the goal of health for all by the year 2000. The Government recognizes that health is not an isolated factor in human existence but is interlinked with the political, social, spiritual and economic life of the country. Therefore, our development strategies for health will be developed in a context of a broad development plan for the community. The strength of social relationship and village organization in Samoa is perhaps unique in this day and age. It is this strength that will do most to generate the community health action which is so vitally needed to reach health for all by the year 2000.

In conclusion I wish you one and all present here at this Thirty-fourth World Health Assembly good health and God's blessing, "Soifua".

Professor PULO (Albania):

Mr President, allow me, in the name of the delegation of the People's Socialist Republic of Albania, to convey to Madam President our greetings and wishes for her election to the high post of President of the World Health Assembly.

The numerous and complicated health problems that the world today is faced with and which rightfully preoccupy our Organization as well, the struggle for the protection of health and the prevention of the outbreak of various diseases and epidemics, and the guaranteeing of a normal life in suitable economic and social conditions, cannot be separated from the tense political situation which exists in the world today, and from the struggle of the peoples for the preservation and strengthening of their national political and economic independence against the aggressive and hegemonic policy of the superpowers.

All of us are witnesses of the fact that at present too, diseases and epidemics follow suit on one another in various regions of the world, that those who die unable to receive even the first medical assistance are numerous, that there are people who still suffer from malnutrition and are short of running water, that medical services in many so-called developed countries have been transformed into a real lucrative business which brings in considerable profits. The imperialist powers, and in particular the two superpowers, the United States of America and the Soviet Union, are intensifying the barbarous neocolonial exploitation and plunder of the national assets of various countries, conducting an armaments race, and increasing the military budgets, and consequently all these weigh down on the shoulders of the working people, and on the health and the wellbeing in general of the peoples of the different countries.

The Albanian people, led by the Party of Labour of Albania, have mobilized all their energies to uninterruptedly develop their economy and culture, to strengthen and safeguard their socialist homeland. Totally relying on their own forces, they are working with self-abnegation to realize the planned tasks of 1981, the first year of the seventh five-year plan, and to look forward to the fortieth anniversary of the founding of the Party of Labour of Albania with the greatest possible victories in all fields.

The Government of the People's Socialist Republic of Albania has always considered the question of the strengthening of the health of the people as an integral part of its policy for the constant elevation of the wellbeing of the people. Great changes have been made in Albania during these 37 years of liberation. During these years free medical services have
been ensured to all the people. Thanks to the successive measures taken, it has become possible to reduce the number of sick people, to extend the average life span, and to improve the physical development of the population. Medical services in our country are characterized by a constant development and further intensification of the prophylactic orientation. In the good and favourable conditions existing in our country thanks to the consolidation of a wide network of health prophylactic and curative institutions, in both town and countryside, this orientation is finding concrete application and is yielding ever better results. As to mother and child health care, a series of very important measures of an economic, social and medical character has been adopted. A wide network of consultation wards in town and countryside, maternity homes and crèches has been set up. All deliveries are performed with medical assistance. The network of prophylactic and curative institutions has also been further extended. Children from 0 to 1 year of age, even when treated as outpatients, get their medicines free of charge.

Special care has been devoted also to the further improvement of medical services in the countryside and the remote mountainous regions, taking into consideration the peculiarities of the terrain and the density of the population. Medical centres staffed by physicians, midwives and other middle cadres, capable of providing first medical assistance, ensuring medical assistance in all births and keeping under constant medical supervision pregnant women and all children from 0 to 5 years of age, and an anti-epidemic service have been set up in all the villages of Albania today.

As early as 1978, on the basis of a scientifically based plan, success had been achieved in making the system of screening, outpatient departments and the treatment of heart, oncological, gastrointestinal, infectious, endocrinological and stomatological diseases, part of their work for the staff of the health services in both the city and countryside. Within the framework of preventive measures, priority has been given to the improvement and perfection of the anti-epidemic health services, the production of vaccines, and the constant organization of vaccination campaigns.

During the period of the people's power, in particular during recent years, when our country embarked on the stage of the intensive development of all branches of the economy, and when it is extensively developing chemical, oil and metallurgical industries, special attention has been devoted to the problem of the protection of the environment from pollution. The large-scale utilization of many chemical substances in agriculture has given rise to the need for devoting special care to this problem in the countryside as well.

A network of specialized laboratories has been set up throughout the country. Physicians and other specialists of various disciplines work in them. Through studies and analyses they regularly follow the content of toxic substances in soil, air and water and define in due time the measures to be taken for the elimination of these substances or for making them harmless to the people. Besides this, a great deal of continuous and systematic work is being done in this connexion to create the conviction in the people that the protection of health cannot be appreciated and ensured without a clean environment. At present the protection of a clean environment in the production centres, in both the city and countryside, is daily becoming the problem of all the people. In this respect, the proportional distribution of medical cadres plays an important role. This is done on the basis of a well-studied plan giving priority to the prevention factor.

To post-university education, which is considered an important factor in development and progress in the field of health services, is being devoted ever greater care. The post-university training courses operate under the faculty of medicine, and all the higher cadres attend them once in three to five years. At the same time, the proper care is being given to the training of middle cadres as well. Training courses operate in all the hospitals, and all the middle cadres, not only of the hospitals but also of the health centres, attend them.

Special care is being devoted to the people's traditional medicine as an important branch of the medical services. A special institute has been set up which studies and gathers together the rich experience of the people's medicine. This institute not only motivates all the staff of the health services, but also carries out theoretical, experimental and clinical studies of the methods of people's medicine, so as to give them a more scientific content and make them more and more effective in the protection and strengthening of the people's health. Health education has also undergone a perceptible development; it aims at disseminating among the broad masses of the people basic knowledge about health care.

All these results speak clearly of the correctness of the Party's policy, its great and constant care for the elevation of the material and cultural wellbeing of the people, and the uninterrupted improvement of the health of the people.

In conclusion, Mr President, allow me to assure you that the delegation of the People's Socialist Republic of Albania will not fail to make its modest contribution to the successful development of the deliberations of this World Health Assembly.
Dr HYND (Swaziland):

Mr President, allow me to add our congratulations to you and all the other office-bearers on your election to high office. I am confident, with others, that through your collective and wise leadership this session will be brought to a successful conclusion within the time suggested by the Executive Board; with the feminine touch of our President, I believe we shall do so.

May I also commend the Director-General, Dr Mahler, on the excellent manner in which he presented his report to us. We entirely agree with most of the things he has highlighted, following which I have this intervention to make. During this Thirty-fourth World Health Assembly we shall be discussing such important items as global strategies and indicators for the achievement of health for all by the year 2000. For us, the most important of all is the plan of action for the implementation of these strategies.

In fact, my main concern is that we are running out of time: we only have 19 years remaining to achieve our goal. In order to hasten and promote the process of reaching the target there is a need for the Thirty-fourth World Health Assembly to give authorization to the Director-General and the Executive Board to review the systems within WHO, to allow sufficient flexibility to bring about decisive action - decisions which need implementation within a short space of time. When one considers how long it takes to process the appointment of even one consultant, one wonders how we shall finish our work by the year 2000. This is especially the case of those of us representing small States where one person not coming, or the sudden departure of another, can break the whole chain of operation that we have set up: there is often no one else to fill the gap. What I am saying is - let's get a move on with the programme. This is why we support a change - for the Assembly to meet every two years - for much time and money are used on the annual Assembly. We cannot afford the time or the expense. This means that the main thrust will have to be the development by Member countries of health systems and infrastructure, which involves acquiring adequate manpower in planning, management and appropriate technology. Many of us simply do not have the resources for these necessary elements to maintain and continue the momentum we have tried already to establish. And those who "have" must come to the rescue of those who "have not". Even at this late stage, some of us need centres of research for health management and development to identify our problems and then find the solutions within the country itself. So far we have not succeeded in the establishment of such a unit; and yet it is desperately needed in our country.

To elaborate further, small countries like Swaziland often lack specialized manpower. At times, the only personnel available are forced to attend workshops and meetings that are essential and beneficial in the discharge of their duties. Their departure results in their programmes remaining unmanaged and undirected. To secure specialized manpower we often turn to WHO for support. Recruitment by WHO is too slow. It is not uncommon to wait for more than a year before the required manpower is delivered to a needy country. This is the reason for our appeal for WHO to revise its present recruitment systems. For these delays are affecting the implementation of our strategies, even when all we are requesting is a short-term consultancy. In response to Dr Mahler's outstanding address, we see this as a major contribution in WHO's part of the contract for health, so that it can filter through our ministries to reach the third participant in the contract, the people. Perhaps WHO could assist subregions in compiling catalogues of available experts in their areas to serve as short-term consultants or temporary managers in time of need. This would be in keeping with the spirit of TDC that we hear so much about. It is to be hoped that necessary resources might even come from the Regional Director's Development Programme.

To reach our targets even at country level, especially in the field of primary health care, we almost need a crash programme for the building of more primary health care units in rural areas, with secondary health care facilities for supervising and supporting these health units. Further research into producing acceptable models of such primary and secondary health units is very important at this point in time - and I believe WHO could help us in this.

As many of you know, financial resources for such capital investment are no longer easy to find owing to the state of the world economy. Many of the developing countries are making great sacrifices in meeting recurrent costs, and we struggle to convince our financial authorities on where the priorities lie. WHO needs to encourage other organizations and the more privileged countries to assist the small and less privileged ones such as Swaziland. We need WHO to help us by appointing a "contact man" for us - for we do not always know on which door to knock.

It is evident therefore that in the years ahead Member countries will need to increase their cooperation among themselves and with WHO for reaching the social target of health for
all by the year 2000. It has been said time and time again that political commitment at the highest level is necessary both nationally and internationally.

We ourselves are experimenting on getting more voluntary health societies to give support to the efforts of the Ministry of Health, raising voluntary manpower and financial resources for health projects. In doing so we recognize the fact that more groups, inside and outside the health sectors, will need to be enlisted, and that the coordinating and directing role of the Ministry of Health will have to be strengthened.

Primary health care activities have resulted in innovations that have seriously departed from traditional practices and set-ups. Community workers and other paramedics are now doing jobs previously performed by professionals. We need urgently to produce prototype health legislation that will give these new health workers confidence and security. The stage has been reached for some uniformity in nomenclature of these workers - for the issue is becoming so confusing, owing to the proliferation of names. Again, I feel that WHO can help us here.

We welcome the reimbursement of travel costs of representatives to regional committees. We recognize that the problem experienced at country level is that of cooperation with other sectors responsible for development - as we discussed in our Technical Discussions. We believe that more education and motivation of non-health sector persons can be achieved by bringing them to regional committee meetings when primary health care topics are discussed. They need the exposure to know what it is all about, just as we do.

Regarding infant and young child feeding, the draft International Code of Marketing of Breast-milk Substitutes sets us, I believe, the right direction as a recommendation, giving time for experience and reflection on results as they begin to emerge. We equally welcome the efforts WHO is making in the field of alcoholism. We are preparing to host a meeting on smoking and health in March 1982 for the African subregion.

In conclusion, my appeal is that we put aside issues that are not strictly ones affecting the purpose of our gathering in Geneva - namely, the health situation of our world population. I do not know about yours, but I find that our mosquitoes carry no passports; our cholera vibrios carry no vaccination certificates. My delegation came to this Assembly to build and not to destroy, and we are willing to join anyone in this objective - for WHO means too much to us and to our people to see anything happen to it; and we want it to remain healthy. So, in spite of the world situation and the cynicism and attitudes perhaps, of others, we need to press on to the year 2000.

Dr NKWASIBWE (Uganda):

Mr President, Mr Director-General, Mr Deputy Director-General, your excellencies, distinguished delegates, ladies and gentlemen, the Ugandan delegation has the honour and pleasure to welcome Madam President and her colleagues, the Vice-Presidents, upon their well-deserved election to the high offices of the Thirty-fourth World Health Assembly.

Mr President, it is not my intention to repeat mention of the enormous problems in my country because these have been highlighted at the last two World Health Assemblies. These problems have largely remained unchanged. What has changed, however, is that Uganda has an elected government after more than 10 years of socioeconomic mismanagement. The priority of the new Government has been to reset priorities and national targets to stimulate socioeconomic growth that will contribute to the global strategy of health for all by the year 2000. To achieve this strategy, our health policies have been reviewed to place an emphasis on preventive and promotive health activities through primary health care. Our health policies also aim at incorporating other health-related activities in an integrated plan of national development.

The primary health care concept in Uganda is not a new one. There were several areas in the country where primary-health-care-like activities were practised as early as in the late 1950s, but lacked full community participation and coordination.

The current approach of my Government is to encourage the establishment of village or community committees which would be the primary forum for planning, implementing and evaluating primary health care activities. Already many communities have formed such committees and there are already more than 26 functioning primary health care units, each catering for about 20,000 people. Each primary health care unit receives support and guidance from a health centre that serves that community.

In order to coordinate primary health care activities, the Government has established a primary health care unit within the Ministry of Health. The coordination will be both intra- and intersectoral.
In developing a primary health care service on a firmer basis, the Government has embarked on a national training programme for training of trainers who are going to train primary health workers. In the spirit of technical cooperation, the Government is extending invitations for countries within our subregion to send trainers to these courses. Contacts have been made with WHO, African Region, to participate in these training courses. We hope this will enhance the social contract which has been highlighted by the Director-General.

As a result of our experiences with the pilot projects on primary health care, we firmly believe that simple, low-cost and appropriate techniques in the delivery of medical care are effective. However, we know that political mismanagement can disrupt the delivery of even these simple techniques. In Uganda, this resulted in the resurgence of diseases such as sleeping-sickness, cholera and others that had been largely controlled.

Our misfortunes have not been limited to man-made catastrophes. The country has experienced perhaps one of the most serious droughts, unprecedented in its history. The resultant shortage of food and water affected several areas in my country.

We wish at this juncture to acknowledge with thanks the assistance offered by our friends in the fight against disease in my country. In particular, I would like to thank WHO and the West German Red Cross for their emergency initiatives to control sleeping-sickness.

I also wish to express our gratitude and appreciation for the very generous assistance received from the international community, without which life would have been very difficult for the people in the drought-stricken areas of the country.

Mr President, I wish at this juncture to thank WHO for the excellent work done in my country under, sometimes, very, very difficult conditions. We wish to put on record the distinguished manner in which Dr E. C. Cummings, the outgoing WHO Programme Coordinator, performed his duties.

In a nutshell, what we would like to do in Uganda is to direct our programmes on the Expanded Programme on Immunization, water supply and sanitation, health education, proper nutrition, family health, including family planning, and the improvement of the general environment, to which will be added the task of rehabilitation and reconstruction.

We have gone through a very difficult and critical period in the history of our country. The challenges ahead of us are enormous. We have the political will and the enthusiasm to effect change in this strategy of health revolution. Mr President, Director-General, fellow delegates, the gap between our needs and resources is wide. I would like to take this opportunity to appeal to the international community to realize our plight and to give us the moral and material support so vital in the great task of rebuilding Uganda and restoring peace, stability and prosperity and, indeed, health for all by the year 2000.

Dr PHOLEN (Lao People's Democratic Republic) (translation from the French):

Mr President, Mr Director-General, your excellencies, honourable delegates, ladies and gentlemen, on behalf of the delegation of the Lao People's Democratic Republic, I should like to present my warmest congratulations, as has already been done by the eminent speakers before me, to Dr Violaki-Paraskeva on her election to the presidency of our Thirty-fourth World Health Assembly, and also to take this opportunity to congratulate the Vice-Presidents and the Chairman of Committees A and B, who have very important roles to play in this august Assembly.

Our congratulations and thanks also go to the Director-General for his praiseworthy and most encouraging report on the work of the past year.

Mr President, after the adoption by a broad consensus of the strategy of health for all by the year 2000, my country is one of those, among the developing countries, which have started very seriously upon its attainment, acting on global health principles through primary health care, in the spirit of the Alma-Ata Declaration. An essential condition for success in this undertaking is, it goes without saying, that the technically and financially privileged countries should do more to support the developing countries. Only on those terms, I think, could the vicious circle of poverty and ill health be broken to everyone's advantage in both the developing and the developed countries. As medicine must necessarily serve the cause of peace, it is very important that the doctors of the whole world make it their sacred duty not only to commit themselves on the purely professional level, but also to support resolutely by constructive words and enterprising action those who are working for disarmament, détente and peace, conditions sine qua non for effectively solving the health problems involved in advancing towards the noble goal of health for all by the year 2000.

It goes without saying that WHO would not, alone, be in a position to solve all health problems for every Member country - in particular the developing countries - if the latter, in their health efforts, themselves did not take the firm decision to make use of all their
energies and local resources, at the same time, of course, taking into account their social and cultural characteristics. It is in this spirit that the Lao People's Democratic Republic, a land-locked country, and in spite of the numerous sequelae of over thirty years of war and the numerous difficulties put in our way by the enemies of our new regime, is carrying out the strategy of health for all strictly following the principles of the Alma-Ata Declaration. Our Government has therefore adopted the global health policy, in particular at the base or at the periphery. In this way an experimental area in the district of Phon-Hong (Vientiane province) has been set up and, since then, the pilot area has been continuing research work on the means available to us and the appropriate conditions for ensuring that the level of health advocated is accessible to all, even to those who live furthest from the centre in areas where access represents a major feat on the part of our doctors. The great efforts deployed to that end have so far made it possible to cover two-thirds of our country with an adequately structured medical and health network which we are continuing to improve and develop more and more every day.

We are aware that if we wish to implement our health policy, our principal activities must be concentrated on health education - to interest and to encourage, in short to increase awareness among the masses so that they take part in primary health care work at all levels, from the centre to the periphery.

Emphasis must also be placed on the problem of preventing disease, on self-sufficiency in drugs in common use, and also on training health workers of every kind. It is for this reason that we have restructured our health and preventive medicine department by dividing it into three large institutions: the malaria research and control institute; the institute of hygiene and epidemiology, and the department of health education, to which are attached the corresponding stations situated at the periphery - at the level of the provinces, districts and communes. Malaria control, anapange of developing countries, has led during the past few years to reasonably satisfactory results which we owe in large part to the know-how and appropriate technologies brought to us by the Vietnamese experts - who undoubtedly excel in this field.

As for the need for drugs, of which 200 to 300 essential ones have been listed by the WHO Expert Committee, we are still subject to numerous constraints, notably financial constraints, relating mainly to foreign currency, as well as technological and other constraints. In order to remedy the situation, we have recourse to traditional drugs which for the time being can, alas, only meet a certain percentage of therapeutic needs for common diseases - no more than 30 to 40%. We are therefore obliged to turn to more complex medication, in other words modern drugs which we must buy, and which come from friendly countries and international organizations, for, at the moment, our own production of drugs is quite inadequate to meet our everyday needs. I should like to take this opportunity of thanking our brother countries and friendly countries, as well as international and nongovernmental organizations, for all the help they have given us. At the same time I should like to thank the Director-General, Dr Mahler, and the Regional Director for the Western Pacific, Dr Nakajima, for the constant solicitude they have unfailingly shown on our behalf. I conclude my very brief speech by wishing a great deal of success to the Thirty-fourth World Health Assembly.

Dr KAMYAR (Afghanistan):

Mr Vice-President, Director-General, honourable delegates, ladies and gentlemen, the delegation of the Democratic Republic of Afghanistan has pleasure in congratulating Madam President on her election as President of the Thirty-fourth World Health Assembly. My delegation takes pleasure in expressing appreciation of the effective leadership of Dr Mahler, Director-General of the World Health Organization, who through his distinguished efforts has promoted international cooperation for the realization of the high objectives of the Organization.

Mr Vice-President, since its establishment the Organization has made a tremendous contribution to the cause of providing an adequate level of health for all. However the main objective of the Organization - which is the attainment of the highest possible level of health for all - is still a long way short of achievement. The escalating arms race, which has been initiated by the anti-peace circle and warmongers, not only consumes excessive quantities of material and manpower, but has an adverse effect on efforts to promote world peace. World peace is the primary condition for the implementation of any effective steps for solving health problems and for promoting international efforts aimed at removing the alarming threat of poverty, hunger and disease throughout the world, emanating primarily from social and economic inequalities, dependence and exploitation.
At this point the delegation of the Democratic Republic of Afghanistan would like to draw your attention, Mr Vice-President and distinguished delegates, to some facts about Afghanistan, which have come to the fore recently.

One of the important and valuable gains of the glorious April Revolution has been the framing and adoption by the Democratic Republic of Afghanistan of Fundamental Principles which ensure the basic rights of the people of Afghanistan. The Fundamental Principles are in fact a prelude to the Constitution of the Democratic Republic of Afghanistan. This important document reflects the inspiration of the April Revolution and, in its new phase, the rights and obligations of the people and State, and the role and plan of the Peoples Democratic Party of Afghanistan in the national and political life of the country.

The Fundamental Principles of the Democratic Republic of Afghanistan call for the promotion and protection of the health of the people through the development of the medical and social services based on priorities. For the first time the Fundamental Principles place the responsibility by legislation on the Government to give special attention to mothers and children who make up two-thirds of our community. The Fundamental Principles of the Democratic Republic of Afghanistan oblige the Government to provide an infrastructure of health services which will enable all the people of Afghanistan to enjoy good health and prosperity.

The first medical congress of the medical profession, inaugurated by Babrak Karmal, Secretary General of the People's Democratic Party of Afghanistan, President of the Revolutionary Council, and Prime Minister of the Democratic Republic of Afghanistan, is clear evidence of the importance being given to the health and wellbeing of the people.

Afghanistan is a typical example of a developing country confronted with serious health problems of a preventable nature. The majority of the people live in the rural areas and a considerable number lead a nomadic way of life. This overwhelming majority receives less than 20% of the medical care and health services of the country, which results in a higher infant mortality rate in comparison with other developing countries. Women of childbearing age and infants share most of the burden of morbidity and mortality which are due to causes that are preventable.

Poor sanitation, lack of safe drinking-water, infectious diseases, and poor nutrition are major contributory factors responsible for sickness and untimely deaths. In addition the rural population does not have access to health services, due to poor communications and to the disproportional distribution of the medical services.

Our problems are of many dimensions. Limited funds and facilities, and a shortage of medical and paramedical personnel of all categories are examples.

Afghanistan as a member of the Movement of Non-Aligned Countries, is loyal to the basic principles of that movement calling for peace, freedom, justice, and the wider struggle against inequalities and exploitation, and other causes of economic and social backwardness.

A comprehensive programme, including cooperation in the field of public health between non-aligned countries, has been decided upon. The non-aligned countries decided to adopt measures according to the priorities of each member country. The provision of primary health care for the population, through a network of health services in accordance with the resources available, may be mentioned as an example. In order to achieve the target of encouraging the community to participate in the health programme, particularly in activities aimed at health promotion and disease prevention, the exchange of experiences between countries with a similar socioeconomic background in maternal and child care and communicable disease control could have the great advantage of mutual benefit.

Primary health care as an infrastructure directed towards improving the total health and wellbeing of the communities and families especially amongst the rural underprivileged is a logical answer to the problem. In our experience health care should be integrated in form and content and it should include all relevant activities related to the promotion of health, prevention of communicable disease, and the family health expanded immunization programme.

Therefore we believe that the primary health care package - as recommended by the Alma-Ata Conference Declaration, and the health congress held this year in Calcutta, India, on the quality of health and medical services - should consist of a programme of health and nutrition education, communicable disease control, the provision of a safe water supply, basic sanitation, family health immunization against preventable diseases, control of endemic diseases, appropriate medical care, the promotion of mental health, and the provision of essential drugs.

The Government of the Democratic Republic of Afghanistan in conformity with the principles of the non-aligned countries and the Alma-Ata Conference Declaration has adopted primary
health care as the corner-stone for the development of the health services. Therefore in formulating our health policy, strategy and plan of action we have taken all pertinent and relevant factors into consideration and have assumed full responsibility for the provision of health care for the country. Thus, in the five-year plan for the health sector, priority is given to the extension and development of health care and to the increase of the coverage and effectiveness of the basic health services in the rural areas. In this plan the various levels of the health delivery system, which includes village level health subcentres and primary health centres, provincial as well as regional and national institutions are envisaged, where a well planned reference system increases the efficiency of limited resources.

At the same time due importance has been given to supporting vertical programmes such as the tuberculosis and malaria control programmes, the expanded programme of immunization, the provision of rural water supplies, and adequate sanitation in the rural areas and towns.

The greatest emphasis is being given to the great need for adequate and appropriate health manpower development through coordination, integration and reorganization of various training programmes.

It is understood that the health sector cannot achieve all the health targets alone, but that the improvement of socioeconomic development will also play an essential role.

In conclusion permit me once again to sincerely thank Dr Mahler, Director-General of WHO, for his wholehearted support and sincere assistance in the implementation and development of the health services in Afghanistan.

Mr Vice-President, honourable Director-General, distinguished delegates, ladies and gentlemen, my delegation fully agreed that WHO, as a respectable international organization - as you said some days back - will not be the place of political conflicts between countries. But to clarify the Pakistani delegate about what he called Afghan refugees in Pakistan, first of all I would like to emphasize that those Afghans who are now staying in the border of Pakistan, the majority of them are the nomads. Throughout history Afghani nomads have traditionally travelled up in the winter seasons to the banks of the Indus River and Pashto and Baluchi areas as their own land; they have recognized no borders. That is over a million of Afghani nomads go to those areas every year in the cold season and return to their original places in springtime, thus continuing their nomadic style of life. But because of the recent political conflict between the Afghanistan and Pakistan Governments, now it is the Pakistani Government that will not allow these people to return to their original country. Because of this condition, the Afghan Government extends a brotherly hand to the Pakistan Government with a concrete proposal, dated 14 May 1980, for working out a bilateral agreement based on a generally acceptable solution of the problem, but unfortunately the Pakistan Government have not given a positive reply to it. Long live peace.

Mr MAKGEKGENENE (Botswana):

Mr Vice-President, Director-General, distinguished delegates, it is my honour to associate myself with the previous speakers in congratulating Madam President for her elevation to the presidency of the Thirty-fourth World Health Assembly, together with her Vice-Presidents.

I have read with interest the stimulating reports of the Director-General and the Executive Board. The proposed programme budget for the financial period 1982-1983 is indeed the first programme budget after Alma-Ata and within the context of health for all. My country therefore welcomes the several initiatives that are being launched in response to the changing field of international health, and bearing in mind the socioeconomic and political imperatives of today.

We look forward to further progress in the use of WHO resources at country level in order to consolidate efforts in promoting technical cooperation among developing countries and in response to their defined needs and priorities.

I therefore concur with the Director-General that WHO’s main concern in the coming years should be to help Member States build up their health delivery systems. In my opinion such systems should be based on an integrated, intersectoral national action backed up by sufficient human, financial as well as material resources.

Mr Vice-President, I should now like to briefly outline Botswana’s humble progress towards health for all.

We consider the family a very important structural, functional and social unit of the community influencing its health and disease pattern. The population served by our maternal and child health services is 60% of the total population. Such services are delivered within an integrated health service, providing preventative, promotive and curative care. Coverage of the target population with antenatal care is in the region of 70%. An estimated 60% of
babies are delivered under supervised medical care. The remaining 40% are delivered at home either by members of the family or, as shown in a recent study, by someone in the village who is known to have some special expertise in this work. The number of women using modern methods of family planning is estimated at 11% of women of reproductive age. Our expanded programme of immunization (EPI) was planned and implemented in 1979 and followed by several training workshops and seminars for middle-level managers and regional supervisors of EPI. Health education has been rated as highest priority for the successful implementation of primary health care and in order to invite frank community appraisal and involvement in their health programmes. This has led to successful formation of village health committees, and to meaningful dialogue with traditional practitioners and faith healers.

We take cognizance of the importance that the Director-General and the Executive Board attach to malnutrition as a major health problem and an impediment to national socioeconomic development in most developing countries. In our pursuit of health for all by the year 2000 my Government's national nutrition strategy, during our present five-year development plan (1979-1985), is oriented towards what we call the Arable Lands Development Programme (ALDEP). The programme is targeted at farming households with less than 40 head of cattle and focuses on crop production, plus necessary extension services, credit facilities and rural infrastructures. The programme aims at bringing the national food demand and supply into balance in the early 90s. A framework for the development of a national food and nutrition policy was established in 1980 in the form of a standing interministerial food and nutrition committee. In November 1980 Botswana hosted an important WHO/UNDP intercountry nutrition workshop.

1981 is International Year of Disabled Persons and WHO's cooperative activities in this area consist of the production of a manual on training the disabled in the community. Botswana was privileged to have participated in the field testing of this experimental manual and to have taken its place for the first time as a member of the WHO Expert Committee on Disability Prevention and Rehabilitation. We are grateful to our Regional Director and the Division of Strengthening of Health Services, here in Geneva, for having given us the moral support and the necessary resources to run a workshop sometime in August for supervisors and educators of primary health care workers in community-based rehabilitation services. The Botswana Government recognizes disability as an economic and social challenge which demands action both nationally and internationally. In this respect we support the various resolutions passed by the United Nations General Assembly and specialized agencies, such as WHO and ILO, on the rights of disabled persons. It was in this context and in recognition of our beloved late President, Sir Seretse Khama, whose services were so great to Botswana, that my Government decided to establish a Sir Seretse Khama Memorial Fund whose proceeds will be used in assisting our handicapped.

My delegation welcomes the Executive Board's concern for the need of mental health programmes to be de-institutionalized and more community-based by being included within primary health care systems, with clearly defined responsibilities for all categories of health workers to ensure appropriate training and delivery mechanisms. During the last two years the mental health services of Botswana have undergone a far-reaching change of direction. They have moved away from a custodial institutional regime to a now predominantly community-oriented approach. One of the objectives of the community-based psychiatric services was to lessen the need for admissions to a distant referral hospital, with all the disruption of family and community ties that it involves. This objective was successfully achieved in that admissions were halved, from 500 in 1978 to 120 in 1980, length of stay also being reduced for those who still have to be referred to the national specialist psychiatric hospital. The number of visits made by nurses and doctors to surrounding health facilities increased tremendously and the clinic was thus used more and more as an educative and a therapeutic tool.

I understand that this Thirty-fourth World Health Assembly will be given a full report of the progress Member States have made in trying to reach the target of drinking-water supply and sanitation for all by 1990. The Botswana Department of Water Affairs, with the cooperation of SIDA, have embarked upon a large-scale water supply scheme in all our major and small villages, and it is envisaged that all communities in Botswana will be served with safe drinking-water supplies by 1985. Similar progress is envisaged as regards safe human waste disposal in the urban areas. Our stumbling block, as far as sanitation is concerned, is in the rural areas where a high percentage of dwellers still do not have on-site human waste disposal systems.

Before I conclude, Mr Vice-President, may I say how pleased the people of Botswana are to know that the Director-General and our Regional Director for Africa have accepted my invitation to pay an official visit to Botswana sometime this year. We look forward to their first visit to our country with great jubilation.
Dr 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, congratulates Madam President on her election to the high office of President of the Thirty-fourth World Health Assembly. May I take this opportunity to convey through you, Mr President, to all the delegates to this Assembly, the sincere greeting and warm felicitations which we bring from the people of Burma.

Our country's health plan, called the Peoples' Health Plan, was developed within the framework of the overall socioeconomic development plan, under the policy guidance of the Burma Socialist Programme Party. One of the main objectives of the Peoples' Health Plan is to extend the health care coverage to the underserved rural areas in the country. With WHO's collaboration, the Peoples' Health Plan was developed by utilizing the country health programming methodology based on the primary health care approach. The implementation of the Plan started in April 1978. In our programming endeavour, a built-in mechanism for monitoring and evaluation was also introduced.

During April 1980, an intersectoral seminar was held to formulate national strategies and plans of action for the attainment of an acceptable level of health for all by the year 2000. For the last few months, we have been developing the Peoples' Health Plan for the next four years, starting 1982, with WHO's collaboration. The Peoples' Health Plan for the years 1982-1986 has been developed in the light of national strategies and plans of action for health for all by the year 2000. Programming and project formulations were carried out based on the experience gained during the present plan period. Monitoring and evaluation mechanisms were reviewed and readjusted, again with the technical cooperation of WHO. The health information system is being strengthened to support the needs of the Peoples' Health Plan.

To promote effective implementation of primary health care, emphasis was given to development of health manpower at the peripheral level. Since 1978, volunteer health workers were introduced: community health workers for primary care and auxiliary midwives for family health activities. Vertical-programme workers have been converted into multipurpose workers. Management training programmes for workers at all levels are planned to be launched during this year.

Traditional systems of medicine have been given priority attention as a basis for future integration into the health care delivery system. Traditional medical practitioners and traditional birth attendants are being given orientation training.

To provide adequate referral support to the grass-roots level, "first-line" township and rural hospitals are being upgraded. Plans are under way for the Asian Development Bank to collaborate in further strengthening the peripheral hospitals in the country.

Malaria, diarrhoeal diseases and target diseases of the Expanded Programme on Immunization are priority health problems in Burma, and we look forward to collaboration with WHO's Malaria Action Programme, Expanded Programme on Immunization, diarrhoeal diseases programme and Special Programme for Research and Training in Tropical Diseases.

Preparatory activities have been going on, with intersectoral collaboration, for the International Drinking Water Supply and Sanitation Decade.

In the field of research, Burma is carrying out biomedical research programmes with emphasis on communicable diseases. In addition, health systems research activities are being carried out to solve problems of implementation and management of health programmes.

Mr President, as a Member of the World Health Organization, Burma has been actively collaborating in WHO's programme at the country level. We look forward to continue our collaboration in implementing the strategies and plans of action for health for all by the year 2000.

In conclusion, may I congratulate the Director-General on the presentation of his report on the work of WHO during 1980, and express our support to him.

Dr ANDRADE (Ecuador) (translation from the Spanish):

Madam President, Mr Director-General, officers of the Assembly, ministers, and delegates, ladies and gentlemen, once again we are gathered here representing all the peoples of the world. We each bring our own problems and our common hopes; but in spite of the many and varied differences between the nations represented here the countries can be classified in two main groups according to similarities in their economic and social characteristics and consequent similarities in health levels. Every year we make a joint study of the most suitable tactics and strategies for drawing up plans and implementing programmes to improve the present levels of health of our peoples. The main tool for achieving these objectives is without any doubt the exchange of experience and technical cooperation among our countries.
However, in practice the importance of this tool is lessened by the disparity in priorities and interests between the two main groups of countries I have mentioned, due to the gap between the technological development and the levels of health achieved by the developed countries and the priorities and resources of the countries which have not yet attained that level. Thus, the medical equipment industries and infrastructural development in the affluent countries naturally provide a costly type of technology, which may be so advanced and sophisticated that often it cannot be used for lack of qualified personnel or because, at best, it makes no significant impact on the solution of our health problems. Much the same situation prevails in regard to the pharmaceutical industry and the manufacturers of baby-foods.

At the same time, most of our countries are experiencing serious difficulties in accepting the recommendations, applying the strategies and achieving the objectives and goals proposed each year in this August Assembly. All of us proclaim here, and also in our respective countries, that preventive programmes taken to primary level are a high priority and no one would ever dream of challenging the old aphorism that "prevention is better than cure"; yet at times the technical criteria which should determine national health policies are not taken into account at the highest political levels when the time comes to adopt the final decisions. In consequence, when action has to be taken most of our countries use their scarce resources on care for the sick, increasing significantly the number of hospital beds equipped with costly, sophisticated technology. Health units thus endowed are increasing constantly, often without justification, as a result of a distorted view of the problems of health of the population. This approach is backed up by the majority of our physicians, whose concepts, rooted in biology and tradition, lead them to regard curative medicine at a high technical level as the panacea for the health of the people, and what is more, to try also to justify the concentration of qualified human resources exclusively in urban areas.

The outcome of this situation for people living in the rural areas, with poor health service coverage, or in many instances without any at all, is that not only does their health status not improve; sometimes it grows worse. As an example, over the last 10 years, Ecuador has increased the number of hospital beds by more than 3000 and, although during this period there has been an appreciable increase in life expectancy, neither the rate nor the structure of child mortality has undergone any major change, and diarrhoea is still the main health scourge. All this has led us to think that if, side by side with this increase attained at high cost, we had laid greater emphasis on promotion, protection and prevention, we would have been able by now to point to a really significant improvement in the levels of health of our people. What is to be done to attain these goals? We sincerely believe that the key to achieving health for all in the 20 short years that remain of the present century is the extension of coverage with basic services to man and the environment. Endorsing the historic Declaration of Alma-Ata, the President of Ecuador, in a memorable address, delivered in the presence of the Director-General of WHO and the ministers of health of five nations of South America, expressed his firm will to work hard for the achievement of the goal of adequate levels of health for the entire population within a context of economic and social development.

Let us now see how we are to understand this challenge. Primary care, as we see it, must not be developed in isolation; simultaneously we must strengthen the health service system so as to ensure that it is accessible geographically, economically and culturally to the traditionally deprived population groups. This implies a very important national commitment to making technical improvements until optimum levels are reached in the existing health services, combined with a numerical increase in the units operating at various grades of complexity, so as to maintain a harmonious regional balance in services. Not to take this approach would be to vitiate assertions of those who decry primary care programmes, describing primary care as a "solution of doubtful quality and effectiveness chosen because of its low cost and exclusively intended for the needy groups among the population". In the light of this attitude, we venture to suggest that in the programming of technical cooperation for the development of primary care as carried out by WHO and its regional organizations, and in intercountry agreements, additional technical and financial resources should be included for the improvement of existing health infrastructures. But we must not forget that all health activities must necessarily find their place within the wider context of socioeconomic development, with the relevant allocation of multisectoral resources directed to ensuring that the population achieves an adequate level of overall development.

But all this will not be enough unless we include, as a basic key element in the process, the active, conscious involvement of the community, to be achieved through the training and organization of its members. What then is the further role of WHO in all this process?
We are firmly convinced that the technical and moral soundness of this Organization and the important recommendations and resolutions emanating from this Assembly will facilitate the adoption of solutions to the problems in question. In this connexion it would be desirable for the Thirty-fourth World Health Assembly to recommend the following: that the medical, pharmaceutical and food industries should make a decided effort to adapt their technological production to the health needs of the developing countries; that Member countries should include as a top priority in their national programming the extension of coverage with primary care services to the entire population, within as short a time as possible, in accordance with the resources at their disposal; that the universities should make an in-depth study of the problems of community health and give greater emphasis to the training of medical and paramedical personnel and to public health and social research viewed in the light of the situation in the individual countries; and that WHO and its regional organizations should channel efforts and resources with a view to stimulating each of the countries to use its own human capital in defining and implementing primary care programmes.

In conclusion, allow me on behalf of the delegation of Ecuador to express our thanks for the achievements made over the past year by WHO, as outlined by the Director-General in his annual report. At the same time, my delegation would like to congratulate the President on her election, which reflects our recognition of her lofty moral and scientific outlook. I have the honour to express, in the name of His Excellency, the President of Ecuador, the most sincere wishes for the resounding success of the noble purposes which inspire the work of WHO.

The ACTING PRESIDENT:

I thank the distinguished delegate of Ecuador for his statement. Before I invite the next speaker to take the floor, I would like to announce that, as I wish to leave the chair, I will invite the distinguished Minister of Health of the Syrian Arab Republic to take my place.

Dr G. Rifai (Syrian Arab Republic), Vice-President, took the presidential chair.

Mr ISSA (Djibouti) (translation from the French):

Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, political independence and international sovereignty were achieved by my country on 27 June 1977, in a regional situation of armed conflict on the one hand and economic difficulties on the other. It is thus in a context of numerous constraints that the Republic of Djibouti was born, a country with a vocation, because of its geographical position, as a haven and a meeting place. This vocation very soon encouraged my country to work for peace between the peoples of the region in particular, and for the appreciation of a policy of consultation and brotherly cooperation between the States of the world for the wellbeing and fulfilment of their respective peoples. The word "peace" is in fact our national motto.

On joining the concert of free nations in this way, the Republic of Djibouti has become a member of the United Nations, the Movement of Non-Aligned Countries, the Organization of African Unity, and the League of Arab States. It has also been a Member State of WHO since 1978.

Owing to its geographical situation, my country is also, from the epidemiological point of view, part of the Somalo-Ethiopian group, a fact which was recognized inter-alia in the effort to eradicate smallpox. The difficulties encountered in eradicating smallpox in the east African region prompt us to wish for more direct and closer cooperation between neighbouring countries in the field of health in particular, within the general framework of technical cooperation among developing countries. This approach is indissociable from the concept of the health promotion in our respective countries.

Among the constraints inherited from colonialism, the introduction of certain data and certain statistical information is worth mentioning briefly, as these figures reflect on the one hand the full extent of the errors in data about my country, and on the other hand, in the absence of the necessary corrections, act as a brake on the granting of aid and assistance by the international community. Thus my country found itself assigned: a CNP of the order of US$ 1940, the third highest in Africa after the Libyan Arab Jamahiriya and Gabon, whereas the United Nations apparently estimated it after consideration at US$ 200; one physician to every 2000 inhabitants, instead of one to approximately 7000; one pharmacist to every 17 000 inhabitants instead of one to approximately 50 000; one dentist to every 17 000 inhabitants instead of one to about 50 000; an infant mortality rate of 7 per 1000, the lowest in Africa, instead of 100 to 120 per 1000; an urban housing occupancy rate of the
order of 10 per dwelling; a malnutrition which was not evaluated, although it is of the order of 45% for children of under 5 years, in the absence of agricultural production, which is practically nil; and the highest prevalence of tuberculosis with the detection of 2500 new cases each year. Analysis of these few parameters has labelled our country as being paradoxically "half way between the developed countries and the developing countries in the field of health", whereas the United Nations in its approach to and studies of the economic situation of my country recognizes that it is "intrinsically among the poorest in the world". The sombre picture is further darkened by the fact that in the absence, until February 1981, of a coherent and integrated national development plan no global social policy had been drawn up comprising a development plan based on identification of health programmes as objectives capable of having a favourable impact on the health of the population in its different strata and different sectors.

The situation thus described was in flagrant contradiction with reality, and scarcely propitious for the approach which consists of making health promotion the driving force behind the whole process of integrated and coherent social and economic development.

My Government therefore had to remedy this state of affairs and institute, taking into account the imperative of promoting the country's social and economic development, all the necessary measures. In this way the organization of a round table held from 23 to 26 February 1981 provided an opportunity for drafting a first investment plan of 52 thousand million of our francs for a three-year period, with the participation of a large number of countries, organizations of the United Nations system and funding agencies, a "donor" conference being planned for October 1981 in Djibouti. In this investment plan, 2.1 thousand million of our francs have been earmarked for public health projects.

At a very early stage my Government set itself as main target the conquest of disease, ignorance and hunger - the three scourges which must be tackled before there can be any prospect for development, education, health and rural development being the spearhead of our policy. Thus the State budget devotes one-twelfth of its resources to health, after education.

Moreover health care strategy is based on free care for everyone, without distinction of nationality and with no limits to cost. This political will shows that my Government is aware of its responsibility with regard to the health of its population. Besides this national commitment, my Government sets aside a special place for its international commitments by assuming responsibility for the care of the many people who migrate to my country for reasons of health, in addition to the 50 000 registered refugees.

We deeply and firmly believe that health is an undeniable factor for peace, both inside the country and at the regional level. It is also for this reason in particular that we are opposed to armed conflict, to all policies of genocide, and to the oppression of peoples. Our brother peoples of Palestine, Namibia and South Africa cannot aspire to health unless their fundamental right to self-determination and liberation of their occupied territories is recognized. The proposed global strategy of health can only be viable in so far as the peoples of the world first recover their freedom and their dignity.

The concept of "primary health care" as defined in the Alma-Ata Declaration meets with our full approval. This approval is illustrated very clearly by the following facts: in a recent study of a health plan in the Republic of Djibouti drawn up with the help of the European Development Fund, our social policy was summarily defined in terms of its overall objective as health for all by the year 2000. In the same study, the general principles of the Alma-Ata Declaration inspired the formulation of sectoral policies with the necessary adaptations; thus in future health activities will be particularly oriented towards the preventive, educational and promotional activities that will improve the overall level of health of all strata and all sectors of the population.

The following activities have already been started:

- an expanded programme of vaccination against poliomyelitis, diphtheria, tetanus, measles, whooping-cough and tuberculosis, for children of from 0 to 15 years throughout the entire national territory; this programme should continue until 1983 with the assistance of UNICEF; in the same immunization programme, prevention of umbilical and neonatal tetanus should concern all women of child-bearing age and should be continued until 1983 with the help of UNICEF;
- a programme of health information and education for the population, with the help and support of the national sectors directly concerned by this essential question, and with the assistance of UNICEF and WHO in particular;
- a programme of development of maternal and child care, including vaccinations, nutritional supervision and health education, integrated with all the other activities of all the medical centres with the exception of hospital units; a plan to build seven maternal and child care centres is already under way: the results recorded in this field encourage us to set up other centres in the years to come thanks to the assistance of fraternal and friendly States;
- legislation designed to promote breast-feeding is in process of being adopted with a slight amendment to the labour code;
- for drinking-water supply, a huge well-sinking programme to preserve our people from thirst, which is a major concern in my Government's policy. Satisfactory results have already been recorded in three years, with the help of Saudi Arabia, the Libyan Arab Jamahiriya, the Commission of the European Communities (CEC), German cooperation (Federal Republic of Germany) and UNICEF. The effort deserves to be vigorously pursued.

Special attention is being paid to the risks of water pollution and communicable water-borne fecal disease. The epidemiological situation created by the floods in 1977 and 1978, and very recently in March 1981, has made us aware of the importance of a supply of clean water and sanitation measures.

Within the framework of the International Drinking Water Supply and Sanitation Decade, cooperation has already started between my country and organizations such as WHO, the World Bank, and the African Development Bank which has agreed to finance a sanitation project for the capital, while WHO and the World Bank have promised to supply very simple latrines for sanitation in the suburbs of towns and in villages.

The maternity hospital sector is also developing with the building of maternity hospitals in both remote rural regions and urban areas. In the capital, the Libyan Arab Jamahiriya has agreed, at our request, to build a large maternity hospital which would include a family health department, in the light of our national health policy.

An effort has been made, in view of the need, to bring health facilities to the most remote rural populations, by reinforcing existing centres and creating primary health posts in a large number of regions.

In the field of pharmaceutical policy, my Government has set up a State pharmacy and has lowered the price of all drugs by 32%, while still keeping the private sector which no longer has a monopoly of the sale of drugs. The decision was welcomed with great enthusiasm by the public. In addition, a restrictive list of 400 essential drugs has been adopted, a reduction of 50%, and the decrease should become more marked during the next few years.

National health strategy in my country essentially comprises the following objectives:
- to improve existing curative health care structures, and set up new ones in regions where they are lacking: primary health posts, dispensaries with maternal and child care and childbirth facilities, and in some cases small general hospitals . . . , any new health infrastructure having to meet two fundamental criteria: reasonable cost in terms of cost-effectiveness analysis, and favourable impact on the health of the population served, with inspection and evaluation followed by action;
- to integrate curative, preventive and educational activities with a view to acceptable health promotion;
- to unify the health system, which has hitherto been scattered and dominated by sporadic therapeutic activities, in such a way that all the country's health services carry out the same health programmes formulated by the Government as a matter of priority;
- to harmonize equipment, thus permitting interchangeability of medical equipment, standardization of drugs and mobility of personnel;
- to promote medical education through initial and continuous education and re-training for personnel needing it for their initiation into the health programmes contained in our national health strategy; to that end the establishment of a medical school is being considered this year;
- to make maternal and child health the focus for community health development; the establishment of centres is therefore on our health plan programme;
- to make health a driving force in socioeconomic development by enlisting the cooperation of all national development sectors;
- to ensure monitoring of programmes and assessment of their effects on the population;
- to introduce the teaching of hygiene in school curricula, not forgetting the teachers; and ensure the development of health education activities, with the involvement of the entire national community;
- to lay special emphasis on preventive activities with the promotion of community and individual hygiene, improvement of housing conditions and sanitation, and well designed control of communicable diseases preventable by vaccination and of those where the environment plays a part in transmission;
- to promote adequate nutrition as a fundamental right of every human being.

In conclusion, Mr President, Mr Director-General of WHO, the Republic of Djibouti, land of peace, and of peaceful encounters and exchanges, fully supports the global strategy for health proposed by our World Health Organization, which we thank and which we congratulate on the courage and the concern it is showing with regard to a question as vital as this global health strategy for the attainment of the lofty goal of health for all by the year 2000.

Health for all by the year 2000, being a social contract, requires deep commitment on the part of States. But it must also be accepted that support of this global strategy for health cannot conceivably ensue unless consideration is given to the unanimously expressed wish on the part of the Arab League States to see the Regional Office for their Region transferred from Alexandria to Amman, with a spirit of understanding and cooperation of all parties concerned by this most important question. The Republic of Djibouti fully supports the transfer of the Regional Office in its dual capacity of Member of the League of Arab States and Member of WHO coming under the Alexandria office. My country most urgently calls on the present Assembly to take all the necessary steps to ensure that the transfer takes place as soon as possible.

Dr BRITO GOMES (Cape Verde) (translation from the French):

Mr President, Mr Director-General, honourable delegates, held at a time marked by great international tension and characterized by a growing gap between rich and poor countries, our Assembly assumes capital importance because we are in favour of preservation of life, man's greatest treasure, and because health constitutes our major preoccupation. We are equally in favour of establishing a new world economic order, an indispensable condition for guaranteeing to present and coming generations a future of peace and dignity.

Let me take this opportunity of addressing to the President, on behalf of the delegation of the Republic of Cape Verde and on my own personal behalf, the most sincere congratulations on her election to the highest office in the World Health Assembly. We are convinced that, under her presidency, our Assembly will have a great deal of success.

Mr Director-General, I should also like to congratulate you on the excellent report you have presented to our Assembly on the work carried out in 1980, a report distinguished by the succinctness and objectivity of its contents and the clarity of its presentation.

Owing to its economic weakness and lack of human and material resources, our country is faced by major social and health problems. An island country which is young and underdeveloped, Cape Verde presents contrasts arising from the diversity of its landscape and its ecology. Nevertheless our Government, under the political guidance of the African Party for the Independence of Cape Verde, firmly intends to reverse the conditions which are potentially unfavourable to the health and the life of our people. We are convinced that the health of our population and its social development are essential conditions for the accomplishment of our overall development aims. In fact the ill will of the colonial system has resulted in a total abandonment of the productive forces which must now be encouraged. A series of factors are responsible for the existence in Cape Verde of a health system unsuited to the needs of the population.

Situated in a geographically disadvantaged region, under the growing threat of desertification caused by long and frequent periods of drought, Cape Verde must face serious problems with repercussions on the state of health of the population. The galloping increase in the price of basic commodities, especially agricultural products and energy, can only aggravate the situation, because the State is less and less in a position to bear the cost of providing health care.

In our country the main causes of morbidity are malnutrition (a general phenomenon that is particularly marked during the periods of agricultural crisis affecting certain regions and above all the most vulnerable population groups), diarrheal diseases, mental illness, diseases of mothers and children, and the lack of personal and community hygiene - we know that all this is aggravated by poverty.

It is certainly not by concealing the problems that we shall manage to solve them. In the interests of honesty we feel obliged to present our situation as it is; for it is only by starting from a correct and realistic diagnosis that we shall reach the best solutions. We should like to emphasize that our point of view is by no means coloured by pessimism, for
in fact we have confidence in the future and we believe that the solutions to our problems lie within the realm of the possible.

It is for this reason that once here we are trying to describe our situation as realistically as possible. Without forgetting the road that has been travelled and the great progress already achieved during the past five years of independence, we prefer to draw attention to the weaknesses and deficiencies which still prevent us from ensuring physical, social and psychological wellbeing for the whole of our population.

The International Drinking Water Supply and Sanitation Decade is of very special importance to us, as a country of the Sahel, because of everything it represents for the process of development of our health system. Without wishing to make a long statement, we should like to describe to you some of the measures undertaken by the Government with a view to breaking the vicious circle in which we find ourselves: the health of the people depends on the economic level of the country, and the economy of the country depends on the health of the people.

Indeed we consider that economic and social development are closely linked in an interdependent relationship. We have assigned to public health the task of promoting the physical and mental wellbeing of the people and of their integration in the social and ecological environment in which they live. It must be oriented towards prevention, and aim at progressive socialization of medicine, ensuring that every citizen has a right to health protection and a duty to promote and defend it, so that the population can attain, in the shortest possible time, the level of health necessary for a dignified and productive social and economic life.

Such an aim can be achieved, by stressing primary health care, in the context of the Alma-Ata Declaration. It is because of this that we are proposing to set up a department for public health coordination closely linked with decentralization of care to community level. As well as programmes for the control of malaria, leprosy, tuberculosis, venereal diseases, malnutrition, mental diseases and water-borne diseases, the department will coordinate the programmes for maternal and child care, including family planning, drinking-water supply and sanitation, school health, the development of occupational medicine and health education.

In addition the Government intends to increase the capacity for intervention of curative medicine structures so as to provide the population with the best possible level of differentiated care. We have also taken a decision to continue rationalization of the supply of pharmaceutical specialities, while encouraging the establishment of facilities with a view to increasing local production of drugs.

Professional training for personnel capable of meeting the needs of our specific situation is another major concern of the Cape Verde Government.

On 7 April this year, attention was concentrated on the theme "Health for all by the year 2000". It was during the twenty-fifth session of the Regional Committee for Africa, in September 1975, that the Director-General launched this watchword. During the period between the 1977 World Health Assembly and the Alma-Ata Conference in 1978, the concept was the subject of criticism and discussion. For some people it was Utopian, for others, realistic; for us, it is rather a challenge, a revolutionary concept, in the eyes of all those who devote their energy to the noble cause of preserving life. We believe that the celebration on 7 April was the first step towards the aims we are pursuing.

It is with deep satisfaction that we have noted and that we support the inclusion in the agenda of the item entitled "Global strategy for health for all by the year 2000". Our delegation undertakes to make its modest contribution towards ensuring that the strategy becomes an irreversible reality.

We hope that the work of the Thirty-fourth World Health Assembly will be carried out in the spirit of constructive open-mindedness which has always characterized our Organization.

Dr DIAS (Guinea-Bissau) (translation from the French):

Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, I should like to intervene at this plenary meeting to comment on a number of important aspects of the report on the proceedings of the Executive Board transmitted to the Assembly by the Director-General, in particular those relating to the study of WHO's structures in the light of its functions, headquarters accommodation requirements, the recruitment of international staff, and infant and young child feeding.

Last year the delegation of our country was able rightly to affirm here that the structures of WHO are basically adequate and its decentralization, with a view to serving
the various regions of the world, exemplary. We note, in studying the report, the preoccupation with improving working relations between the different levels within WHO; we also note that a need has been felt to rationalize its functions still further in order to avoid duplication of effort and waste, and above all in order to ensure that the different levels work for the same aim and bring their influence to bear on each other. Lastly we have noted with pleasure the intention to refrain from submerging Member States under a mass of excessive - and sometimes useless - documentation, in order to highlight essential documents.

We think, on reading the resolutions of the regional committees, that the question of the periodicity of the Health Assemblies has still not met with the desired consensus. Clearly, the Assembly's decision on this important question must take account of the desire expressed by the Member States that their ability to exercise effective control over the Organization should be preserved.

The question of headquarters accommodation requirements must be carefully weighed up, in order to avoid making our Organization increasingly cumbersome in the material sense, and so as not to be obliged in future to ask over and over again for more funds for the same purpose. This comment brings me to mention the enormous difficulties we have with accommodation in our country, and the fact that we have not yet succeeded in obtaining the bilateral or multilateral aid necessary for the construction of certain infrastructures. We have, however, benefited for about four years from the financial aid of WHO for maintenance and repair of the old buildings in our network of health posts.

The efforts to ensure better geographical distribution of the Organization's staff are most laudable but we believe that the criterion of basing the distribution on the scale of assessments is still not altogether fair. In fact a number of countries like ours, with weak economic resources, do not have sufficient trained personnel to make them available to international organizations and thus benefit from the proposed ranges, whereas others, whose rate of assessment cannot be increased, have an excess of very competent personnel. It is true, and we have noted, that the Director-General has continued to make exceptions to certain internal guidelines by authorizing the nomination of nationals of Third World countries classed as overrepresented, in view of his wish to "obtain an infusion of the special qualities that can be contributed to WHO's activities by nationals of developing countries". We have also noted the concern to encourage the recruitment of women candidates. On the part of a country like our own, which has made some progress in the struggle for the emancipation of women, this concern of WHO cannot be passed over without a word of encouragement.

The question of infant and young child feeding is of great concern in Guinea-Bissau, in view of the historical, social, cultural and economic conditions. The high rate of illiteracy in general, and among women in particular, the fact that we belong to the group of the 30 poorest countries in the world with a per capita GNP in the region of US$ 140, the extension of the Sahel phenomenon in our country since 1977 with a steady drop in harvests, to such a point that last year we were not able to produce a quarter of the cereals necessary for the satisfaction of our needs, all this makes the question of infant and young child feeding one of the priority concerns of our country.

The great majority of women in Guinea-Bissau breast-feed their children. A survey undertaken with the support of a Swedish institution for aid to research in developing countries has shown that all our children have, until the age of 6 months, a weight that is above the WHO standards; that the great majority of children are breast-fed until over 18 months, and even some for 36 months among certain ethnic groups; and that nearly all the children receive, from the age of 8 months onwards, a variable food supplement based on local cereals with very little or no high-quality protein content.

In this context it must also be noted that, in the towns, bottle-feeding has been a well-established fashion for a long time, even in the families in the poor quarters where the women work outside the home and where the great majority of mothers are illiterate. In order to avoid the obvious dangers, nutrition education has been accompanied by a decision to prohibit over-the-counter sales of infant formula and feeding-bottles. Legislation on the feeding of infants and young children is under study at the Ministry of Health and Social Affairs. It goes without saying that the law will be largely based on the draft International Code of Marketing of Breast-milk Substitutes drawn up by WHO. On this subject our delegation thinks that the draft International Code should be adopted in the form of a recommendation, in our view more flexible and consequently more easily adaptable in the light of the political, social and cultural situation in the different Member States.
Mr President, Mr Director-General, honourable delegates, ladies and gentlemen, please allow me, in my own personal behalf, our warm congratulations for her unanimous election to the presidency of the Thirty-fourth World Health Assembly. Our congratulations are also addressed to all the officers. Allow me also to express our total confidence in a happy conclusion to our work.

Mr President, health being part of and an essential condition for the development of a country, and as the first objective of all development is the creation of wellbeing for all, we cannot refrain from an analysis, however succinct, of the situation in the world today which may be characterized by the violent confrontation between States, by the frantic arms race and by the constant deterioration of living conditions among the populations of the great majority of the States present at this August Assembly. This state of affairs is due to the unjust relationships which have been imposed during centuries of domination and exploitation of the Third World peoples, whose riches and resources have been the foundation of the prosperity of a minority of nations.

Even though this historical fact is today recognized and acknowledged by all, it is with great concern that we witness the persistence of these inequalities in their modern form, which is essentially reflected in the progressive deterioration of the terms of trade between the countries of the underdeveloped world and those of the developed zone.

Mr President, to envisage the question of health for all by the year 2000 is also to look questioningly into the immediate future of our States, menaced from day to day by an international situation characterized by scarcely veiled violence.

The question arises as to how to achieve our objectives when the very existence of millions of people within the frontiers of our country is threatened, every day, by hunger, poverty, and foreign domination and aggression. We are convinced, Mr President, that there is a fundamental prerequisite for attaining the objectives we have set ourselves, namely: that it is urgent and necessary to establish equitable relations between the nations on the one hand and more social justice within each nation on the other. In short, Mr President, we need peace in order to promote true cooperation between States for the wellbeing and harmonious development of humanity. Peace is, for us, the major condition for justifying and guaranteeing the hopes that our peoples place in the effective action of WHO.

Mr President, the strategy we are going to adopt in the course of this Assembly appears to us to be a vital instrument for tackling the existing health situation in our countries and providing a decisive remedy to the various deficiencies suffered by our populations. With regard to my country, the Democratic Republic of Sao Tome and Principe, we have now totally won the commitment of the political leaders of society and the State, and the participation of the populations concerned. In addition administrative reforms with a view to decentralizing certain structures have just been completed.

Although in this respect we regard the future with optimism, we must express our fear at seeing our action plans threatened by the repercussions of the international economic crisis on our dependent and fragile economic structure. Indeed, taking into account the
colonial past characterized by a total lack of structures for the development of health services, it is difficult to complete our programmes without a significant investment effort. But the sudden fall in the price of our main export products, cocoa, is far from being a favourable factor.

This is why it seems to us imperative that a supplementary effort should be made for the benefit of countries such as my own, with a view to encouraging a cooperation which takes into account our situation and our priority programmes. By acting in this way, in other words by providing technical, material and financial aid, and by encouraging investment in our country by other sources of funds, WHO would be putting itself in line with the hopes of our peoples who are determined to face with enthusiasm the challenge of our time. By acting in this way, WHO would help to give once more practical meaning to the word solidarity.

Dr HIDDLESTONE (New Zealand):

Mr President, ladies and gentlemen, during this first year of the two decades available to achieve health for all by the year 2000, it is right and proper for us all to take stock and review. In this Assembly unitedly we must assess the global strategy. Yet, in fact, global strategy is simply the algebraic sum of the strategy of Member States. Thus, while we review international cooperation, regional endeavour and technical cooperation, basically we must share our hopes and aspirations, discuss our difficulties and problems, and regularly recreate the abiding sense of kinship which health allows us to enjoy.

Already the concepts and philosophy of health for all by the year 2000 are being reflected in changed national attitudes and realistic planning. This is certainly so in New Zealand. As with many countries, our existing endeavours of reform and refinement have been modified and redirected in response to WHO's call. I believe this is consistent with the social contract so brilliantly developed in the Director-General's address.

Dr Mahler told us that the third of the three partners to that contract is the people. Again, this is reflected in the outstanding definition of primary health care arising out of the Alma-Ata Conference. You will recall the emphasis on "individuals and families in the community" and "their full participation".

In New Zealand we are aiming at regional reform through area health boards. The planning mechanism consists of service development groups. These are directed at health not illness, and are centred on particular groups such as children, the elderly, mental health, etc. These service development groups bring together representatives of public health services, private health services and voluntary health agencies. They review existing services - and this has been one of their finest achievements. Predictable tunnel vision of individual elements in our health services often dims the overall view and takes little account of the role and contribution of the other agencies. Each of the contributing groups to these service development groups has been surprised to realize the real role and contribution of the others. This in itself has created a new appreciation and an attitude of cooperative respect. Further, this initial stock-take has allowed a detailed review of existing activity. Areas of overlap have been amicably resolved. Areas of deficiency have been corrected by mutual agreement. Above all, planning for the future has been collective and realistic.

But one of the greatest achievements has been involvement of the public. By ready communication through bulletins, press, radio and television, the community has been informed of progress. More important, the service development group personnel have regularly visited communities, large and small, to share their ideas and listen to local reaction to their proposals and concepts. In one region used as a pilot, nearly 200 such community groups meet regularly to discuss and debate the relevance and application of these service development group proposals to their particular situation. This, I would submit, fulfils the ideals enunciated by the Director-General.

In all this endeavour, health promotion is a major force. It has been wisely said that health is something people do, not something people get. And against this background, health promotion should not be seen as a separate entity added to the multitude of existing health programmes. Rather it is a new attitude, a new emphasis towards health. To work, it needs to be built into the very structure of the health care system, and should overlay and interweave with all other health activities. One important aspect of health education is the power of the media to influence people's attitudes and behaviour. Good news seldom matches bad news for interest and often good advice is not news at all.

This is the international Year of Disabled Persons which must be more than simply a year of recognition. Rather it should be the first twelve months of a new era of understanding
and action, the start of the breakdown of social barriers of fear, prejudice and ignorance. Estimates suggest that one person in ten is born with, or acquires, some sort of disability; and those affected total one in four when friends and family are included. Many of the major causes of disability are preventable, so one of the prime targets will be prevention. Another will be to heighten public awareness of the needs, aspirations and rights of disabled people, so that they can participate more fully in life.

Another area I wish to highlight is health services research. We believe this is an important adjunct to the realistic plan for achieving health for all by the year 2000. In New Zealand we have had an active programme of health services research jointly sponsored by the Department of Health and the Medical Research Council over the past four years. Our five priorities are: (1) evaluation of the effectiveness and cost efficiency of various forms of health care delivery; (2) studies of the health status and use of health services by subpopulations; (3) assessment of local and regional projects concerned with health services organization and development; (4) evaluation of the effectiveness and efficiency of institutional versus community care; and (5) investigation of the prescribing and use of therapeutic drugs.

This Assembly is confronted with many important issues. Dr Barakamfitiye, Chairman of the Executive Board, highlighted the strenuous endeavours of the Board. Dr Mahler, as a modern visionary, has pointed us to the prospects of the future. My delegation wishes to publicly thank them both.

But before I conclude, on behalf of my delegation I wish to emphasize our position on the draft International Code of Marketing of Breast-milk Substitutes. We strongly support the proposed recommendation. We believe it will be more effective than a regulation. Recent experiences show how effective WHO recommendations are in the thinking and practice of Member States. We believe the required review by the Director-General will be a certain stimulus to the realization of our united ambition to further the undoubted proven advantages of breast-feeding. In New Zealand, I am pleased to report, the percentage of mothers breast-feeding for at least five months has risen from 62% to 82% over the past six years.

Mr President, New Zealand was a signatory to the founding of WHO. Our regard for the Organization has grown exponentially throughout the years. We salute the Organization and pledge our continued support.

Dr AL-KABAB (Yemen) (translation from the Arabic):

In the name of God the Compassionate, the Merciful, Mr Acting President, Mr Director-General, distinguished delegates, it is a pleasure for me to offer my sincere congratulations to the President and Vice-Presidents on their election and to wish them every success at this Thirty-fourth World Health Assembly. I would also thank the Chairman and members of the Executive Board for the efforts they have made during the last two sessions of the Board and for their labours in preparing reports for consideration and approval by the Assembly. I cannot fail to mention and praise the Director-General of the Organization, Dr Mahler, for the annual report submitted for discussion; as usual this report is extremely comprehensive, gets to the bottom of things and studies in depth the health problems of developing peoples, with the aim of attaining health for all by the year 2000. I take pleasure in announcing that the political authorities of the Yemen Arab Republic have adopted this goal and are working hard to turn it into reality through plans and programmes that have been incorporated into the next overall five-year plan for 1982-1986. The 1978 Declaration of Alma-Ata and primary health care form the backbone of this five-year plan. I am not exaggerating when I say that over 50% of the care we provide consists of basic health care and primary health care. This approach is merely the expression of our conviction that in Yemen - where the rural population represents 80% of the total population and where a great number of people live in remote areas difficult to reach - the only hope of meeting the minimum needs of citizens for health services lies in providing primary health care services. We hope future generations will confirm the wisdom of our policy of setting up this network of services on their behalf. We have already prepared the curriculum for training primary health care teachers. An initial batch of 24 educators, both male and female, have now graduated and will undertake the training of primary health care workers and traditional midwives, following selection of trainees by local development councils. I must refer here to our optimism regarding the success of primary health care services in the Yemen Arab Republic, optimism based on achievements of which we are proud, that is to say the existence of a nationwide network of private agencies and councils for cooperation in development. This ensures genuine community participation in the strengthening of primary health care services, without
which these services could not succeed. Our optimism is strengthened by the continual support and encouragement we receive from WHO, UNICEF, the Capital Development Fund of the United Nations, UNFPA, and a number of other international humanitarian organizations, together with brother and friendly countries, all contributing to the successful establishment of primary health care services. In connexion with the strengthening of health services in the Yemen Arab Republic, a faculty of medicine and health sciences is to be set up in the capital, Sana'a, for the local training of Yemeni physicians who will be able to solve the country's health problems and will be better placed to understand them.

Mr Acting President, the need for senior health personnel is one of the major obstacles to the rapid development and progress of health services in the Yemen Arab Republic. The responsible authorities, who are aware of this and realize that it will take rather a long time to overcome this obstacle, are devoting special attention to the training of various categories of auxiliary personnel within the new five-year plans now being drawn up.

It goes without saying that the need of the developing countries for cooperation with WHO is far greater than the need of the prosperous developed countries. The Government of the Yemen Arab Republic therefore regards the present abnormal position concerning the WHO Regional Office as regrettable; its services have been frozen even though it exists only to provide these services, and this happened as a result of the obstacles put in the way of implementing the resolution adopted by the Regional Committee to transfer the Office to Amman. This situation should be considered in the light of the concept of continuity of cooperation between WHO and all the States and peoples of the world, so that the Organization retains its universality and a decision is taken without delay. My Government expects the present World Health Assembly to take a decisive resolution.

Mr Acting President, there is another topic which concerns the peoples of the world and the humanitarian objectives of WHO, this Organization which achieves striking successes in a variety of activities aimed at preserving man's legitimate right to enjoy full health and give him the means to attain such health; this topic concerns our Arab brothers in the occupied territories who have spent decades under the yoke of hideous colonialism and Zionist occupation, an occupation which is endeavouring to liquidate them by various means including executions, the destruction of houses, expulsion, and last but not least the scarcity and poor quality of the health services; our Arab brothers are still suffering from worsening psychological and physical health conditions and are continuing to ask WHO to grant them all possible assistance to ensure that they obtain at least the basic minimum of health services. I add my voice to those of other Member States who have called forcefully for the condemnation of the Zionist occupation, urging that all appropriate measures be taken to end it.

Dr Traoré (Mali) (translation from the French):

Mr President, Mr Director-General, honourable delegates, in congratulating the members of the General Committee of the Thirty-Fourth World Health Assembly, and in particular the President of the Assembly, for their election, the delegation of Mali would like to make, as a contribution to the present discussions, a few observations on the excellent report presented by the Director-General of WHO, Dr Mahler. We refer essentially to three points:

(1) the political commitment of States to working for health for all by the year 2000 through primary health care;
(2) the correct use of our World Health Organization;
(3) the greatest possible involvement of communities in promoting their own health with a view to ensuring optimum effectiveness in the fight that WHO, the governments and the peoples together undertaken against disease, malnutrition and poverty.

With regard in the first place to the political commitment of States, this constitutes in our view an essential condition for realization of the ambitious and exciting goal of health for all by the year 2000. The commitment of Mali to work for this can be seen in a series of measures of a legislative and regulatory nature such as restructuring of the services of the Ministry of Public Health and Social Affairs, creation of a national health advisory board open to all sectors of national life, and the 10% increase in the health budget for 1981, in spite of the enormous difficulties our economy is facing. It is fitting to note that it is the only department which has benefited from such soliciude on the part of the Government. Celebration of World Health Day and National Health Week was placed this year under the distinguished patronage of the President of the Republic, General Moussa Traoré who, in his opening speech, stated in particular: "Health for all by the year 2000 is first of all recognition of the fact that health is not only the most precious thing in the world, but also and above all an inalienable right of all peoples and all citizens of the various social
strata. It is also the recognition of the present health systems' inability to solve the basic problems of health for the vast majority of the population. Lastly, it is the commitment of the international community, and of Mali in particular, to a true process of revolution in health with a view to putting an end, by the year 2000, to the disparity and inequality in the distribution of health services characteristic of the present systems."

Mr Director-General, in the fight which you and your collaborators, in particular the WHO Regional Director for Africa, Dr Quenum, have undertaken with so much determination, Mali will always be at your side.

Mr President, honourable delegates, we should also like to reiterate our support for the appeal again launched this year by the Director-General to all States to make proper use of their WHO - the second point mentioned at the beginning of my speech. We countries of the Third World, with our immense needs and limited resources, must be extremely strict about allocating the few resources to objectives which not only have priority, but are useful for the majority of the population. The training of key personnel, health education, the development of managerial processes and encouragement of cooperation among developing countries are, in this connexion, the most important areas of Mali's cooperation with WHO.

My Ministry, with the help of our Organization, has carried out country health programming, held seminars in all regions of the country, and formulated the national strategy for the implementation of primary health care. And so rural development operations are increasingly integrating health activities in their programmes. At regional level implementation of primary health care has begun, either with the help of a development operation, or with foreign aid. It must be added that in this persevering implementation of our national primary health care policy, the help of the WHO Regional Office for Africa has not been lacking, what is more the help is constant and takes many forms.

With the support of the international community and the countries of the region, in 1974 WHO launched a major programme for the eradication of onchocerciasis in the Volta basin, which it is carrying out with competence and efficiency as is shown by the outstanding results achieved. Our Organization has launched a feasibility study for the development of control in the Niger, Senegal and Gambia river basins. We hope that the results of these studies will permit the international community, WHO and our Governments to undertake rapidly the concrete action awaited with impatience by the peoples of Guinea, Guinea-Bissau, Senegal and Mali.

To make use of WHO to restore to human beings the fertile land and enormous economic potential rendered useless by river blindness in the onchocerciasis zones is a major challenge which we have decided to take up. It is now indispensable that WHO pay more attention to integration of the onchocerciasis control programme in the overall health development strategy in our countries. It is of the greatest possible usefulness that the technical expertise and wealth of knowledge accumulated by WHO in its onchocerciasis control programme should serve to extend the battle-front to the control of other diseases.

I now come to my third and last point: the involvement of communities in the protection of their health. We believe with you, Mr Director-General, that conscious involvement of the people in the effort of health development is a sine qua non for the achievement of the goal of health for all by the year 2000. A continental country, moreover forming part of the Sahel, Mali is convinced that its true socioeconomic take-off is closely connected with control of the billions of cubic metres of water carried down every year by the two great rivers which flow through it, the Niger and the Senegal. Moreover, achievement of the goal of health for all by the year 2000 is inseparable from satisfaction of the food and nutritional needs of the people. We are obliged to acknowledge that, in the Sahel area, at least 75% of development problems, including health, derive more or less directly from a hostile environment. Therefore only an experienced population, in other words well-educated, literate and trained in improved production techniques, can carry out this programme. Such a population will also be capable of integrating health activities harmoniously and at minimum cost in the socioeconomic development process as a whole. Our duty - that of WHO and that of governments - therefore consists in identifying the appropriate technologies, and correctly directing the energies of our peoples towards this noble ideal of integrated development, from which health will very largely benefit.

In conclusion, Mr President, we are persuaded that study of the detailed report, presented by the WHO Director-General and enriched by the honourable delegates, will lead to the adoption of a global strategy for health for all by the year 2000. Our Organization will thus have passed another important milestone on the road to the social revolution which must at all costs be achieved in the field of health.

We wish every success to the work of this Thirty-fourth World Health Assembly.
Dr BELTRÁN CASTRO (El Salvador) (translation from the Spanish):

Mr President, Mr Director-General, fellow delegates, ladies and gentlemen, as representative of the Revolutionary Government of El Salvador at this World Health Assembly, I would like first of all to reaffirm the commitment and determination of my Government to effect changes in the economic, social and political structures in our country to bring about a more just society which will permit fuller participation by all the people of El Salvador. For this reason, we cannot miss this opportunity to inform all the governments and peoples represented here that, during the past year, the Revolutionary Government of El Salvador has made significant progress in consolidating the processes of agrarian reform and also in nationalizing the banking system and foreign trade, despite violent attacks by extremist groups opposed to the democratic revolutionary process started on 15 October 1979.

In order to attain our purposes, the senior administration in my Government, as the directing and coordinating body for health schemes in favour of the community, has adopted the following basic principles: it is the inescapable obligation of both Government and people to assume overall responsibility for health; health care must be a dynamic and continuing activity of the masses; the services must be brought into the communities, including health activities of every kind and progressively ensuring coverage with comprehensive health services; adverse environmental factors must be neutralized and their harmful effects on the health of the individual reduced to a minimum; health needs must be met in order of magnitude and according to their place on the scale of social values, response to technology and the usable resources available; the participation of the community must be secured by organizing interest groups which will develop an awareness of its health problems and how to solve them, and not only accept the health system, but be ready to participate in its management as an active contribution towards achieving programme objectives.

My country is well aware of the multifactorial causation of health problems, bound up as they are with the environment in general, the satisfaction of basic needs, and action by the various sectors of public and private administration in the Republic which directly or indirectly affect health, and the Revolutionary Government of El Salvador would like to state that as far as the achievement of objectives is concerned, and in spite of the difficulties of the social and political upheaval we are having to face, a number of objectives have so far been attained. The morbidity and mortality rates for certain diseases controllable by vaccination have been reduced and other epidemiological surveillance measures taken. The network of health establishments has been expanded, in an effort to increase coverage in spite of the growth of the population. Great progress has been made in both hospital and community health care delivery, in the latter case extending coverage to the rural and urban fringe areas, which had little access to the previously existing structure. Health education programmes, both between institutions and through the mass communication media, have been increased. Basic rural sanitation has been improved, through an increase in the rates of coverage with water services and the installation of latrines in particular. Specific family planning services are being extended to all health establishments, with a view to bringing this programme within the reach of all and thus directing population growth. Support has been given for the administrative restructuring of the Ministry of Health with a view to the regionalization and/or decentralization of the basic functions and improved flexibility in order to avoid duplication. The education and training of manpower has been stepped up, special attention being given to increasing the rate of admissions to schools of nursing and the education and training of manpower needed for developing the priority programmes of the Ministry of Public Health and Social Welfare. Special measures have been applied to meet the country's present emergency needs and new sources of external funding are being sought to ensure the implementation of what has been programmed and enable us to plan new projects for providing comprehensive health services to the entire population.

Finally, I should like to mention that the population groups affected and those displaced as a result of political violence have received, as and when required, medical care, food, and basic sanitary services, either directly through the Ministry of Public Health and Social Welfare or through national and international voluntary organizations. The health policy, among the social aspirations mentioned above, has as its goal the attainment, with the participation of all the people of El Salvador, of a level of health enabling us to live a socially and economically productive life - a status that can only be achieved through appropriate development of primary health care. In this respect, we should like to express our confidence that the conclusions and recommendations arising from the recent Technical Discussions will be a valuable contribution towards a clearer philosophy of primary care, and consequently to finding the best ways and means for putting it properly into practice. In due course this will enable us to achieve social justice through health for all by the year 2000.
The ACTING PRESIDENT (translation from the Arabic):

I thank the delegate of El Salvador. I should like also to thank all the speakers we have heard, because they have given information which enriches our knowledge of the health situation throughout the world.

Thank you.

The meeting rose at 17h30.
1. EXPRESSION OF SYMPATHY TO THE GOVERNMENT OF SINGAPORE

The PRESIDENT:

Ladies and gentlemen, the Assembly is called to order.

Fellow delegates, it is my sad duty today to inform you that His Excellency Dr Benjamin Sheares, President of the Republic of Singapore, passed away yesterday, 12 May. That is the reason why the flags of the United Nations and of WHO are flying at half-mast. Dr Sheares was the first Professor of Obstetrics and Gynaecology of the University of Malaya and the first Patron of the Academy of Medicine of Singapore. I wish on behalf of the Assembly to extend to the delegation of Singapore our most sincere condolences on this great loss.

The delegate of Singapore wants, perhaps, to say a few words on this sad event.

Mr CHEW Tai Soo (Singapore):

Madam President, on behalf of my delegation, and of the Mission of Singapore here in Geneva, may I thank you most profoundly and, through you, our fellow members of this Assembly for your expression of sympathy on the sad loss of our late President. Thank you.

The PRESIDENT:

Thank you, the distinguished delegate from Singapore.

2. SECOND REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT:

We now have to consider the second report of the Committee on Credentials, which held its second meeting yesterday. I call on Mr Beauge, Rapporteur of the Committee, to present its second report as it is contained in the document that you have in front of you, document A34/33.

Mr Beauge (Argentina), Rapporteur of the Committee on Credentials, read out the second report of that Committee (see page 284).

The PRESIDENT:

Thank you, Mr Beauge. Are there any observations on the second report of the Committee on Credentials? I see no requests for the floor. May I take it, therefore, that the Assembly approves the report and accepts the credentials of the countries named in it? It is so decided.
3. ELECTION OF MEMBERS ENTITLED TO DESIGNATE A PERSON TO SERVE ON THE EXECUTIVE BOARD

The PRESIDENT:

The next item on our agenda is item 12: Election of Members entitled to designate persons to serve on the Executive Board.

Document A/34/32, which was distributed more than 24 hours before the meeting, contains the report of the General Committee giving the list of 10 Members drawn up in accordance with Rule 102 of the Rules of Procedure of the Health Assembly. In the General Committee’s opinion, these 10 Members would provide, if elected, a balanced distribution of the Board as a whole. These Members are: Bulgaria, Guinea-Bissau, Japan, Maldives, Mozambique, Sao Tome and Principe, Seychelles, Spain, United Arab Emirates, and United States of America.

In the absence of any objection may I consider, in accordance with the Rule 80 of the Rules of Procedure, that the Health Assembly agrees on the list of 10 Members as proposed by the General Committee? This would permit the Assembly to proceed to the election without a vote by secret ballot, as was done at the Thirty-third World Health Assembly. I do not see any objection; it is therefore decided.

The delegate of Bangladesh has the floor.

Professor HALEEM (Bangladesh):

Madam President, I would like to draw your kind attention to the Constitution, Chapter VI, Article 24, which gives information on the Executive Board. It says that each of the Members who will designate members to the Executive Board should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers. Now I would like to know whether the 30 members of the Executive Board, including the 10 new ones to be elected, will be eligible as technically qualified in the field of health, because this is a constitutional problem.

The PRESIDENT:

Well, as far as I know - I can answer, but I shall also give the Director-General the floor - these are the Member countries, and after their election each shall designate a person to be entitled to serve on the Executive Board. So it is up to Member countries that have been elected to designate the most highly technically qualified person. But just to confirm this, I think that Dr Mahler could also reply.

The DIRECTOR-GENERAL:

Thank you, Madam President. I think the distinguished delegate of Bangladesh is very right to express his concern that the Executive Board, being the representative body of the whole health assembly, must depend on the highest possible level of competence in the field of health. This does not imply - I am sure the distinguished delegate would agree - that one necessarily must be a professor of neuroscience, but it certainly implies that the competence must lie within the sector of health. We are always drawing the attention of the Member States to this fact - and you were quoting from the relevant provisions - and we hope that the Member States themselves, because they are the masters in their own countries, will keep that very much in mind; I believe they have done so over the years.

Professor HALEEM (Bangladesh):

May I draw the attention of the President and, through her, of the Director-General, to the fact that in the past it has been observed that non-technical persons were presented - given credentials to WHO - for participation, neglecting the technical persons in the same departments. In that case, I believe, in some of the States, which are to follow the Constitution of WHO as Members, in that connexion, where these rules are not followed, possibly the Committee on Credentials has the responsibility to give directions, because the World Health Assembly should direct these Member countries to follow the line of action decided by the Assembly. So therefore I believe the Committee has certain responsibilities, before accepting people's credentials, to inquire whether technical personnel are available in the respective country or not, before accepting non-technical persons in the health department. So therefore I would bid that this may kindly be investigated whether such a thing happened before, or whether this may be accepted in future because, as I said, by "technical" is meant the technical qualification in health, not the administrative qualifications. Well, if

1 See p. 286.
somebody has got administrative qualifications in addition to technical qualifications, he will be preferred. But, in certain situations, in certain countries we have seen this is not followed at all. Through the whims of the political leaders of various countries, sometimes they neglect the directions of this World Health Assembly; that means, indirectly they are going against the directions of the United Nations, under which this assembly has been formed. So I hope this is a matter where WHO will kindly give directions what to do in specific cases.

The PRESIDENT:

I thank the delegate of Bangladesh. The Committee on Credentials has nothing to do with this business. I shall just explain in a plain way and later on, if there is some further, more complicated point, the legal adviser can answer. Article 24 of our Constitution is quite clear, and I quote: "...Each of these Members should appoint to the Board a person technically qualified in the field of health, who may be accompanied by alternates and advisers". So it is up to each Member country to designate a member of the Executive Board who is qualified in the field of health. This is quite clear from our Constitution.

I do not think that there is any other objection, so I decide, and I declare elected as Members entitled to designate a person to serve on the Executive Board: Bulgaria, Guinea-Bissau, Japan, Maldives, Mozambique, Sao Tome and Principe, Seychelles, Spain, United Arab Emirates, and the United States of America. This election will be duly recorded in the records of the Assembly.

I would take the opportunity of recalling here that the Members should pay due regard - I repeat again, just to confirm what I said before - to the provisions of Article 24 of the Constitution when appointing a person to serve on the Board.

4. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The PRESIDENT:

Now we continue the general discussion on items 9 and 10, and the first and second speakers on my list are the delegates of Mozambique and Benin, whom I now call to the rostrum. In the meantime, I just received a letter from Dr Al-Awadi, Minister of Public Health, Chief of the Kuwait delegation, the outgoing President. He mentions that in order, in principle, to save the time of this Assembly, his delegation is satisfied with the remarks made by delegates in the general discussion, and he has not the intention to speak now, but hopes that he will have another opportunity. We thank the delegate of Kuwait for his statement. Now I give the floor to the delegate of Mozambique.

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

Madam President, allow me first to associate myself with the preceding speakers in offering you my congratulations and best wishes for success in the duties with which you have been entrusted and which you are performing with competence, consideration and wisdom. I also wish to congratulate the five Vice-Presidents who have been elected.

Madam President, Mr Director-General, the People's Republic of Mozambique considers this Thirty-fourth World Health Assembly as an occasion of special importance for reflection on our Organization. The inclusion on the Assembly's agenda of the item on global strategy for health for all by the year 2000 confers an historical significance on our deliberations. To define a national strategy involves more than a simple and more or less thorough study of alternatives of technology or methodology. It first of all involves defining who are to be served by such technology or methodology. It also involves defining who are to be served by the socioeconomic development policy of each of our countries.

In my socialist country man is the central point and the principal objective of our socioeconomic development. We have set up ambitious development projects designed to combat hunger, poverty and destitution through the rational use of our resources. The creation of these material conditions together with the existence of a progressive political force and of a Marxist-Leninist party enable us to envisage the year 2000 with confidence and to state publicly here our commitment to the objective set at the world level. The discussions on this theme require from us close attention, sincerity and courage in examining obstacles and limitations. Our statements will be judged by history over the coming decades.
The establishment of the strategy also implies a scrutiny of the Secretariat and the structures of our Organization. WHO must be able to play its role of supporting the efforts of its Member States. To that end its structures should be reviewed and reoriented.

Permit me to compliment the Director-General and the Executive Board on their reports on the Organization's activities in 1980. The Director-General's report describes in detail the principal activities undertaken during the period. May I be allowed, however, to make a general remark on the form and content of the report? In many areas of activity it deals almost exclusively with activities in which the Secretariat has taken direct action while little is said about the practical achievements that were already included in Member States' plans of action and represented an advanced stage of implementation of the resolutions and recommendations of earlier Assemblies. As each Member State brings here its contribution of experience and activities at the national level, the report should have given fuller coverage to them. It should have included practical examples of the implementation by Member States of the Organization's decisions. In that way the report would have more accurately reflected the real situation, whereas it sometimes gives a somewhat deformed picture of it. To take a concrete example, when dealing with comprehensive health services and particularly in the section on primary health care, the report gives the impression that no country in the African Region has either defined or initiated its implementation measures and that only a few feeble attempts at planning have been made. Despite the relative scarcity of available information on the countries of that Region, I think I shall not be alone in stating that primary health care is already a reality in our zone.

As concerns my country, in 1980 there have been practical achievements in implementing our strategy and defining its extension, with a qualitative improvement in the pursuit of the objective of health for all by the year 2000. After the victory of our brothers the people of Zimbabwe in 1980, our Republic has been able to take a great step towards peace after ten years of struggle for national freedom and five years of aggression from the reactionary Rhodesian regime; 1980 has been the year when our people's forces have been directed inwards towards achieving the conditions for our full economic liberation. We have named the decade 1980-1990 as that of victory over hunger, illiteracy, endemic diseases, and also the decade of victory over underdevelopment. To that end we have initiated a widespread popular movement to launch a political and organizational offensive with a view to creating the spiritual and material conditions that will enable success to be achieved within the time limits we have set ourselves. We have drawn up an indicative and prospective plan for the decade and the detailed plan for the current first year. In our revolution the driving force for social change is man. That being so, in 1980 we held the first general census of the population of our free and independent country. It is difficult to describe with what success and enthusiasm workers, farmers, soldiers, officials, intellectuals, revolutionaries, students, men and women, the young and the old all over the country carried through this national and popular undertaking in the short space of two weeks. The census not only told us how many we are but also who we are and how we live. In the health field it now enables us to know and make use of the true health indicators of our country. At the economic level a basic step has been taken by creating a national currency unit, the metical, which represents the effort and sweat of our workers. At the regional level the need to strengthen relations between the countries of the region has led to the establishment in March of the Southern Africa Development Coordination Conference (SADCC), an economic cooperation organization embracing the nine States of southern Africa which will yield considerable force in the struggle for economic independence.

The only desire of the non-belligerent and peace-loving Mozambican people is peace in which to build a new society that will be more just and prosperous, a socialist society. But both historical and geographical circumstances have made us neighbours of one of the most retrograde regimes on the earth's surface, the regime of a racist minority in South Africa. The progress of the South African people's struggle led by the African National Congress (ANC) and of the Namibian people's struggle led by SWAPO sharpens the contradictions in the apartheid system. By attempting to give an international scope to internal dissensions and seeking to export the inherent contradictions of the conflict in South Africa, the Government of that country has recently redoubled its aggressivity and gone still further in its policy of assassination by attacking the independent countries on its borders, destroying civilian centres and undermining their economies. I stand before this honourable Assembly to report the attacks on my country and to appeal to the international community represented here to adopt more positive measures to isolate the regime of the racist minority in South Africa, to affirm its aid to SWAPO and ANC, leaders of the Namibian and South African peoples, and to support the front-line countries which, once again, are honourably undertaking the difficult mission of providing international aid for the liberation of the people of that area.
In the field of health too, 1980 has been marked by achievements and progress in both quantity and quality. We have made steady advances in planning both short-term and long-term health activities. At the end of 1980 an evaluation of the first biennial central State plan showed that the majority of the objectives set had been attained. There was evidence of great efforts and sacrifices on the part of health workers and of a wide awareness and commitment on the part of the people. This must now be qualitatively improved so that we may begin a practical study, supported by figures, of the state of health of the population. We have drawn up health objectives and strategies for the present decade that are harmoniously integrated with the overall planning framework so that this may be the decade of victory over underdevelopment. Certain programmes deserve particular attention because of their scope or their impact:

(1) The expanded programme on immunization, which in 1980 was in its second year of operation, has been able to give certain vaccinations to some 50% of the group at risk. In 1980 we carried out the first operational studies and evaluation of this programme and have outlined short-term corrective measures.

(2) The maternal and child health programme in which attention has been concentrated on organizing prenatal care and care for children in the 0-5 year age-group and on raising the number of deliveries in maternity centres. With a view to developing community participation, the Minister of Health has signed a working agreement with the Organization of Mozambican Women defining women’s educational duties with respect to maternal and child health.

(3) The environmental sanitation programme remains a priority especially in community villages. In 1980 we strengthened the infrastructure of laboratories for the control of water and food safety and published legislation in that field.

(4) To develop the health network, health centres and health posts have been built with the participation of the population and using locally available materials; efforts have been made to reorganize the secondary and tertiary health units in order to improve the quality of the services provided, including the strengthening of diagnostic facilities.

(5) Research capacity has been increased. The National Institute of Health has been organized and made responsible for coordinating and standardizing research activities. Despite the modest progress made, we still have to admit to certain weaknesses and deficiencies. Improvement is needed in our capacity for planning, evaluation and management. We need an adequate health information system and we still have serious problems of equipment supply and maintenance.

Our cooperation with the Organization since the last World Health Assembly has produced significant results both on the small scale of our country and in the other countries of the Region. This experience has encouraged us to go further in cooperative efforts and in particular, through the Organization, to place our modest ideas and achievements in the health field at the disposal of other Member States. Under WHO auspices a meeting on essential drugs was recently held in my country with the participation of countries of sub-region III of the African Region. That meeting led to the development of a concerted programme of action in the sector of the supply of basic medicinal drugs and represented a new step towards establishing a sub-regional strategy designed to guarantee the availability of all essential drugs. With the collaboration of the Special Programme for Research and Training in Tropical Diseases we have been able to erect a structure combining the research activities we had already undertaken, and thus have taken a first step towards a research support system in our country. Cooperation with WHO has also been developed in health manpower training and, assisted by WHO consultants, we have evaluated our training programme and prepared a project enabling us to meet the problems arising in this vital sector for the attainment of the objective of health for all.

This brief account of the experience acquired by our young country, ruined by colonialism and constantly subjected to aggression from international imperialism, shows that the ideas which we began to discuss here hardly four years ago and which culminated in the adoption by this Assembly of the strategy for the year 2000 can become a reality. The course of history is traced in terms of the peoples’ courage and sacrifices. If we have succeeded here in laying the foundations, then our progress is assured even if it is sometimes slow. The strategy will call for a change in attitudes, ideas and action on the part both of the Organization and of the Member States. On the other hand, the adoption of the strategy does not of course imply the blind acceptance of a badly calculated risk. The strategy is indispensable and is feasible. To make full use of our knowledge and resources at the national level is the least we can do to fulfil the fundamental right of our peoples to health. Thank you. A luta continua.
Mr XPOFFON (Benin) (translation from the French):

Madam President, honourable ministers and delegates of Member States, your excellencies, ladies and gentlemen, in its turn the delegation of Benin congratulates you, Madam President, on your election as President of the Thirty-fourth World Health Assembly. My delegation is firmly convinced that, under your enlightened guidance, our work will be carried out calmly and successfully as was the case under your predecessor whose great qualities of wisdom, objectivity, tolerance and firmness were greatly appreciated. My delegation wishes also to congratulate the Director-General of WHO and his collaborators for the efficiency and devotion with which they have discharged their great responsibilities. The delegation of Benin also has the agreeable duty to present the militant greetings of the People’s Republic of Benin and of its President, President Mathieu Kerekou, to all the delegations present here. We wish to assure the Organization of the great hopes that the Beninese people place in its activities on their behalf.

Between 1981 and the year 2000 we have only 19 years in which to attain the objective health for all. During that period we, the Member States and WHO, must each year check on the progress achieved, correct mistakes and redefine the major objectives with greater precision so that at the global, regional and national levels we may bring to the rendezvous of the year 2000 results that are satisfactory and worthy of humanity and of man in all his dimensions. During this annual gathering-together on the occasion of the World Health Assembly we must all, while following the guidelines provided by the Executive Board and the Director-General of our Organization, seek and find ways and means to mobilize all resources whether of manpower, finance, technology or other, that may enable Member States, and particularly the most underprivileged of them, gradually to raise the level of health development of their populations, thus contributing to a decent and socially and economically productive life. That is an imperative requirement of social justice and one which WHO should continue to promote and defend in order to attain the major objectives set for the year 2000. As for us, the Member States, we must give proof of the will, determination and discipline required if every effort is to be made in each country’s particular situation to implement a coherent and effective policy of health development in line with WHO’s guiding principles.

In this context allow me to give a brief account of the health situation in my country. Our health development activities, both long-term and short-term, are programmed as part of my country’s economic development plan and in accordance with the Party’s medical and health programme. All activities, whether for the health service coverage of the territory, health manpower training, safe water supply or nutrition and immunization, are being continued despite all difficulties.

As regards the health service coverage of the country other than the usual infrastructures and medical institutions, the Government’s main concern is to set up village health units which serve as the effective delivery points for primary health care. The Ministry of Public Health is aware that it is through these new peripheral units that the population will be able to benefit under favourable conditions from the primary health care defined by the Conference of Alma-Ata as the basis of integral health development. Unfortunately, despite the creditable efforts made, we have been unable to realize all our plans because of the national and international economic situation. Our efforts are, however, continuing so that the initial programme may be fully implemented. I wish to take this opportunity to thank WHO, the Regional Office for Africa and its Director for the inestimable help given to my country in setting up village health units.

In the field of health manpower training we may point with satisfaction to the sustained efforts of our University, our University polytechnical complex, our national or inter-regional institutes and our health schools to train the personnel needed to man our health infrastructures. Progress in developing these training activities has been such as to give every promise of attaining our country’s objectives of health for all by the year 2000. That promise is further strengthened since we know that a number of Beninese high-level health personnel now working abroad intend to return to serve their homeland. Other physicians trained abroad under bilateral cooperation agreements with friendly countries will be returning to swell our health manpower. In this connexion we must mention WHO’s important contribution in the form of fellowships and of the teaching given at the Regional Health Development Centre at Cotonou. The only remaining problem we have to solve is that of the specialization of the graduates from the Health Sciences Faculty of the National University of Benin at Cotonou. A solution to this problem will be afforded through international cooperation.

Another of our country’s concerns is the supply of safe water for our population. A national effort has been made to dig wells for each village, and it is hoped that before
the end of the International Drinking Water Supply and Sanitation Decade the country-wide programme for safe water supply will be completed thanks to the guarantee fund of the Council of the Entente which includes my country, Ivory Coast, Upper Volta, Niger and Togo. We are also gratified to be able to inform our Organization that, as part of a national programme for the exploitation of thermomineral springs, a factory for the sale and marketing of the mineral water of Possotomé in the Mono Province has been in operation since 31 December 1980.

Benin's policy for the improvement of the nutritional status of the population is directed at increasing the agricultural production of both animal and vegetable products as well as at a rational and effective use of local foodstuffs. The appropriate services of the Ministries of Public Health and of Rural Development have consequently undertaken a nutrition education programme in the maternal and child health centres and the nutrition training centres. In connexion with bilateral cooperation, the food and nutrition department of the Ministry of Public Health is conducting research with a view to developing highly nutritious and energy-producing replacement foods from our local products. The most encouraging results from this piece of research will make it possible to establish a farm-food industry. With regard to the feeding of infants and young children, the delegation of Benin has been instructed to support the principle of the adoption of an International Code of Marketing of Breast-milk Substitutes.

Action for the prevention of the main endemic communicable tropical diseases includes the immunization of high-risk sectors of the population. Previously this had never been strictly programmed. Over the last five years, however, with assistance from WHO and certain friendly countries and certain international bodies, an expanded programme on immunization for children in the 0-5 year age-group has been developed and put into operation.

After this brief account of the health situation in Benin, my delegation wishes to stress once again how important it is for our Organization to adapt its policy and its structure, both in space and in time, to the requirements and problems of each Member State within the bounds of an appropriate and totally decentralized regional policy. In this connexion it is highly desirable that the regions, and especially those comprising developing countries, should be given increasing responsibilities for medical research and the control of the main endemic communicable and parasitic tropical diseases.

In conclusion, Madam President, your excellencies, ladies and gentlemen, if we are to attain the objective of health for all by the year 2000 we must replace speech-making by dynamic and creative action. Our efforts, the efforts of the international community for the attainment of health for all will be successful on the sole condition of peace on earth and goodwill between all the world's peoples. That in any case is the conviction of the people and the Government of Benin. Armed with that conviction, we stand prepared for the health revolution started by the World Health Organization and for the peace crusade started by the United Nations. Ready for the revolution, may the fight continue!

Dr MALHAS (Jordan) (translation from the Arabic):

In the name of God, the Gracious, the Merciful: Madam President, Mr Director-General, ladies and gentlemen, on behalf of the delegation of the Hashemite Kingdom of Jordan, I present my sincere congratulations on the election of the new President, wishing her every success at the Thirty-Fourth Assembly, as she listens carefully to what all delegates say, and participates constructively in taking decisions for the welfare, the happiness and the health of all humanity - goals which are still very far from the reach of so many of the inhabitants of this world. We advocate at all levels the attainment of the objective of health for all by the year 2000. This year in particular, it has become the theme of this noble Organization.

Why should we not reach that goal? Or rather, how can we ever reach that goal when the traders in and makers of destruction and devastation are vying with each other to invent and manufacture more and more sophisticated weapons to kill, to stab, to mutilate and bring a curse on all humanity. All of us should respond positively to the calls for the reduction of armaments and of the production of vehicles of destruction, replacing them with products for the good of mankind in a spirit of understanding, affection and sincerity. Unfortunately, these good qualities have almost disappeared except for glimpses of hope which we hear and see from time to time, like the meeting we are attending now; our discussions are going on in spite of all the manifestations of oppression and occupation in so many parts of the world, and in spite of the continuous humiliation of man and the abuse of his integrity, let alone the attempts to annihilate him, like what is happening now practically every day with the Palestinian people. They have suffered for over 30 years and are still suffering because of
Israel, which was created in 1947 by the United Nations on British motivation, and which was and still is favoured, cared for and abundantly patronized by the United States of America, which provides it with money and equipment, with wheat and aeroplanes, with sugar and poison so that, at the expense of the American citizen who is unaware of what is going on in the field of foreign policy, Israel can apply itself to annihilating the Palestinian people, first in their own home and now in Lebanon. There the Zionists have adopted a deliberate and persistent strategy of emptying and burning the land, demolishing cities like Tyre and Sidon, which were founded thousands of years ago before the existence of the so-called tribe of Israel. Meanwhile, the whole world remains dumb, deaf and blind, not caring to ask about what is happening there. So how can those Palestinians and Lebanese attain health by the year 2000, or even the year 2500?

In spite of all this anxiety over the fate of our people and our brothers and, in the long run, the fate of all humanity, we still have hopes for a better future. We in the Hashemite Kingdom of Jordan are making great, true and faithful efforts to raise the health standards of our people while implementing the national plans based on the principle laid down by our leader, H.H. the King Hussein, that man is our wealth. The Ministry of Health, guided by the objectives of WHO, is delivering health services to all citizens wherever they are. In our reshuffle of the Ministry’s administrative system we have introduced a Department of Primary Health Care, which is given proper facilities. The first group of physicians trained according to King Hussein’s principle has now graduated, as part of a programme to spread primary health care to every part of the Kingdom. We have continued our campaign against smoking, drugs and alcohol. We have also paid special attention to the care and rehabilitation of the disabled, through national and public activities. We have enacted the necessary legislation and introduced regulations governing the civil service, so as to give the disabled a chance of decent and honourable employment with the State. We are also carrying out a well-studied plan for supplying pure drinking-water to all the villages and rural areas, despite the shortage of water due to the nature of our country. Hence the Government is building a number of dams in the Kingdom, and intensifying exploration for underground water. In recent years, and particularly last year, we have discovered the intermediate snail hosts of schistosomiasis in some of our dams and stagnant water. We have carried out effective control measures and established a special department for studies in the Jordanian University. Fortunately, we have not so far discovered any snails infected with schistosomiasis. As for malaria, we are still in control. All the cases of malaria discovered were imported from outside the country. Following the decision taken by this Organization we have stopped smallpox vaccinations, and we are concentrating now on the triple vaccine and on vaccination against measles and poliomyelitis. I must, in this connexion, express our thanks for WHO’s collaboration.

Madam President, we are keen to give everyone his due. The cooperation of the Director-General, Dr Mahler, and WHO in solving many of our problems is helping us on our way to health for all by the year 2000. Hence our persistent concern with the transfer of the Regional Office for the Eastern Mediterranean from its present site to Amman. We have completely stopped any communication with that Office since the last Assembly. If things remain as they are, then the adverse effects will reflect on the efficiency of WHO in this particular Region, and will be felt especially by the States and the people of the area. They will also hamper the efforts of the Organization to attain health for all by the year 2000. All we are asking for is compliance with the desire of the overwhelming majority of the States in the Region, a rightful desire explicitly provided for and recognized by the WHO Constitution, and upheld by the International Court of Justice.

Our States, working hard for growth and development, looking forward to a better life for our families and our peoples in the future, are facing a number of difficulties and problems, which we believe will increase in the near future; we shall continue to suffer from them and live in conflict with ourselves. Some of these issues have scientific, medical, social, ethical and religious aspects. An example of these is the problem of chronic kidney disease, and its treatment by the artificial kidney machine which has become a great financial and social burden on the patient and his community. What is the way out? How can we go on providing this service for those patients, when our means are all too limited? Is it time to redefine this disease and the ways of treating it? So many questions without an answer so far, and there is no better forum than this gathering for us to pose these questions.

And what about road accidents? These have become a source of danger for young and old. What are the best ways to avoid them? Do we give up cars and vehicles? We would probably thus lessen the decisions and anxiety concerning the very high cost of oil. What about the
nuclear armaments race? Is it possible or reasonable to talk about health for all while this apprehension haunts us day and night? Might we adopt the cause of banning the production of nuclear weapons, and abolishing nuclear wars - if not this year, then in the coming year? Are our children and grandchildren not entitled to be saved from this danger which was invented by our times? What have they done to be killed?

Madam President, once again I salute you and thank you for giving me the opportunity to address the Thirty-fourth Assembly. Peace be upon you.

Professor VANNUGLI (Italy) (translation from the French):

Madam President, allow me first to convey to you the compliments of the Italian Government, my delegation and myself personally on your election and on the way you are conducting our deliberations. You asked us to be brief, and rightly so. Our compliments are no less sincere for being briefly expressed.

Madam President, Mr Director-General, honourable delegates and dear colleagues, the Italian Government has always followed the activities of the World Health Organization with the closest attention. We have always found it a source of extremely valuable suggestions for the development of Italy's health services and we have always sought to contribute to WHO's many activities through the participation of our scientific institutions and our best qualified experts. We are also happy to place our achievements and our experience in different health fields at the service of the Organization and of other Member States.

As you know, we have now reached the second year of application of the legislation instituting the national health service, and I wish to take this opportunity to tell you something about it. First I should emphasize the close relationship between our national health service and the principles laid down at Alma-Ata; principles calculated to ensure for the whole Italian population health services that are rational in conception and of the highest possible qualifications. In this area WHO has played an essential role by promoting and circulating new ideas, in accordance with the basic tasks written in its Constitution which must be considered as a precious guide for all the countries of the world.

In connexion with the global strategy I would like to mention the basic objectives of the renewal of the national health service in Italy. These are: (1) to guarantee free comprehensive health assistance to all citizens so that disease shall no longer be a serious economic problem, apart from its dramatic social aspects; (2) to ensure that health services are as far as possible uniform throughout the national territory, thus avoiding inequalities between the different regions and within each region; (3) to give preference to preventive action, in contrast with earlier ideas which laid most emphasis on therapy. In the new conception the citizen is required to play a major role since, according to the democratic system, he is expected to administer the national health service directly and this requires him to make a conscientious effort to assume his responsibilities. Another point deserving emphasis is the renewed importance given to the work of the doctor at the basic level since he is the prime mover in the prevention process. Since the reform health has become a leading political issue in Italy, and Parliament now has to examine and approve the three-year health plan, including the choice of health policies, estimating appropriate resources and setting priority objectives. It may thus be considered that our country has adopted the basic principles of a modern health policy and, while aware of the organizational difficulties and the lack of resources in manpower, equipment and finance, we have no doubt of the great benefits that will result for our citizens.

I would not wish to conclude my remarks without expressing our complete satisfaction with the services that our World Health Organization has rendered us during 1980 both at headquarters level and at that of the Regional Office for Europe. Special mention must be made of the prompt and effective assistance provided at the time of the earthquake which ravaged a large area of my country. My warmest thanks are due also to the many countries which provided generous assistance in those painful circumstances, thus confirming once again the spirit of international solidarity manifested when a country is in distress.

With these assurances of our gratitude and full cooperation, I wish you, Madam President, the Director-General and the Assembly every success in the work you have set out to accomplish.

Professor THIOUNN THOEUN (Democratic Kampuchea) (translation from the French):

Madam President, Mr Director-General, honourable delegates, ladies and gentlemen, allow me first on behalf of the delegation of Democratic Kampuchea to offer the President my warmest congratulations on her election.
The policy of the Government of Democratic Kampuchea has always been to promote the health and wellbeing of its people, so true is it that without health there can be no economic, social or cultural development. The Government of Kampuchea has, moreover, always believed that such health promotion is impossible without the active cooperation of the people and without a decentralization which gives the people responsibility for operating local health services. That is why at the Thirty-third World Health Assembly my delegation firmly supported the programme of health for all by the year 2000.

For more than two years the people and the Government of Democratic Kampuchea have been faced with a vast need for medical care as a result of the most barbarous war of aggression, a war unprecedented in its history, a war of racial extermination of which the people of Kampuchea have been victims for over two years, in flagrant and brutal violation of the United Nations Charter, of the elementary principles of international law and of the civilized world. The causes of the deplorable state of health of our people are, first, the military invasion including the use of chemical weapons prohibited by humane law, and, still worse, the use of famine as a weapon of extermination; and, second, the need to resist the excessively armed invader. These are the factors responsible for the present dramatic state of our people's health. The cruel reality with which mankind is confronted today in Kampuchea is not that of a people master of its destiny but that of a people struggling for survival.

Despite these difficulties, the Government of Democratic Kampuchea has unceasingly striven to do whatever it could to ensure the existence of an organization to provide its people with primary health care. In areas under our control, villages and communes have small self-operating health centres able to take initiatives and measures suited to the actual local conditions and the needs of the population. Because of the lack of health workers to man these centres, we have trained a staff of local personnel consisting of traditional healers with some training and traditional rural birth attendants, to whom are added new workers educated and trained to provide simple medical care and able to improve hygienic conditions of all kinds. Similarly, because of the shortage of drugs, we have given special priority to research into traditional medicine and ways for its practical use. Thus, despite the mourning and the desolation that the army of aggression spreads each day in Kampuchea, we have mobilized human and material resources in order to ensure the best health conditions for our people.

These measures have enabled us to obtain the following results:

- To control malaria we have explained to the people the cause of the disease, how it is transmitted, how it can be avoided and how to use prophylactic drugs. In places where conditions and material means make it possible, we have shown them the technique of insecticide spraying. Consequently the number of cases of pernicious fever dropped considerably between 1980 and 1981.
- Cholera has practically disappeared in the areas under our control.
- Intestinal amoebiasis has also diminished because more and more people know about its cause and how to protect themselves. They also know how to ensure a safe water supply and to avoid using water poisoned by the enemy.
- As for hepatic amoebiasis, they are practically no longer seen.
- The small health centres in the villages care for pregnant women and infants. We always recommend breast-feeding, but mothers are sometimes short of milk due to malnutrition. Nutrition, however, is no doubt better among the population in areas under our control in 1980 and 1981 than it was in 1979, but it is still far from satisfactory.

As a result of all these measures, the mortality from epidemic, communicable and parasitic diseases has dropped considerably since 1979.

In Kampuchea, the fact that most people can read and write has made it easier to get them to participate in primary health care activities. The Government of Democratic Kampuchea has rebuilt many of the schools destroyed by the enemy, both those for general education and those for health manpower training.

At the present time the development of our health infrastructures is meeting other obstacles than those already mentioned, as a result of the rapid extension of the areas under our control and of the shortage of the economic and material means needed. In fact, from the end of the rainy season in October 1980 up to the present, the foreign troops of aggression have lost the initiative of operations and have abandoned their positions one after the other, thus allowing us continually to enlarge our areas. Their master, the great world expansionist power, has not, however, been sparing in the powerful support it provides.

The year 2000 is not far off at the present speed of events. The Government of Democratic Kampuchea ardently desires the return of peace so that its forces may be better used in improving the health of its people and taking a more active part in implementing the international development strategy for health for all by the year 2000. That peace so wished for
by the Government and people of Democratic Kampuchea must depend on the withdrawal of all foreign troops from the country, leaving the people free to decide its future in accordance with United Nations General Assembly resolutions 34/22 and 35/6. Peace- and justice-loving peoples and governments are making untiring endeavours to get those resolutions applied. By helping the people of Kampuchea to recover independence and peace, the world will help to put a stop to the expansionist offensive in the world and to give its real meaning to détente — something that is not simply a screen for expansionist aggressions but a living reality of regional and international cooperation based on respect for the United Nations Charter, the principles of non-alignment and international law. Without such real and living cooperation, no genuine and lasting peace can be established in the world and the objective of health for all by the year 2000 cannot be attained.

In conclusion, and on behalf of my delegation, allow me to assure you, Madam President, of our full and complete cooperation and to repeat our most sincere wishes for the success of this Thirty-fourth World Health Assembly.

Dr PAREDES PAZ (Honduras) (translation from the Spanish):

Madam President, Mr Director-General, distinguished delegates, allow me, first of all to extend to our President the congratulations of the delegation of Honduras, on behalf of its Government and people, on her election - most fortunate for us - to preside over this august World Health Assembly.

Honduras is situated in the very middle of Central America, and has a population of 3.8 million inhabitants spread over its 112 000 km² of territory. Some 70% of this population is situated in the rural area, with very poor means of communication. The high rates of infant mortality, in which diarrhoeal diseases constitute an important dimension, as well as other communicable diseases, including those transmitted by vectors, and serious malnutrition, represent the main health problems. Add to this the low income of the population and a high index of illiteracy, fluctuating around 50%, and the picture is one of a low level of well-being, which my country is attempting to tackle with the necessary determination. One eloquent manifestation of this determination is the political process at present taking place in the country with the establishment of a National Constituent Assembly, whose work will culminate next November in the democratic election of the Constitutional President of the Republic.

Since 1973 a process has been under way in Honduras to extend the coverage of health services, its aim being to cover the entire population on the basis of equality and responsibility. Starting out from the notion that health is a basic right as well as a social goal, we drew up a national development plan embracing a national health plan. One of the fundamental strategies established under this plan was the reorganization of the health services. Levels of care of increasing complexity were defined, special emphasis being placed on primary care, in accordance with the directives laid down in the Declaration of Alma-Ata. The higher echelons of the system have been adjusted to take in this primary level, which combines institutional action with that of the community. The reorganization has also covered a system of rationalization based on administrative decentralization and centralization at the technical and normative levels, while mechanisms are being perfected for programming, supervision, control and evaluation, so as to make it possible to review systematically the effectiveness of the technology applied, the use which the population makes of the services and the efficiency of the resources and action developed.

Another of the basic strategies used has been community participation. This has been achieved by means of voluntary, deliberate, vigorous and responsible action which to date has made it possible to solve many of the health problems at community level while at the same time diverting others by means of referral under the system to the appropriate bodies. Honduras has already had seven years' experience with community participation, which has expressed itself in action by communal organizations or through agents with specific functions. For example, the health guardian, elected by his own community and trained by the Ministry, carries out promotion activities, deals with simple problems, manages hydration solutions, and refers higher-level patients. The empirical midwife, likewise trained by the Ministry, attends pregnant women, confinements and newborn babies, and at the same time is trained to detect high-risk problems and pass them on to the higher level. The health representative coordinates the community team, programmes health activities within the community, carries out basic sanitation work, and sits on the health committee, which controls services at institutional level. The volunteer, trained in malaria control, detects and treats cases while cooperating with the vector control personnel. Approximately 50% of the health establishments have this type of voluntary personnel, and it is proposed to continue increasing the number of all these officers over the next three years.
The Ministry of Health of Honduras has decided to participate in the International Drinking Water Supply and Sanitation Decade, bearing in mind that in this field, again, the situation of the country is extremely deficient. At the present time, concrete plans are being drawn up for water-supply and excreta disposal, and as a result, high priority has been given to the acquisition of external resources to carry out this type of project in rural and urban areas through the autonomous national water-supply and drainage service. In addition, efforts are being made in the Secretariat for Economic Planning to establish genuine inter-sectoral coordination and to give meaning to the social nature of the goal in hand by attempting to develop integrated regional programmes. It should be pointed out that in formulating the goal of health for all by the year 2000, the Government of Honduras has the participation and commitment of all the institutions in the public sector. The progress and the achievements made to date are undeniable, but there is still a great deal to be done, since the magnitude of the problems means that the resources needed to solve them are too great to be furnished by the country itself without the technical and economic assistance of international bodies and developed countries.

Honduras has helped to formulate and endorses wholeheartedly the regional strategies presented by the Pan American Health Organization, and on the basis of an analysis of the WHO proposals it considers that the lines of action drawn by the Organization are of great value to the country, inasmuch as Honduras must consolidate and strengthen what has been achieved up to the present, and most of all because they will make it possible for the international agencies and countries capable of providing support to direct the flow of technical and financial cooperation, collaborating with countries such as our own in the difficult task we have to accomplish in order to reach our goals. With regard to support by WHO to enable us to achieve this, the action taken by the Pan American Health Organization has been of inestimable value, and we trust that it will continue, not only with the Ministry of Health, but also with the Secretariat of Planning, so as to ensure intersectoral relations.

In conclusion, Madam President and distinguished delegates, Honduras appeals to those countries with a high level of development to furnish economic aid to States such as our own and to help them to solve critical problems and issues such as food production, the supply of basic drugs, the installation and maintenance of equipment, etc. Unfortunately, financial problems are the country's main obstacle in its attempt to meet its basic needs. We consider that this would be the most appropriate contribution towards building a just world, with less social inequality and in keeping with the New International Economic Order. It would at the same time be an appropriate way of helping the people of Honduras to reach the goal of health for all by the year 2000.

Dr VAN WEST CHARLES (Guyana):

Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, first of all let me join with those who have done so before to congratulate you, Madam President, upon your election to preside over this distinguished meeting, namely, the thirty-fourth annual meeting of the World Health Assembly. I would also like to extend my congratulations to the Vice-Presidents and the Rapporteurs and Chairmen of committees upon their election. I wish to assure them that the delegation from the Cooperative Republic of Guyana will give them their fullest cooperation throughout the session.

I wish to express on behalf of the Government and the people of the Cooperative Republic of Guyana our continued support to the World Health Organization and all that it stands for. I would also like to congratulate Dr Mahler and his staff for the yeoman services that they have given and continued to give to the Organization.

Since last we met we are one year nearer to our progression for the achievement for health for all by the year 2000. This means that my Government will continue to improve and expand the health care delivery system for all the inhabitants of Guyana. Further, we will support and fully incorporate the concept of family health care as an important component for the delivery of health care, particularly in the use of community health workers as the vehicles for providing this care. We have already implemented the latter objective, that is the introduction of community health workers, in many areas of the country and we intend to train 40 more this year, so as to be able to provide health care facilities for communities not so provided at present.

This year, we all know, has been designated the International Year of Disabled Persons. There are some projects which we hope to implement in this field for 1981, as an indication of how seriously we view the problem. Further, I wish to emphasize that the Ministry of Health of my country is also at the moment taking a long-term view of improving the
rehabilitative services for our less fortunate brothers and sisters. It is our view that the most important resource of any country is the human resource. We feel that every human being must be given the opportunity to develop himself and in turn make a contribution to his country's development. Thus we have embarked on a programme of educating the masses of Guyana in relation to the disabled. With this in mind, we have designed projects that should provide parents of handicapped children with basic information about their disability. This would also enable parents to understand the problem and not run away from it by hiding and keeping their wards away from the mainspring of all social activity. Again, programmes and plans geared to assisting parents will be mounted. We hope by doing this that parents will be equipped with the basic tools to deal with the disabled, thus helping to enlighten their lives.

It is intended to evaluate the effectiveness of the programmes planned by Guyana in this area. At the present moment we are bereft of information concerning the handicapped. For example, we have to know how many handicapped there are in the country as a whole, their state of disability and the cause of their disability. To do this, Guyana has mounted a survey throughout the country, and this forms the basis of our programmes for the handicapped.

I should like to let you know that a commission has been established to deal with the handicapped, not only for 1981 but to take a long-term view of the physical and mental disability, and it is hoped that these measures would bring a new hope to those and at the same time enlighten the more fortunate on the realities of disability. To this end, training must be, and is recognized as, an important element in the health programme. It is the aim of my country that there should be an adequate number of trained personnel in all fields, whether it is X-ray technology, environmental health, health education, physiotherapy, pharmacy, dental care, etc., in order to provide suitable and educated personnel to deliver good health care.

I wish to reiterate our commitment by re-echoing the words of the President of the Cooperative Republic of Guyana in his address to the House of Assembly earlier this year. Then he said, and I quote: "In addition, in this International Year of Disabled Persons, steps must be taken to recognize concretely the full citizenship of the physically handicapped and their right to personal fulfilment". This is our goal in this area.

Primary health care calls for the total involvement of people. At the time of this call, Guyana was on the road to governmental reorganization. Thus we have established a new regional system which has allowed the Ministry of Health to confer on the regional health committees some of the responsibilities of authority now exercised by the Ministry at the centre. It is envisaged that this would bring about the involvement of the people at the grass-roots level rather than pursuing the old system of direction and control from the centre. This was succinctly put forward by the Comrade President of the Cooperative Republic of Guyana in his speech at the National Assembly to which I alluded earlier, when he said, and I quote: "In the past, local government was a subordinate system to that of central government. Now, under the provisions of the people's new constitution the two systems are part of a whole, the object of which is to bring democracy to the remotest corners of Guyana and to establish real power to the people." This, as I see it, is a tangible effort by the Government of Guyana to bring health care to all and sundry and ensure participation of individuals and their families.

I would like also to draw the attention of this Assembly to the important aspects of development now taking place in my country. I am referring to the reorganization of our health system in order to provide not only a better health care delivery system but to have more involvement or participation, whichever you may choose, by people and communities at the grass-roots level. This whole reorganization is a joint venture by PAHO and IADB and the Government of Guyana as partners in a new and bold experiment. May I emphasize that this programme is not only concerned with the provision of improved physical facilities, but also with training, logistical support to the health system, maintenance support and reorientation towards primary health care. Decentralization of the decision-making process, to which I alluded before, is an important element and it is hoped that this new element would greatly enhance the transformed health care delivery system. I would also like to take this opportunity to register Guyana's support for the proposed International Code of Marketing of Breast-milk Substitutes, as a regulation.

As you are aware, Guyana, along with many nations of the world, has embraced the Declaration of Alma-Ata and health for all by the year 2000. We are serious in this embrace. However, within the area of Latin America we observe an attempt by one of our neighbours to deem itself a super power in Latin America: its activities are expansionist. Further, in
our efforts to bring about further democratization and a speedy betterment of our health system we are faced with formidable opposition. I am referring to the spurious, ridiculous and illogical claim by our neighbour Venezuela to more than five-eighths of the territory which is legitimately ours and has been so from the beginning of time.

The call for health for all is a serious one. The political commitment by Member governments is the most important prerequisite for the attainment of the goal. It involves a call for the new economic order, détente; in other words, we must understand now to live as a human race. The above is Guyana's understanding of the international and national commitment of the world community.

With only 19 years to the attainment of our goal for Guyana, it would be impossible if Venezuela's expansionist approach is maintained. It has been reported that Venezuela is attempting to block all developmental loans to Guyana. In Guyana are not a belligerent people. We feel that we can live and work together with our neighbours and make a tangible contribution to Latin America and the world. Therefore, I call on all of you gathered here to use your influence and ensure that this situation does not escalate and that Guyana retains what is rightfully hers. This is not only a serious threat to Guyana's independence, but it is a threat to the very nature of what we set out to achieve. Guyana seeks a peaceful solution to this problem and would be grateful if those Member States who share our concern could also use their influence for a peaceful settlement so that we may pursue our upward path of health for all by the year 2000.

In concluding, Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, in our hands lies the destiny of the human race. Let these be safe hands for the attainment of our goal of health for all by the year 2000.

The PRESIDENT:

Before I give the floor to the delegate of Thailand, the delegate of Venezuela has asked for the floor.

Mr HOYOS-SOSA (Venezuela) (translation from the Spanish):

Madam President, my delegation makes a formal request, under Rule 59 of the Rules of Procedure of the World Health Assembly, to be allowed to exercise the right of reply. Thank you, Madam President.

The PRESIDENT:

Yes, you have the floor.

Mr HOYOS-SOSA (Venezuela) (translation from the Spanish):

Madam President, my delegation considers that the statement by the Minister of the Cooperative Republic of Guyana concerning Venezuela is intrinsically outside the competence of this meeting of WHO. It has been said that by its nature, WHO is an international and not a supranational body, and consequently the voluntary acceptance by the Member States of the cooperative nature of its activities enables it to perform its functions constitutionally with authority to provide guidance and coordination in respect of matters of international health, without prejudice to national sovereignty. As is stated in its Constitution, WHO is an organization of Member States, cooperating among themselves and with others to promote and protect the health of all peoples. My delegation feels that the topic is quite out of place. We see it as just one further demonstration of the manifest intention of the Government of Guyana to try to internationalize a problem which by its nature and scope should be kept within the strictly bilateral sphere.

The Agreement of Geneva is an international treaty signed in 1966 by Venezuela, Great Britain and Guyana, the last-named country being at the time on the point of obtaining its independence. The commitment undertaken under the Agreement was that Venezuela and Guyana should seek satisfactory solutions for the practical settlement of the controversy. To this end, a mixed commission was set up, and it was arranged, in article 4 to be precise, that if this commission did not obtain concrete results, recourse should be had to the means for the peaceful solution of disputes laid down in Article 33 of the Charter of the United Nations.

If what Guyana intends is to ignore the Agreement of Geneva and refuse to negotiate in accordance with its undertakings, it would not only compound the injustice committed against Venezuela, but it would be manifest evidence that Guyana is refusing to comply with commitments
contracted internationally. The territorial problem between our two countries would be restricted to the Treaty of 1897 and the arbitral award of 1899. The background of the Venezuelan position is well known to the international community. It was outlined clearly and unequivocally by the Government of Venezuela in the United Nations at the seventeenth session, before British Guiana gained its independence, and it had the backing and understanding of the Member States. This approach led to a series of conversations with the United Kingdom, in which British Guiana was represented, culminating in the 1966 Agreement of Geneva. For the countries of the Americas there is also a precedent in this respect, as contemplated at the Ninth Inter-American Conference held at Bogotá in 1948, when problems of this kind arising between American States and non-continental countries maintaining colonies in the Hemisphere were discussed.

In the same way, Article 8 of the Charter of the Organization of American States, and the earlier 1964 Act of Washington, stipulate as a condition for accepting applications for membership by any new continental political entity the peaceful solution of existing territorial claims. This formula, and its acceptance by each of the new States on becoming members of OAS, is interpreted as recognition of a process for the solution of problems which is confirmed bilaterally and through the means for the peaceful settlement of disputes. The objection raised by Venezuela with the World Bank in respect of the Alto Mazaruni project, with the prior knowledge of the Government of Guyana, is based on the need to preserve the zone under controversy from development compromising its future use and involving financial and other commitments which would not be recognized by the Government of Venezuela and could not be maintained as they stand because they are not in keeping with the processes of territorial organization and the harmonious development of the region in question, this being necessarily bound up with the use and purpose of the national territory on the other side of the zone involved in the claim.

The problem under discussion is a bilateral issue, and this is the way it has been regarded at all times by my country. Its definition, and the way of handling it, are laid down in the Agreement of Geneva and the Protocol of Port-of-Spain. The Government of Guyana has launched a campaign which is attempting to present a distorted view of the situation. On the occasion of a recent official visit to Venezuela by Mr Forbes Burnham, the President of the Cooperative Republic of Guyana, the President of Venezuela, Dr Luis Herrera Campins, firmly reiterated that Venezuela maintains its claim to the Essequibo territory, of which it was unlawfully deprived by the arbitral award of 1899, which was never valid and hence is not recognized by us.

President Herrera Campins reiterated Venezuela's refusal to accept any commitment incompatible with the Venezuelan claim and with our national aspiration to obtain redress for the grave injustice committed against our country through the voracity of the colonial empires; and hence Venezuela once again expressed its refusal to agree to the hydroelectric project of Alto Mazaruni. From the very beginning Venezuela has been willing to look into all the problems involved, whether political, maritime, cultural, economic or social. Venezuela is greatly disturbed by attitudes like that expressed here by the Government of Guyana, which would seem to be at variance with the idea of seeking means of peaceful solution for our dispute as an issue involving the bilateral relations between the two countries. In consequence of all this, my delegation strongly protests at the introduction of this topic in this great Organization, and wishes to make it clear that Venezuela is firmly determined to vindicate its position and the ethical and juridical basis of its claim to redress for the wrong of which it was the victim through the action of colonial imperialist powers.

I apologize for the length of my statement, Madam President; many thanks.

The PRESIDENT:

Thank you. The delegate of Venezuela's statement is going to be included in the record. I would just like to ask you to be brief for the future. I don't like to force anybody and I wish that all the people who have differences may find a peaceful solution among them.

Now I give the floor to Professor Tuchinda, President of the Thirty-second Assembly.

Professor TUCHINDA (Thailand):

Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, it is a great privilege and pleasure for us to represent the Government of Thailand at this august Assembly and to bring good wishes and greetings from the Thai people to all the distinguished
delegates of Member countries and representatives of international organizations. On behalf of the Thai delegation I would like to join the other delegations in sincerely congratulating you, Madam President, on your election to this high office. My delegation also offers its congratulations to the five Vice-Presidents and to the Chairmen of the two main committees.

Thailand is most appreciative of the dynamic and inspiring work of the Secretariat and of the Executive Board which is evidenced in the Director-General's report for 1980 and in the report of the Executive Board, especially in that part on global strategies for health for all by the year 2000. These reports not only provide us with a global and intersectoral perspective and the needed common guiding principles for future action in which we all must cooperate in the operationalization, but also reflect the intense interest and efforts at regional as well as national levels of the Organization. Thailand enthusiastically approves these reports and brings a full measure of commitment to fulfill their intent within our own capacity. As the Director-General has noted in his report, in Thailand we are taking a broad approach towards achieving health for all as an integral part of national, social and economic development. Since this year is our preparation period for the next five-year development plan, the need has been felt to develop policies and strategies among related sectors on a long-term basis as well as for the mid-term planning and shorter term projects, so that our common aim can be more effectively and efficiently served by jointly designed and complementary strategies, regular exchange of needed information and joint implementation at various levels. This national social development project, as it is called in Thailand, is under the direction of our top-level national planning body. The Ministry of Public Health will be actively participating in this intersectoral effort as a promising approach to better integration of health and all social and economic development to achieve health for all by the year 2000.

The policies which will be implemented under the Fifth National Development Plan have been drawn up with a retrospective view over the past and in view of the Government's policy for the long range of making it possible for the whole population to live a healthy life by the year 2000. The collaboration of WHO has borne much fruit in integrating the principles of health for all and primary health care into our national development policies, strategies and objectives.

To make our future scenario of health for all by the year 2000 a reality, major challenges must be met and the present situation must be substantially improved. In reviewing health information accumulated during the implementation of the fourth five-year national health development plan, it was found that infectious and communicable diseases, especially food, water and vectorborne diseases and respiratory infections, are still major problems. Ranked lower in order of our priority health problems are malnutrition, especially among young children and pregnant women, and poor environmental health, including sanitation and accidents of various kinds. Our health care system must be reoriented to support more effectively and efficiently primary health care activities. Thailand will benefit very much from the stimulation and exchange of experiences gained in the technical discussions during this Assembly. We will return to Thailand with clearer guidelines, which we can use for further development of improved methods for tackling the important task in pursuing towards our goal of health for all. Our primary health care programme will be augmented in depth and breadth during the next five-year plan period by concentrating on the most poverty-stricken areas. Not less than 24 000 community health volunteers should have been trained by the end of 1981 to cover not less than 50% of the total villages and, by 1986, all areas in the country would have been covered by the volunteers, trained under the supervision of the Ministry of Public Health. Work on our national drug formulary and list of essential drugs and their dissemination and use by health personnel is progressing through national expert committees. Expansion of drug analytical facilities for monitoring quality of drugs is being planned, and exploration of effective traditional medicine is continuing. In the area of environmental health, new approaches to meet the goals of the International Drinking Water Supply and Sanitation Decade are being incorporated into the plan of action.

We are pleased to note that the technical cooperation in health among the countries of ASEAN, namely in Indonesia, Malaysia, Philippines, Singapore and Thailand, is growing. The ASEAN Ministers met in Manila in July 1980 and endorsed the recommendations of the working group on health and nutrition which met in Bangkok in 1979.

Last year we reported to the Assembly on the massive influx into our country of refugees from neighbouring countries. World response has been generous to this humanitarian need, to which Thailand alone could never adequately respond. Although much has been accomplished since we reported to you last year that close to 300 000 refugees were sheltered in Thailand, you may be amazed to hear that, as of less than a month ago, about 250 000 refugees were still in our country. International efforts must be continued until those people can return to their home in safety, or move on to new lives in countries willing to receive them.
Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, in closing, and on behalf of the Thai delegation, it is my honour to extend sincere praise and appreciation of the dedication and quality of work demonstrated by Member countries, their delegations, the Board and the Secretariat; with such a level of technical collaboration and commitment, we are sure to achieve our social goal of health for all as mutually formulated.

Dr POUDAYL (Nepal): ¹

Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, I wish, on behalf of the Nepalese delegation, to congratulate you, Madam President, on your election as the President of this august assembly. I am confident that you would provide the necessary guidance to this Assembly to enable us to make a significant contribution to world health development. May I also extend my warm felicitations to the Vice-Presidents and the Chairman of the committees on their election to the respective high offices. The outgoing President also deserves our sincere appreciation for his devoted service during the past year.

Madam President, we have carefully listened to the Director-General's inspiring address, delivered in his inimitable style, on the past activities and future plans for the achievement of our cherished goal of health for all by the year 2000. I would like to avail myself of this opportunity to congratulate our far-sighted Director-General, Dr Mahler, for the results achieved and the actions initiated.

Nepal though small in size, has boundless faith in its destiny and strong determination to overcome the obstacles inherent in its situation as a small (landlocked) developing nation. I bring from the land of the Himalayas friendly greetings to the delegates of the Member States and the Secretariat of the World Health Organization.

Madam President, on behalf of His Majesty's Government of Nepal and people, 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 to overcome the many constraints that invariably arise in our efforts to ensure the enjoyment of an acceptable level of health by our people, especially those in the rural and remote inaccessible mountainous 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 we would, with the support of our Organization, that is the World Health Organization, meet the challenge.

Nepal is one of the least-developed countries in the South-East Asia Region. The landlocked situation, the rugged mountains, scarcity of resources, all have added to our misery. We are now in the first year of our sixth five-year plan. The philosophy behind the current Plan is to meet the basic minimum needs of the people. This has been our key approach from the very beginning. The National Development Council, chaired by His Majesty the King, is directing the socioeconomic development plans for the benefit of the underprivileged rural mass.

Madam, you will agree with me that peace and political stability are the twin pillars most essential to build up a sound socioeconomic development for small developing countries. Nepal, the land of the Lord Buddha, attaches a great deal of importance to world peace. Our enlightened King declared Nepal as a zone of peace to the world. We are happy that many countries have lent support to this proposal.

Yet another important connexion of our philosophy is the regional cooperation in every sphere of socioeconomic development. While on this subject, I would like to inform the Assembly that a conference was held last month in Colombo attended by the foreign secretaries of Bangladesh, Bhutan, India, Maldives, Pakistan, Sri Lanka and Nepal to promote regional cooperation in South Asia. This conference, Madam President, you will be happy to know, selected Nepal as coordinator of the health and population activities group. The foreign secretaries have decided to meet in Kathmandu in six months time to examine the report and recommendations of this group, along with other group reports and consider further steps to foster greater coordination and cooperation among these countries.

Madam President, at this meeting Nepal cited the excellent work carried out by our South-East Asia Region as a shining example of regional cooperation and I am sure our Director-General and our own Regional Director, Dr Ko Ko, would derive immense satisfaction at the well-merited compliment paid to the Regional Office for its excellent contribution, not only in health development, but also in bringing about effective and harmonious cooperation among the countries of this Region.

¹ The text that follows was submitted by the delegation of Nepal for inclusion in the verbatim record in accordance with resolution WHA20.2.
Political commitment to health for all based on primary health care has also been manifested by the signing of the regional Charter for Health Development for the South-East Asia Region by Nepal.

In this connexion, I would like to congratulate the Regional Director for his initiative in convening a meeting of the Health Ministers of South-East Asia some time towards the latter part of this year to reinforce our commitment to attain health for all and to provide an opportunity to exchange national experiences and views on the social and economic dimension of health in their respective national developmental processes. The occasion would be unique and historic, being the first meeting of the Health Ministers of South-East Asia.

Nepal was quick to respond to the call for health for all by the year 2000. Madam President, you will recall last year I mentioned that the National Planning Commission has organized a joint planning effort with representatives from five sectors, namely, health, food and agriculture, primary and adult education, water supply and sanitation, and rural communications. I am now happy to inform this august Assembly that, as a result of these efforts, we have brought out the first revised health for all document. Two more sectors, namely, cottage industry and forests, are likely to be incorporated into the national strategy for health for all, in the near future. Indeed, in Nepal, we are giving emphasis to the intersectoral approach to health for all, taking food, income, education and water as central to reaching the health for all goal.

We in the South-East Asia Region have drawn up regional and national strategies for health for all, but Madam President, we should now concentrate on their implementation. Time for planning is over and it is now time for work. Volumes of papers and a number of meetings are not going to satisfy the taxpayers.

In Nepal, active community participation is being sought by various approaches in the provision of facilities, materials, funds, labour and other support, as best as we can, depending on the socioeconomic situation of the communities in the various parts of the country. The National Social Services Coordination Council, chaired by Her Majesty the Queen, is contributing towards the concerted efforts of various voluntary organizations in the country's development programmes and the emancipation of women, the vast untapped resource.

Apart from the United Nations agencies, multilateral and bilateral donors, who are currently assisting the health for all programmes in the country, we are happy to note that WHO and UNICEF have recommended Nepal to be included in the list of the countries to be considered by the Health 2000 Resources Group, for mobilization and rational channelling of funds for primary health care.

The health sector and other sectors involved in health for all were represented in the document -A substantial new programme of action for accelerated development of Nepal, which Nepal has proposed to the forthcoming United Nations Conference on Trade and Development (UNCTAD) to secure additional external resources.

In the health sector itself, we are taking a very special approach. In the past, the health sector was considered as just an agency for supplying some drugs. Now we have changed the entire attitude. We are happy to note that the World Health Organization itself is reviewing its structures in the light of its functions, and to have had the opportunity of participating in the vigorous discussions at the regional level. Among the requests we have made to our Regional Director, during the last Regional Committee meeting, was to strengthen the functioning of the Organization at the country level. This fact is very important in that the World Health Organization can and ought to play a major role in the strengthening of the health sectors at the country level. And to this end the Organization should give serious thoughts during the Technical Discussions on the subject this year.

Finally, I would be failing in my duty if I did not, on behalf of His Majesty's Government, offer heartiest felicitations and sincere good wishes to Dr Ko Ko on his appointment as the Regional Director for the South-East Asia Region. Dr Ko Ko is no stranger to us. He knows our problems and we are confident that with his support we will be able to provide better health care to the unserved and underserved population of our country. I wish to assure him and Dr Mahler that we, for our part, will continue to work with our traditional spirit of wholehearted and sincere cooperation to achieve the noble goal set by the World Health Organization.

Mr SEENOONARAIN (Mauritius):

Madam President, Mr Director-General, your excellencies, distinguished delegates, the delegation of Mauritius offers its sincere congratulations to you, Madam President, on your election to this high office and its cordial and good wishes to all the delegates. We also offer our congratulations to the five Vice-Presidents and the Chairmen of the committees.
My delegation pays tribute to the Director-General for his report on the work of WHO for the year 1980. To him and to all the WHO staff we offer our thanks and appreciation for the achievements of WHO.

1980 has been a very critical year where much thought has had to be given to the planning of measures and action to be taken to provide better health to all and to ensure the best level of health to them by the year 2000. With floods and cyclones at the beginning of the year, severely affecting the sugar crop, which is the main source of foreign exchange, the increasing rate of inflation and the continued rise in the price of imported fuel, the economy suffered a serious setback. With the continued drop in foreign exchange reserves and adverse balance of payments, it became necessary to devalue the currency with the consequence that all plans had to be revised.

In the health sector, it became obvious that no additional funds would be forthcoming. It therefore became necessary to re-think how limited funds could be redeployed and priorities reviewed, not only to maintain the existing level of health services, but also to meet new demands which have arisen on the one hand from industrialization and on the other from rapid changes in life-style. Priorities were therefore again given to preventive measures which would benefit the greatest number and would reduce the pressure on the curative services.

The programmes established to strengthen the first-contact level of the health care system and provide essential health to the population were extended and now cover the whole country. These services include nutrition, health education, ante-natal and post-natal care, assistance at birth, advice on family planning methods, immunization of infants and children, surveillance of growth and development of children, treatment of minor injuries and common diseases, and referral of serious cases to hospitals. However, difficulties have arisen which have slowed down the effective delivery of services. These are professional resistance, unpreparedness to work as a team on the one hand, and lack of the right motivation of the community for active involvement and self-reliance. There is a need for providing adequate equipment and supplies, and means of communications to meet immediate felt needs of the local population and to strengthen the community's trust in the local service.

The programme for the construction of new health centres providing comprehensive primary health care has had to be reviewed in the light of experience after the completion of three health centres. It has been found that the new buildings are too costly; a plan is therefore being worked out for adding a wing to the existing social welfare centres from which the service could well be provided. This would allow for the provision of more health centres in the shortest time.

Although expectant women have been encouraged to come to health centres and hospitals for delivery, 26% of deliveries are still being done at home by traditional birth attendants. Two training programmes for these attendants have been completed, and a third is under way. Over the last two decades the pattern of living has been changing as a result of better welfare and industrialization. Today, 38% of all deaths are due to cardiovascular diseases. A cardiac service has therefore been started. The aims of this service are to find out the causes of these diseases so that preventive action can be taken very early. Research is also under way to detect cases of hypertension, which are on the increase, and to establish the factors contributing to this increase for appropriate action to be initiated.

Anaemia remains one of the important public health problems. A survey has been started to find out the prevalence and causes of anaemia in the working population, schoolchildren and pregnant women. It is hoped that the information gathered will improve our corrective measures.

Drug abuse and alcoholism have also found their way to this remote island of Mauritius. A drug addiction unit with emphasis on prevention and rehabilitation has been established.

Resurgence of malaria in the world has affected Mauritius adversely. In spite of all vigilance, malaria was introduced into the country following frequent deterioration in climatic conditions. Appropriate measures have been taken to contain the outbreak, but unfortunately the transmission has not been stopped completely. Arrangements are being finalized to open a new public health laboratory. I avail myself of this opportunity to thank the WHO Regional Office and headquarters for their continued support and assistance.

Finally, in the context of manpower development, a plan is ready for the creation of an institute of health sciences to coordinate all training activities in the Ministry of Health and to provide a continuing education for serving staff. The institute, it is hoped, will help in creating a more congenial and appropriate environment for more effective teamwork.

Madam President, today at a time when the world is facing crisis over crisis, let us unite our efforts to work for a better world and ensure that the best level of health is made available to one and all. For our part, we can assure you of our full support and continued cooperation.
Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, I have the honour and pleasure to convey to you fraternal greetings and best wishes for a successful session of the World Health Assembly from the Government and people of Ghana.

We have listened with great interest to the brilliant report of the Chairman of the Executive Board on its sixty-sixth and sixty-seventh sessions and that of the Director-General on the work of the Organization in 1980. The Executive Board, the Director-General, Dr Mahler, and his team deserve to be commended for the excellent work done.

A number of very important issues have been raised but I would like at this stage to confine myself to a few of them. At the appropriate time my delegation will dwell on these and the other issues in greater depth.

The first point is on the global strategy for health for all by the year 2000. My delegation is very happy to note the development of this very important document which will be discussed in detail in Committee A. The Government of Ghana is fully committed to the attainment of the important social goal of health for all by the year 2000. In this connexion, we have already prepared and implemented national strategies for the achievement of this objective. I find the principles of the global objectives generally acceptable and not in conflict with our national strategies; these will be reviewed from time to time to make relevant adjustments to suit the social and economic conditions. In particular, I am happy to note that the proposals do not seek to impose a rigid formula on Member States but present a broad framework which can be adjusted to suit the needs of Member States. I am also happy to note the emphasis that has been placed on inter-country cooperation in general, and the role of WHO in particular. It is clear that with the best of political and community commitment, the developing countries will need considerable support and infusion of resources from the more developed countries and other sources. While each country should be free to make its own arrangement for bilateral or multilateral technical and economic cooperation, the exercise of its constitutional role in regard to international health work by WHO will be crucial to the achievement of the social goal which we all cherish. This, therefore, leads me on to the second point, which relates to the establishment of health resource groups for primary health care. I believe that such a group can play an extremely useful role in the mobilization of the additional resources that are necessary for the successful implementation of the programme. The concern expressed about the role of this group is genuine, and I sincerely hope that there will be a second look at the matter in order to restructure the functions of the group in a way that will eliminate all fears and be acceptable to all.

The third point I would like to touch on is the development of indicators for monitoring the progress towards health for all by the year 2000. This is an excellent document, and I would like to commend all those who were involved in the work. My only worry is that, although the proposals are sufficiently flexible to allow each Member State to select what is most appropriate in terms of level of development of its health services in particular and socioeconomic development in general, a number of countries will be faced with the problem of how to collect, process, store, retrieve and disseminate information that is valid and reliable. I admit that for the formulation of many policies, indicators that are precise are not necessary. However, I feel that all information should be valid and reliable. I therefore trust that very serious consideration will be given to the requests of Member States for assistance in developing their health information systems.

I am happy to note the actions proposed for implementing the recommendations of the study on WHO's structures in the light of its functions. There are certain areas that I consider deserve special attention. The first is the status and role of WHO programme coordinators: the present system whereby some are staff members of the national health authorities while others are employed by WHO is not satisfactory. There is therefore an urgent need to review this matter. The second is the re-definition of the functions of regional offices and headquarters and their re-structuring and staffing. In this exercise, special attention must be given to the re-structuring and staffing of the regional offices in such a way as to strengthen their capabilities and capacities to respond fully to the needs of Member States, particularly with regard to the implementation of the strategies for the achievement of the goal of health for all by the year 2000. The third area is the maximization of the use of national staff in the execution of collaborative projects.

In conclusion, Madam President, I would like to express the deep appreciation of the Government and people of Ghana for prompt responses that we have had and continue to receive from WHO to our requests in times of need.

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I wish to assure you of the continued support, cooperation and collaboration of the Government of Ghana in the effort to achieve the goal that we have set ourselves.

Mr JIN Chung Kuk (Democratic People's Republic of Korea):

Madam President, Mr Director-General, distinguished delegates, I would like to congratulate the newly elected President and Vice-Presidents of this Assembly and the Chairmen of the main committees. At the same time I express my high appreciation to Dr Mahler, Director-General, for his active efforts for the development of WHO and for his significant report to this Assembly. I extend my congratulations to Dr Ko Ko, the newly appointed Regional Director for South-East Asia.

We studied with great interest the report of the Director-General on the work of WHO in 1980.

We have directed particular attention to the fact that the Organization once again regarded health as one of the important problems belonging to the basic rights of the people and put forward the strategy for health for all by the year 2000 as the general target in its work, proceeding from the just position and attitude calling for elimination of the inequality in health of man on the globe. We positively appreciate such a step taken by the Organization as a correct one based on the precise appraisal of the dignity and value of Man, the most precious being in the world.

I would like to speak of some problems which are considered important in achieving the global strategy for health for all by the year 2000 on the basis of our experiences gained in clearing away the backward health status caused by the colonial rule in which most of people were excluded from medical benefits and in building the public health system enabling all the people to enjoy satisfactorily the necessary medical aid in time at any place and at any time.

What is important in fulfilling the global strategy is that each country should base itself theoretically on the lofty idea that everything should serve Man, the most precious being in the world, and adhere firmly to the principle of actively utilizing its own inner resources in the spirit of self-reliance, while strengthening international cooperation.

It is considered that each nation should maintain thoroughly the preventive policy reliably ensuring health of inhabitants and develop medical service system to such an extent as to enable all inhabitants to receive medical aid at any time and at any place.

Some measures I mentioned above are the principal programmes we have maintained all along in the work of public health since we started building the new type of public health. We are still now maintaining them.

The practical reality in our country gave ample proof of the correctness of such measures, which was reflected in the following indices of public health of our country, where everybody is enjoying free medical service: in our country, as of the end of 1979, there were 23.3 doctors and 120 hospital beds per 10,000 population; each man received medical services 18.4 times in 1979, with the result that per capita hospital days increased 36.8-fold as against 1945, the year of liberation; in 1979, the death rate per 1000 population was 4.4 - this means that it dropped to one-fifth as against the pre-liberation days; in 1976, the average life span of our people reached 73 years (70 years for men and 76 years for women), 35 years longer than before liberation.

I take this opportunity to mention the historic event in our country last year and some measures taken by our Government so as to more effectively protect and promote the health of the people.

Last year was a year of great significance, witnessing the Sixth Congress of the glorious Workers' Party of Korea, which has epochal significance in the development of our revolution and the life of our people. The Sixth Congress of our Party summed up the successes achieved in the revolution and construction by our Party and people under the wise leadership of the great leader, Comrade Kim Il Sung, and set forth the new fighting programme for hastening the sublime revolutionary cause of our people.

The tasks assigned in public health by the Party Congress serve as a programmatic guide illuminating brightly the road for future development of our public health work and an inspiring banner, powerfully encouraging the public health workers of our country to new great services.

In April last year, the Government of the Democratic People's Republic of Korea adopted the Public Health Law of the Democratic People's Republic of Korea in reflection of the realistic demand for codifying the brilliant successes already achieved in public health work and further consolidating and developing them.
Comrade Kim Il Sung, the great leader of our people, taught as follows: "Attaching great importance to people in every respect and serving them - this is precisely the requirement of the Juche idea".

The Public Health Law clarifies the basic principles which should be followed in public health centering on Man, master of nature and society and the most powerful being in the world, by embodying the requirements of the Juche idea and the integral approach to all problems arising in implementing them. This Law ensures completely and thoroughly the rights of the people to health and solidly guarantees the people practical and equal medical benefits. The Government of the Democratic People's Republic of Korea increased the public health budget by 1.2 times in 1980, the first year of introduction of the Public Health Law, as against 1979, and invested huge amounts of funds for public health so as to brilliantly fulfil the contents regulated by the Law.

As a result last year the Pyongyang Maternity House, whose total floor space is an area of 60,000 square metres, furnished perfectly by up-to-date medical equipments and appliances started its work, and many general hospitals and specialized hospitals were newly built.

Much effort was also directed to the expansion and development of production of new medical equipments and appliances necessary for modernizing all hospitals throughout the country so that even hospitals in every ri, the lowest administrative unit in our country, could last year be provided with general medical instruments, disinfectors and physiotherapeutic units and newly equipped with modern dental equipment.

Last year also saw the increase of pharmaceutical production, and, in particular, the state guidance on production of oriental drugs was strengthened and medicinal herb production centres were solidly built to raise the medicinal herb output 1.3 times.

Last year tightened the ties between our country and WHO, and strengthened mutual cooperation in controlling cancer and cardiovascular diseases. We are satisfied with this.

In order to carry out the programmatic task of public health put forward by the historic Sixth Congress of the Workers' Party of Korea, the Government of the Democratic People's Republic of Korea devotes, this year, much state effort to thoroughly implementing the preventive policy, correctly combining oriental medicine with modern medicine and further developing medical science and technology.

The Government of the Republic will this year, too, disburse colossal amounts of public health funds - 106% of that of last year - to equip better hospitals and clinics; provide hospitals at all levels down to ri hospitals with specialized sections, including oriental and dental ones; and readjust and reinforce medical appliance factories and pharmaceutical plants to increase appreciably the production of modern medical appliances and drugs, thus enforcing better the advanced free medical care system to promote the health of the working people.

The undertaking to reach the strategic target for health for all by the year 2000 is not confined to the scope of one country but is a gigantic task which should be solved on a worldwide scale. Such a strategic target will be attained step by step on a worldwide scale through the struggle of each nation to reach the target and in the course of achieving international mutual cooperation in the fulfilment of this lofty cause.

Dr. COELHO (Portugal): ¹

On behalf of the Portuguese delegation, it is my privilege and my great pleasure to congratulate the President, her Vice-Presidents and the Chairmen of the different committees upon their election to conduct the work of this Assembly - which they have been doing with remarkable proficiency. I should also like to convey the good wishes and the greetings of my Government to all the delegations present at the Assembly.

I would like to start by expressing the high appreciation of my delegation for the thorough and informative report of the Director-General on the activities of WHO during the year 1980. Once again we congratulate Dr. Mahler and his staff on the fine piece of work they have provided us with, a word of praise being also due to the excellent work which is being produced by the Executive Board. Throughout its 224 paragraphs the report of the Director-General is pervaded by the spirit which has prevailed in the Organization in the last few years and which is gradually expanding all over the world, aiming at health for all in the year 2000.

¹ The text that follows was submitted by the delegation of Portugal for inclusion in the verbatim record in accordance with resolution WHA20.2.
We feel that the approach underlying this universal movement is indeed the cornerstone of our historic times where the health of mankind is concerned. I would like to emphasize that we entirely subscribe to the basic assumptions of that approach, namely as regards:

- the need for a firm political will - which is an essential catalyst for all this process;
- the notion that health is but one component of socioeconomic development - which means that the approach to health problems must be intersectoral and not only intrasectoral;
- the need for community participation - which implies the implementation of correct educational measures, so that individuals may clearly understand not only their rights but also their duties in relation to their own health;
- the need for comprehensive health systems covering all the population and ensuring equal opportunities of access to everyone and shared responsibilities between individuals and the community in relation to the delivery of health care;
- the fundamental role of primary health care, coupled with the need for integrated health services smoothly coordinated at their different levels;
- the need for a clear-cut definition of the health targets to be attained at the national level, and the design of relevant indicators for that purpose;
- the need for effective scientific, technical and economic cooperation between countries, for the exchange of relevant information and expertise;
- the need for an adequate formulation of strategies at the national, regional and global levels, since all peoples of the world must be involved if we really think in terms of health for all.

We are certainly aware that these are only general principles which must be implemented in each country through its own efforts and according to its own peculiarities.

In Portugal, as in many other places, the health pattern of the country is a mixed one, in which we share at the same time some features of both the developed and the developing world. This situation cannot be forgotten when defining our health targets and priorities. Incidentally, such a situation is particularly favourable for a planned intervention which would eliminate the undesirable components characteristic of the developing countries while at the same time preventing the evils which are characteristic of the developed countries. With this picture in mind, the development of primary health care (including health education and environmental health), the improvement of secondary and tertiary care, and the adoption of a sound nutritional policy are some of our obvious main priorities.

As regards primary health care, I am proud to inform you that seven years before Alma-Ata my country was already developing a network of community health centres, scattered all over the country and covering the furthest peripheral areas. They have been of great importance for the improvement of health education, environmental health, mother and child health, including family planning, and the control of those communicable diseases which are preventable by vaccination. You will thus forgive me if I say that it was with a sense of pride and satisfaction that we saw the principles according to which our health centres were created universally approved seven years later in the Alma-Ata Conference.

From the report of the Director-General we realize that many countries throughout the world are already engaged in the systematic development of national strategies for the implementation of these principles, thus complying with WHO's proclaimed goal of health for all in the year 2000. I am glad to say that in Portugal there is also a growing concern with this problem. This concern is well reflected in the structural measures which were recently announced by our Minister of Social Affairs and which aim at the reshaping of the health services with a view to better coverage of the population, better working conditions for the health professionals, and better quality of the care provided.

Some of the main features of the reformulation which is to be undertaken are the regionalization and decentralization of the health services and the remodelling of careers for health personnel. The local health administrations which are going to be created will integrate all primary health care services and resources and will be responsible for the planning and management of all action connected with the promotion of health, the prevention and treatment of disease, and rehabilitation. At the central level there will be a complete reorganization of the existing services, which will become mainly normative and will include some new departments, such as those for health manpower development and health information.

As regards personnel, an effort will be made to reinforce health manpower in the peripheral areas. With the cooperation of local authorities, conditions will be created to make these areas more attractive to professionals. Practically all health careers have been revised in accordance with certain common principles, and in the medical sector, a new career
has been created for general practitioners. An Institute of the General Practitioner will be inaugurated this year for the education and training of these professionals.

All the measures which are envisaged aim at a better and more comprehensive health service which will be strengthened at all levels. They will of course foster the development of better health for all the population, thus contributing to the general goal of health for all in the year 2000.

Time does not allow me to comment on the report of the Director-General in more detail. But before closing I would like briefly to refer to the international cooperation we are developing both in Europe and in the African Region. Several projects of different kinds are currently in progress with Norway, Sweden and the United States of America, and also with some of the Portuguese-speaking African countries. This cooperation, which is gradually expanding, is of course a reason for satisfaction and for appreciation of all the countries that are cooperating with us.

In particular I would like to stress the importance my Government attaches to the activities of the UNDP/WHO Mediterranean Zoonoses Control Programme, already signed or supported by several countries in the area. Portugal is also contributing to this programme: my delegation is pleased to announce that this year we shall host the session of the Joint Coordination Committee and a WHO consultation on intersectoral and interprofessional cooperation as an important part of primary health care in the surveillance and control of zoonoses and related foodborne diseases.

I would like to take advantage of this opportunity to mention the interest and support we have been receiving from the Regional Office for Europe and also, in the last two or three years, from the Regional Office for the Western Pacific in relation to the territory of Macau.

Finally, my delegation would like to say a word of praise and appreciation for the never-failing enthusiasm and determination of the Director-General, which are a continuous source of inspiration and encouragement for all Member States in their pursuit of better health for their peoples.

The PRESIDENT:

Now, ladies and gentlemen, we shall suspend the meeting immediately for a few minutes, so will you please just remain in your seats.

The meeting was suspended at 11h55 and resumed at 12h00.

5. PRESENTATION OF THE LÉON BERNARD FOUNDATION MEDAL AND PRIZE

The PRESIDENT:

Now we come to item 13 of the agenda, presentation of the Léon Bernard Foundation Medal and Prize. In this regard, I have much pleasure in inviting to the rostrum Dr Barakamfittiye, representative and Chairman of the Executive Board, who will inform the Assembly of the decision taken by the Executive Board at its sixty-seventh session.

Dr BARAKAMFITIYE (representative of the Executive Board) (translation from the French):

Madam President, distinguished delegates, it is my great pleasure to inform the Assembly that, on the recommendation of the Léon Bernard Foundation Committee, the Executive Board decided at its sixty-seventh session to award the Léon Bernard Foundation Medal and Prize this year to Professor Ihsan Doğramaci of Turkey for his outstanding services in the field of social medicine. I should like to describe briefly the main events in Professor Doğramaci's career.

After university studies at the Faculty of Medicine in Istanbul and specialization in paediatrics in Turkey and the United States of America, in particular at Harvard University and at Washington University in St Louis, Professor Doğramaci was appointed assistant lecturer and later full lecturer in paediatrics and child health at Ankara University. After becoming professor of child health, he caused consternation among the traditionalists who were typical of the universities in the 1950s by quite simply transferring his child health department from the hospital to two rooms in the poorest district of the capital. From there he undertook to develop his department, arousing in his students and fellow-workers the concern, through his own example, to promote social protection and to safeguard the interests of the community. Standing up bravely to ferocious opposition from all quarters, he almost single-handed
created a new school of medicine which was to become a genuine university with emphasis on community development. In the early 1960s his system for teaching the health sciences had achieved worldwide renown and was studied in several countries which considered adopting it.

Besides being the first to promote social medicine in Turkey, Professor Doğramaci helped substantially to change the image of nursing, which is now regarded as a respectable and attractive profession. He it was also who founded the first Turkish schools of nutrition and dietetics, of medical technology, of physiotherapy and of rehabilitation. Through his untiring efforts as many as six schools of medicine were set up in isolated areas where the inhabitants had previously had no access, or practically no access, to medical faculties. From 1963 to 1975 Professor Doğramaci was rector of Ankara University and later of Hacettepe University, and Chairman of the Governing Board of the Middle East Technical University. Since 1975 he has been Chairman of the Council of Rectors of the Turkish universities.

His contribution to scientific literature is also outstanding: he is the author of more than 100 original articles, mainly on paediatrics, public health and medical teaching, which have been published in various medical journals. He has written several books and chapters of standard textbooks published in the United States of America and used on an international scale. He is also the chief editor of several international journals of paediatrics.

Elected Chairman of the International Paediatric Association in 1968, Professor Doğramaci used the nine years of his term of office to breathe new life into this Association, which collaborates closely with WHO and is extremely active in all areas of child health and particularly social paediatrics. He has been the Association's Director-General since 1977.

Professor Doğramaci's work has brought him many honours. He was elected a Fellow of the Royal College of Medicine in London, a Member of the Akademie der Naturforscher Leopoldina in Germany, a Member of the Indian National Academy of Medical Sciences and the American Academy of Pediatrics, and finally a corresponding member of the National Academy of Medicine in Paris. Honorary doctorates have been conferred upon him by universities in Scotland, France, the United States of America, Iraq and Ecuador and by several universities in his own country. He is an honorary member of the paediatric societies of some 20 countries throughout the world. Other honours awarded him include Officier de la Légion d'honneur in France, Grand Officer of the Order of Merit of the Dominican Republic, and Commander (first class) of the Order of the Lion of Finland. Finally, as you know, the Léon Bernard Foundation Prize-winner for 1981 is a present member of the WHO Executive Board; as Chairman of the Board it is a particular pleasure and privilege for me to bring Professor Doğramaci before the Assembly in further recognition of his outstanding services.

The PRESIDENT:

Thank you, Dr Barakamfiiye.

Professor Doğramaci, we have just heard a summary of your most distinguished career, and I wish on this occasion to add a few words. Most of us have known you since 1976, when you began representing your country regularly in the World Health Assembly, and many of us have had the pleasure of enjoying your friendship. But your association with this Organization goes back much farther, indeed to the very creation and birth of WHO as one of the signatories of its Constitution back in 1946. Since then you have served as a Member of the Executive Board of WHO and as a WHO consultant in connexion with the establishment of innovative medical centres in Africa, South America and Canada. You have also served as adviser at many WHO seminars, workshops, advisory panels and committees.

Your contributions to UNICEF have also been substantial. During your membership on its Executive Board from 1960 to 1975, you were elected Chairman of the Programme Committee three times and President of the Board for two successive terms. Most recently, you have created the Turkish and International Children's Centre which I am confident will play an important role in promoting international friendship and understanding as well as serving children all over the world.

I would not like to close this address, dear Professor Doğramaci, without paying a tribute to Mrs Doğramaci, who is always sitting behind you - this time up in the gallery - and whose devotion to you and to the noble aims you pursue have helped you achieve so much. Always behind a man is a woman; she certainly deserves to be fully associated with the homage the Assembly is rendering to you on this solemn occasion.

In recognition of your pioneering work both at the national and international levels and your contributions to social medicine, it is my privilege, honour and joy to present you with the Medal and Prize of the Léon Bernard Foundation, and I wish you health beyond the year 2000.

Amid applause, the President handed the Léon Bernard Foundation Medal and Prize to Professor Doğramaci.
Professor DOĞRAMACI:

Madam President, Mr Director-General, friends and colleagues at the World Health Assembly. It is difficult for me to express adequately the depth of my gratitude for the honour which you have conferred upon me. Members of the Léon Bernard Foundation Committee, thank you for having singled me out from amongst others who were surely just as deserving.

I come to this moment very conscious of my own shortcomings, the more so when I review the achievements of the 24 eminent men who have preceded me as recipients of this award during the 44 years since its establishment. My own record by comparison seems like a series of fantastic strokes of good fortune, the most recent of which is being placed on this honour roll along with such champions of public health as my teacher, Robert Debré, and as my dear friends Aujaleu, Candau, Petrowski, Ramalingaswami, Rexed and Halter. I am full of immense gratitude, of joy, and of a feeling akin to awe at finding myself in such illustrious company. My sense of pride is in no way in contradiction to the profound humility I feel in taking a modest place amongst them.

If good fortune has played a great part in bringing me here, so also has the support and devotion of my co-workers and collaborators in Turkey, the invaluable members of our teams at the Hacettepe institutions of higher learning in health sciences. I want them to know that if I am being honoured here today it is in large measure thanks to their support and their achievements.

The Léon Bernard Foundation Award is certainly the highest honour to which a health worker can aspire. The list of eminent recipients, some of whom I have already mentioned, gives ample proof of this. The fact that the award is given by the World Health Assembly and that it is in memory of Léon Bernard makes the distinction even more special. Léon Bernard has been described by one of the recipients of the prize in the following words: "He belonged to a fine generation that believed in the triumph of reason, the nobility of free thought, the unity of nations and peace. He himself trusted in men and believed in work well done, with attention to detail, accuracy and concern for form."

I am not going to elaborate on Léon Bernard's pioneering work at the national and international levels, but there is one anecdote about him which I would like to relate. It shows the kind of courage he possessed in abundance, the kind of courage so necessary for advancing the cause of public health. Back in 1922, when the question of creating a new international health organization under the aegis of the League of Nations was being discussed, the State Department of the United States and the French Foreign Office opposed the proposal on the grounds that a new organization was unnecessary given the existence of the Pan American Sanitary Bureau and the Office International d'Hygiène Publique. Léon Bernard had the courage to take a stand contrary to that of his own Government, whose Permanent Representative he had been within the League of Nations. It was Léon Bernard's view which prevailed, and WHO is the lineal descendant of the organization which came into being partially through his efforts.

It is very fitting that I first met a number of those who were to receive the Léon Bernard Foundation Award, and that at an event which was to prove momentous: I had the signal privilege, and - once again - the tremendous good fortune, to be present some 35 years ago when the Constitution of the World Health Organization was being drafted in New York. René Sand of Belgium, Andrija Štampar of Yugoslavia, Marcin Kacprzak of Poland, Thomas Parran of the United States of America, Karl Evang of Norway, Giovanni Alberto Canaperia of Italy, and Francisco José Carrasqueiro of Portugal, all recipients of the Léon Bernard award, were among those who signed what was to be the Magna Carta of health. I thus have the sense of sharing with them, once again, an honour which crowns an entire lifetime.

That same conference, where I also met Brock Chisholm of Canada, the first Director-General of this Organization, and Aly Tewfik Shousha of Egypt, later WHO Regional Director for the Eastern Mediterranean, was one of the pivotal events of my life. I was one of the youngest participants, and the experience served me as a school and a source of inspiration throughout the years which followed.

On 22 July 1946, representatives of 61 nations signed the Constitution of the World Health Organization at the Henry Hudson Hotel in New York. Its stated purpose was an ambitious one: the attainment of the highest possible level of health and well-being for all people. There, contrary to previous health organizations, the emphasis was not on quarantine or on other defensive measures, but rather on positive aggressive actions to achieve health in its broadest sense. The preamble begins on this note, declaring that "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".
This standard of health was defined as one of the fundamental rights of every human being. WHO is so much a part of the lives of those of us involved in health that it is easy to forget the circumstances of its creation. Indeed, it was almost an afterthought. Health was not even an item on the agenda of the conference which met in San Francisco on 25 April 1945, to establish the United Nations. It was at the instigation of Brazil that the word "health" was inserted into the sections of the United Nations Charter pertaining to economic and social cooperation. Brazil and China then introduced a declaration recognizing the importance of health problems and their solution and proposing the establishment of an international health organization. The motion was unanimously approved. The organization was officially established on 7 April 1948.

Before leaving the subject of that New York conference, I would like to mention one more experience there which made a powerful impression on me. It was at that conference that Dr Jamil Tutunji of Transjordan made a statement emphasizing the dangers of overpopulation and advocating birth control. To me it was a shock and a revelation, as never before that speech had I considered the implications of population growth. Dr Tutunji's words planted a seed in my mind which eventually was to bear fruit as the Hacettepe Institute for Population Studies.

In general, however, Tutunji's remarks were not well received. If we think back to the context of the time, this is hardly surprising. Sir Julian Huxley, the first Director-General of UNESCO, recalled that even in the early 1960s, when he was given the Lasker Award for his work in population, he was advised to be "extremely tactful" in his acceptance speech because of the climate of United States public opinion at that time. Writing of this experience later, he added - doubtless with a smile - "and I took a great deal of trouble to ensure that I was tactful".

It is difficult for young people today to appreciate fully the attitude towards birth control which prevailed during the first half of this century. Margaret Sanger had been jailed on more than one occasion for her stand on birth control, and Sir Julian Huxley himself had been severely reprimanded by the head of the BBC for his shocking behaviour in having advocated birth control, in passing, during a radio talk on population. Originally seen mainly as a woman's problem and a campaign against male selfishness, it was only later that birth control was understood as a problem affecting society as a whole and became legitimized as "family planning" or "planned parenthood". Few people today would deny that the world population explosion is the most serious of all the problems besetting the human species. The threat of nuclear war may be more immediate, but that of overpopulation is in the long run more serious and will prove more difficult to deal with.

Madam President, Dr Barakamfitiye, in his very kind words introducing me, referred to the early days of my career. I am frequently asked how the Medical School in the University developed from a two-room teaching unit. The story may be relevant, since this experience no doubt was a contributory factor in my selection by the Committee for this award.

In the early 1950s, following a number of years in junior teaching posts, I was offered the chair of paediatrics at Ankara University. Full of energy and optimism, I felt prepared to tackle any task. My first action on being appointed was to move the department from its traditional place in the general hospital to the two-room accommodation mentioned earlier, rented in the poorest area skirting the city. This became the focal point of the department, and our sphere of action encompassed all the homes - or shall I say hovels? - in that neighbourhood where there were children. At that stage there was not much opposition from the University since we had not asked them for financial support. We did not need much, anyway.

In a short time we gained the confidence of the community, and the assistance which started coming in from different quarters helped us expand our programme. First we set up a referral hospital in the Hacettepe district of Ankara - hence the name of the present hospitals and University - and some years later opened another in Erzurum in Eastern Turkey. Although in the early stages our department was called the "Institute of Child Health of Ankara University", the programme cared for the family as a whole. The Institute set up teaching units for nursing, medical technology, nutrition and dietetics, physical medicine and rehabilitation. It was during that same period that we were finally able to put into practice the idea brought home to me by Tutunji so many years earlier, and create a centre for population studies.

By that time, we felt ready to start a second medical school within Ankara University, this one with a community health orientation. When a proposal to this end came before the board of the existing medical school, however, it was overwhelmingly defeated. Indeed, after long and heated debate, only six or seven members supported the idea, while almost 40 voted against it, apparently feeling threatened by the prospect of a second medical faculty with a different philosophy and teaching system. We did not take no for an answer, however, and pursued our aims at the University Senate level. After studying the matter for six months,
the Senate approved the proposal by a margin of one vote. Thus, in 1963, the Hacettepe Faculty of Medicine and Health Sciences came into being. In four years' time, that faculty was to evolve into Hacettepe University, oriented to community problems in its teaching and research.

In the 14 years which have passed since that time, some five new universities with medical schools following the "new" pattern have been created in Turkey. Soon these innovative institutions were influential in bringing about reappraisals by the more established schools, which to a greater or lesser extent have modified their teaching programmes as well.

Among the innovations included in our programme was the fact that we left the hospital for the community, as it were, bringing medical facilities directly to the people rather than waiting for the people to come to the consulting room or emergency unit. While in the home, the nurse, doctor or instructor did not wear a white coat or uniform, thereby avoiding the creation of an artificial barrier and encouraging the family to feel that the visitors were friends. We took an interest not only in the family's health but also in its welfare and social conditions. Our school did not confine itself to its grounds and buildings. Our campus was the town, the province and eventually the entire country. This approach, put into practice, made our system popular.

Another measure which raised eyebrows in the more traditional medical and paediatric circles was our decision to make our university work a full-time occupation, with all of our members agreeing to forego private practice.

A final departure from tradition was our removal of the barriers separating the various services of the medical school. University and medical school departments had generally been like watertight compartments, with little contact and few ties between them. The new school was composed of only three departments, namely, clinical sciences, community medicine and basic medical sciences, and all three were to function in close coordination. This integrated or holistic approach was extended to medical and health care, and efforts were made to treat the patient as a whole person rather than as merely an assortment of glands and organs.

Did we succeed? I believe so, though perhaps not completely. Many of those colleagues who were sceptical in the beginning very soon became more enthusiastic about our ideas and have not hesitated to adopt some of them for their own programmes.

Madam President, many of the previous recipients of this award have touched on one of the major problems being tackled by WHO at the time. In keeping with that tradition, I shall try to share with you some of my thoughts about the child health situation in our world today. This will not surprise you, coming from one who has devoted his career and life to the cause of child health. In the light of our goal, health for all by the year 2000, we realize more than ever just how crucial is the health of children for the health of the entire population.

Today, infant and maternal death rates must shock us into acknowledging the tremendous gap between the rich and the poor. Every year some 120 million children are born in the world, and more than 12 million die before reaching their first birthday. More than 10 million of these deaths occur in the developing world. The factors placing infants at risk are often detrimental to the mother's health as well, and the high maternal mortality rate results in increased numbers of orphans, themselves a well-established risk group. Perinatal mortality in the poorest and least developed countries may be 10 times higher than it is in affluent and more developed countries. Infant mortality may be 25 times higher, and it is positively alarming that childhood mortality is up to 75 times higher and maternal mortality perhaps as much as 200 times higher in the developing countries.

The most important social trends during this last quarter of the twentieth century are devastating to children. The low nutritional levels of the bulk of the world's population are still decreasing in some areas, with pregnant women, infants and children the most seriously affected. The massive rural migration in many countries has resulted in unacceptable rates of urbanization, which in turn lead to social and health problems on an unprecedented scale in the world's cities and larger towns. Once again, children are the hapless victims. The year 1981 has been designated International Year of Disabled Persons. Of the estimated 400 million disabled (or about 10% of the world's population), at least half are children, and in most cases of adult disability the condition can be traced to childhood. According to WHO projections, the number of disabled children under the age of 16 years will be 135.2 million by the year 2000.

In the light of these grim facts, is it sheer Utopian fantasy to think of the goal of health for all by the year 2000? Scarcely two decades remain and more than half of the people who will be alive then have yet to be born. It is axiomatic that in order to have a healthy population by that time, high priority must be given to maternal and child health now. We must forge ahead in our efforts in a positive and realistic way in order to achieve our goal.
Great strides have been made in technology. In the last decade we have discovered that death due to diarrhoeal diseases - the major killer of infants and children in developing countries - can be reduced significantly by very simple means. We have the knowledge and the equipment to immunize against the major diseases which kill or cripple. We know how to reduce the rates of low-birth-weight babies. We have learned that spacing births has positive benefits for both mothers and children. It remains to apply such knowledge and to ensure that these techniques are made available and economically feasible for all the countries of the world, not just for those few whose children are already enjoying the advantages of good health. It is up to us to apply our knowledge and to influence the policy-makers and holders of the economic and technological means to see that these measures are applied worldwide. Only in this way can we hope to attain our goal of health for all in the short timespan left to us. (Applause)

The PRESIDENT:

Thank you, Professor İhsan Doğramaci, our distinguished laureate and friend. May I reiterate to you once more my warmest congratulations?

The meeting is adjourned.

The meeting rose at 12h35.
ELEVENTH PLENARY MEETING

Thursday, 14 May 1981, at 9h35

President: Dr M. VIOLAKI-PARASKEVA (Greece)

1. EXPRESSION OF SYMPATHY TO THE HOLY SEE

The President:

Ladies and gentlemen, good morning. The Assembly is called to order. Fellow delegates, you have all heard about the dreadful attempt on the life of His Holiness Pope John Paul II, Head of the Vatican City State, which occurred yesterday in Rome. I am sure that I interpret the feelings of this whole Assembly in extending to the observers of the Holy See here present - and, if you agree, directly to the Vatican City State - the expression of our deep concern over the vicious and deplorable circumstances and the Assembly's wishes for a rapid and full recovery of His Holiness.

And now I give the floor to the observer of the Holy See. Monsignor you may come to the rostrum.

Monsignor BRESSAN (Observer for the Holy See) (translation from the French):

Madam President, Mr Director-General, distinguished delegates, at this time of great consternation following yesterday's attempt on the Pope's life, my delegation, greatly affected by the event and the messages of sympathy received, wishes to express its sincere thanks to this Assembly for joining in our suffering, our hopes and our solidarity. The only wish of my delegation is that the voice of the Holy Father will be listened to and that each person and each institution will place himself or itself at the service of others and will collaborate actively in bringing about greater unity and fraternity among the human race in the spirit of international health solidarity of which the Director-General spoke to us at the opening meeting of our Assembly.

I shall hand my delegation's statement to the Secretariat for reproduction, but I think it will be useful to hear a message from the Holy Father at the beginning of this International Year of Disabled Persons, which is of value for all of us. He reminded us that "if only a tiny part of the budget for armaments was devoted to this objective, very considerable success could be achieved and the fate of many sufferers could be alleviated", and he expressed the wish "that there should be a great increase in the experiences of human and Christian solidarity which, in a spirit of renewed brotherliness, unite the weak and the strong on the common path of the divine vocation of the human person." It will be my duty to transmit to the Holy See and the Holy Father the good wishes of this august Assembly.

The President:

Thank you, Monsignor.

2. GENERAL DISCUSSION ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1980 (continued)

The President:

Now, ladies and gentlemen, we have to continue our work in the general discussion. As you will have noticed in your Journal, there are seven speakers. As you remember from
yesterday, the delegate of Kuwait has withdrawn from the list of speakers; and the delegate of Seychelles also will not take the floor but has handed in his statement for inclusion in the verbatim records. Also there was the recent statement of the observer of the Holy See that he is not going to take the floor.

Now I give the floor to the delegate of Paraguay, and I call to the rostrum the observer of the Pan Africanist Congress of Azania.

Dr ALDERETE ARIAS (Paraguay) (translation from the Spanish):

Distinguished colleagues, Madam President, Mr Director-General of WHO, and delegates:

The Government of the Republic of Paraguay, working through its Ministry of Public Health and Social Welfare, is constantly concerned to improve and extend the health services as part of the programme of extension of coverage, and has established strategies to achieve health for all by the year 2000. The general strategy adopted by the Ministry of Public Health and Social Welfare, as the main body concerned with health, for increasing life expectancy at birth and expanding the coverage of health services to the entire population of the country, has been to increase and develop the peripheral services as to carry out comprehensive institutional health programmes and promote intersectoral activities with the participation of the beneficiary population groups.

The main elements of this strategy are the following: integration of the health sector through better coordination of the various institutions of the sector, with priority given to the strategic areas of the country regarded as poles of development; coordination of staff promotion and training; production of medical supplies and utilization of available resources; installation of a system of information common to all the sector; further regionalization of health through the creation of new health regions with a view to coping satisfactorily with the steadily growing demands of regional development; consolidation of the decentralized functioning of the health regions and adoption of a staggered system of services of increasing complexity within each health region based on adequate resources to promote efficient health care for the population; employment of unconventional health personnel such as voluntary workers and empirical midwives, properly trained to contribute to primary health care at a simple and elementary level but useful for the rural population; upgrading of the administrative and financial system to carry out with maximum effectiveness the policies and strategies of the sector; promotion and streamlining of the process of planning and organization of the national health system in successive stages, in line with the characteristic features of the country; development of operational research activities; application of the recently promulgated Sanitary Code and definition of a suitable approach to the development of human, physical and financial resources through integrated planning of health schemes; formulation of a physical investment plan to match the health programmes, and study of means of financing the sector as a preliminary to the search for the needed funds, either within the country or abroad; establishment of a public health training centre and pilot units for the health centres in the interior of the country; introduction of compulsory rural "apprenticeship" and better coordination of health care teaching with a view to developing manpower resources; promotion of operational research on health with a view to ascertaining the extent and seriousness of damage to health and the conditioning factors, and the importance of nutrition in the yield obtained from human capital; promotion of social and cultural research on the indigenous communities in order to assist in their development; and studies on the flora of the country and its possible use in medicine.

At the same time, it would be very useful to intensify joint action under the Treaty on the River Plate Basin (Group 4: social sectors - health and education) and to conclude bilateral agreements within the framework of this treaty and outside it; to broaden the sources of international technical cooperation with a view to increasing the coverage of health services to the population; to adopt and implement a national health plan, in the context of the policy defined by the Ministry of Public Health and Social Welfare, as part of the country's development policy; to give priority to primary health care within the orbit of the Ministry of Health and Social Welfare at its various technical and administrative levels, and to create a sufficient number of new health personnel posts to support and develop primary health care, bearing in mind the existence of a positive international movement towards this type of care.

Even though there is an infrastructure in keeping with the principle of regionalization by levels of care, this system is not yet fully satisfactory, partly because of inadequate application. The health resources are for the most part concentrated in urban and semi-urban areas, in spite of the growing expansion of rural services; the functioning of the health services is developing on an individual basis, with relatively poor supervision and direction; team-work is haphazard; the relationship between political decisions and the assignment of
resources is not very satisfactory; the personnel in the various institutions and at various levels lack the necessary knowledge of present-day health policies as well as proper training and briefing, bearing in mind the country’s health priorities and needs; there is ignorance among some health workers as to the importance of participation by the population and the use of mechanisms conducive to such participation; and the contribution of the various sectoral institutions to the support of primary health care takes place too slowly, while external financial cooperation is extremely limited.

In order to correct all these shortcomings, the following measures need to be taken. The regionalization of health care needs to be strengthened through the consolidation of levels of health care, especially the primary level. Human resources need to be redistributed so as to give priority to the care of the rural population. Comprehensive care should be given by the health services and the systems of supervision, information and control should be strengthened. The machinery for intersectoral coordination needs to be improved with a view to joint action in keeping with the country’s health policy. Health manpower training needs to be adapted to the country’s new health needs. Incentives are necessary for the development of appropriate technology through applied research into health problems. The development of viable mechanisms should be encouraged with a view to greater participation by the population in the development of health programmes; and the institutions of the sector must increasingly become involved in supporting primary health care and in increasing external technical and financial cooperation while exploring new sources of aid.

The following national strategies are being implemented to achieve health for all by the year 2000: over the medium term, in order to achieve as soon as possible the extension of health services coverage, it is essential to give form and priority at the highest political decision-making levels of the country to action designed to promote and support the development of primary health care; to extend and develop basic health services as an integral part of the socioeconomic process of development of the country; and to give priority to extending the health services to remote areas by encouraging the development of primary care with participation by the beneficiary population. The extension and development of the peripheral health services will be achieved by strengthening and upgrading at the technical and administrative levels the existing health posts and health centres and creating others where needed. This technical and administrative upgrading will also have to be done at the higher levels in order to provide support, advice and supervision for the peripheral services and to develop primary health care as the basis for the system and the gateway to timely and adequate access by the entire population to the various levels of health care under the health service system of the country.

Support for the development of primary health care must be achieved from the various levels of the health service system and must consist of support and advice for the formulation of local development projects involving, from the moment when they are planned, both the community generally and all the interested sectors. For this purpose it will be necessary to train the manpower within the community, voluntary health workers, empirical midwives and others, and to provide the skilled personnel with the necessary equipment, medicines and material to enable them to give advice and to supervise and evaluate health operations. Over the medium and long term, improving the level of health and the living conditions of the population will mean extending the coverage of services to provide comprehensive health care and to promote, protect and restore the health of the population, especially that of the most vulnerable groups, namely, those under 15 years of age and even more especially those under five years of age along with expectant mothers in the rural areas, and low-income groups generally. This will involve a number of tasks. We shall have to organize and develop a national system for planning and coordinating comprehensive health care through public and private bodies in accordance with the needs of the population; to ensure the participation of the other sectors according to their particular field of responsibility; to support active participation by the population throughout the process of structuring the health system; to increase production and divert towards the priority groups the distribution of the health services produced, with a view to extending coverage and reducing differences in level of consumption of services; to apply service coverage designed to promote and improve the environmental situation; through the primary care services to promote the participation of the people in determining their health needs and building up the necessary basic services to meet those needs; to balance the production, distribution and consumption of preventive services in accordance with the needs of the population; to increase the existing health resources to a point compatible with the possibilities of obtaining and fully utilizing the resources of the system; to reach an optimum level of utilization of the available resources, improving their regional distribution in line with the structuring at various levels of health
care; to upgrade the training and briefing of health personnel to cope with the present and future needs of the country; to provide an incentive for basic national industry or to include in the industry of the countries of the Southern Cone the manufacture of products essential for health care and to ensure adequate control of prices of drugs and foodstuffs; to reorganize the production of basic drugs, ensuring quality standards and adequate supplies to meet the needs of the population; to expand the physical infrastructure in the light of demand and regional priorities; to establish a system of maintenance of premises, installations and equipment to ensure efficiency at the national, regional and local levels; to explore internal and external sources and methods of financing in order to improve and extend the health system; to encourage scientific and technological research into health matters with a view to creating a type of technology appropriate to the needs of the country; to stimulate administrative development and functional decentralization; to increase food production so as to provide adequate nutrition for the people, and to arrange for the enrichment of certain staple foodstuffs; and finally, to see to it that international technical and economic cooperation is adapted to fit in with the national policies and priorities, coordinating its action and ensuring that its support is compatible with the development of the health plans.

Mrs MNGAZA (Observer for the Pan Africanist Congress of Azania):

Madam President, Mr Director-General, honourable delegates, on behalf of the Pan Africanist Congress of Azania and the oppressed and exploited Azanian people, I wish to convey our deepest gratitude for being given the chance to address this august Assembly and also our warmest congratulations to you, Madam President, on attaining such high office, particularly as you are a woman. It was in this great hall that a noble decision was taken - a decision which is not only noble in its objective but also challenging in its implementation exercise - the decision to attain health for all by the year 2000. It is my submission that - though this task may seem rather far-fetched to us - it is humanly possible. To be precise, health for all by the year 2000 must and will be achieved. My organization, still in the crucible of armed struggle, fully supports and is committed to sparing no effort in this noble endeavour to contribute practically in all areas that can make our objective a reality. Azanians, as part of the community of nations, have a right - indeed, an obligation - to participate and contribute fully in the development and well-being of mankind by practically implementing those health strategies adopted.

However, let me hasten to say that, because of the limitations and constraints imposed upon us by the illegal settler apartheid regime, we feel this task will be extremely difficult to tackle, if not impossible to achieve, as long as the regime still exists. We subscribe to the idea that we are all bound in an inescapable network of mutuality. For whatever affects one nation directly, affects all indirectly. This is the interrelated structure of reality, and as such we Azanians, firmly believing in the existence of one human race, feel that in order to be in a position to contribute effectively to the mutuality of mankind we first have to destroy apartheid colonialism in Azania. We are prepared to fight this diabolic system with all the might we have. Taking armed struggle as the principal form of struggle, and assured of the constant support of progressive mankind, we have no doubt that victory is certain.

In spite of the relentless efforts of the black majority to destroy this anachronistic system, in spite of continued efforts by the international community to end this diabolic system, apartheid colonialism is well and alive in South Africa. The continued support - economic, military and diplomatic - that this regime receives from certain governments that are represented in this Assembly has given this regime the tenacity to defy majority and world opinion. The intransigence that the Pretoria regime has been displaying recently with escalated intensity is a result of an unfortunate and misdirected assurance that this regime enjoys from an imperialist and aggressive superpower that is also represented in this august Assembly. As a well known fact, the health situation in racist South Africa, far from being alleviated, is appalling deteriorating day after day. In the vicious grip of this appalling situation are, invariably, the black majority; it is the politically oppressed, the economically exploited and the socially denigrated black masses.

Though it is not my intention to bore this Assembly with already-known facts, it would suffice to briefly give an exposé of the present health situation in racist South Africa. A country's basic health services is judged on two main criteria: the infant mortality rate and the life expectancy of its population. The study of the health situation in South Africa reveals two distinct patterns of disease. While white South Africans have a pattern of disease similar to that in developed countries, that is, a longer life expectancy
and a low infant mortality rate (18.5 per 1000), the black population has a high infant mortality rate and a low life expectancy.

Racial inequality is revealed in a study of the causes of death. South African whites die mainly of coronary artery disease, a condition associated with affluence. Amongst blacks, diseases of the respiratory system (of which tuberculosis is by far the major one) account for the major causes of death. Infectious diseases account for 19.5% and parasitic diseases 23.5% of mortality amongst blacks. Amongst whites, infectious diseases account for only 2% of mortality.

Occupational diseases: the system of cheap black labour in South Africa is a major factor in the production of massive profits for investors from abroad; the entire philosophy of apartheid ensures that scant regard is paid to the health and well-being of the workers who produce these profits. This is reflected in the lack of adequate health and safety standards in the mines and factories of South Africa. In fact, it is cheaper for the management to replace injured workers than to introduce accident prevention measures. Although compensation is available for these diseases, in practice it is extremely difficult to locate the cause, as this requires a large expenditure of finance and resources which would in turn affect profits.

Medical services: Doctors are also unevenly distributed. In a country where 60% of the population live in the rural areas, only 5% of all doctors practise there.

Madam President, honourable delegates, these facts speak for themselves. Against this background, my organization, the Pan Africanist Congress (PAC) of Azania, has taken a resolve to fight dauntlessly and from all angles for the total and permanent destruction of the settler Boer regime that is responsible for all the brutality levelled against my people. We know for a fact that the deliberate deprivation of my people's access to health and health care services is a systematic plan on the part of the racist regime to reduce if not to eliminate completely the indigenous in Azania. This falls nothing short of systematic genocide. PAC therefore calls upon the progressive and peace-loving nations to intensify their support for the liberation of Azania. We call upon all revolutionaries to do all in their power to help in the destruction of apartheid colonialism and help create a non-racial Azanian nation. A luta continua!

I thank you all.

Mr SANGALA (Malawi):

May I congratulate you, Madam President, and your team of office bearers on your election to your high offices during the Thirty-fourth World Health Assembly? I offer you my delegation's most sincere felicitations.

May I also at this stage, take this opportunity to congratulate Dr Mahler, Director-General, on his comprehensive report on the work of the World Health Organization and the various health activities that have been accomplished. Secondly, I would like to reaffirm Malawi's commitment to the World Health Organization's social objective of health for all by the year 2000, which we consider as not mere political expediency but a necessary prerequisite in the pursuit of social justice and equity.

Malawi's social policies in this regard reflect the relevance of this social commitment. In a predominantly agricultural economy, where over 90% of the population resides in rural areas and still depends for its livelihood on subsistence farming, the health development strategy is an integral part of the national development policies which give priority to raising agricultural productivity and put emphasis on integrated national rural development projects.

The main objective of the health policy is to raise the level of health of all citizens of Malawi, and the strategy to be used is to provide an infrastructure of sound health services and to mobilize community support and participation capable of preventing ill-health, reducing and curing diseases, protecting and promoting life and increasing productivity.

This strategy is designed to achieve improvement of individual, family and community health; to increase coverage of protection amongst both expectant and nursing mothers and children under the age of five years; to provide health information and education and community surveillance on communicable diseases and malnutrition, in order to reduce existing high rates of morbidity and mortality.

In Malawi, Life President His Excellency Ngwazi Dr H. Kamuzu Banda has time and again reiterated that the interests and welfare of his people, especially the rural underserved
community, are paramount. The struggle for adequacy in food production, provision of safe drinking-water, housing and the establishment of adequate health facilities and information systems accessible to the people where they live and work - enormous efforts have been focused, as a matter or priority, on promoting the development of these basic needs.

Malawi is signatory to the charter on health for all by the year 2000 and endorsed the primary health care approach as the most appropriate method of achieving this goal. The primary health care programme has started in three districts of the country where 30 candidates selected by the community are currently being trained as primary health workers. Promotion of active participation of the community and involvement of all health-related sectors to increase awareness of individuals' or families' responsibility for their own health among the community in which they live, and to foster understanding, appreciation and utilization of such basic services as maternal and child health, expanded programme of immunization, rural sanitation and environmental health services, control of communicable diseases and malnutrition, are being intensified throughout the country. The concept of primary health care has been included in the syllabuses and curricula of the nursing and medical auxiliary training schools. The training of traditional birth attendants, whom we regard as naturally selected primary health workers, is being integrated in the health delivery system through the primary health care approach. We are now considering the integration of traditional healers in our health care system.

The training of public health nurses has been started and that of community nurses is expected to start this year. The training of these nurses is geared to providing support to and supervision of the primary health workers and traditional birth attendants in addition to existing health personnel.

The basis of communicable disease control activities is integrated development at a central level of efficient epidemiological services, of health statistics and of health laboratories. In this regard, the main objective is to strengthen the existing central services and create efficient services at both local and intermediate levels, and establish a central public health laboratory with adequate units to provide effective surveillance, promotion and control of communicable diseases. A joint WHO/Malawi Government feasibility study of such a facility has been concluded and it is hoped that an implementation programme will be launched as soon as funds become available.

With regard to infectious diseases controlled by vaccination, the objective of our strategy has been to reduce mortality through the expanded programme of immunization. The bilharzia (schistosomiasis) programme is a national programme for control of infection, disease eradication and prevention. It is envisaged that mass targeted treatment of heavily infected communities and age-groups at risk will spearhead nationwide control with implementation through health workers in the field engaged on advising in environmental methods of control. The national malaria control strategy has been designed to fit into national health development through the framework of comprehensive health services and the primary health care programme. The objective of this antimalaria programme is to reduce morbidity and mortality through treatment and chemophylaxis at the "under-five" and antenatal clinics, and to control mosquito breeding-places through the primary health care approach. The leprosy control programme, which is being assisted through technical cooperation with the British Leprosy Relief Association, will be reviewed and evaluated during the current year with WHO collaboration. Efforts to control tuberculosis through treatment, community-oriented case-finding and defaulter-tracing are being intensified.

A diarrhoeal disease control programme, including cholera, has been formulated, and the objective is to reduce mortality by the control of the disease complex through oral rehydration, environmental sanitation and provision of safe drinking-water, using the primary health care approach. Cholera is now endemic in Malawi, and it is controlled through cholera surveillance assistance, chlorination of shallow wells and treatment of cases.

Malawi has endorsed the WHO list of essential drugs and is presently formulating drug policies whose objective is to improve procurement of drugs and to help correct the imbalance in distribution between rural and urban areas. Malawi will actively participate in the promotion of quality-control information exchange, legislation and control, and in pooled procurement through the primary health care approach and technical cooperation among developing countries (TCDC).

May I take this opportunity to express my appreciation to the World Health Organization, and to Dr Quenum, Regional Director for Africa, especially for the support enjoyed by my country in the provision of health manpower personnel and towards the strengthening of maternal and child health, nutrition and health manpower development, as well as in the supply of short-term consultants for feasibility studies, the training of doctors and the establishment of
Dr RIFAI (Syrian Arab Republic) (translation from the Arabic):

Madam President, ladies and gentlemen, heads and members of delegations, I would like first of all to extend my sincere congratulations to our esteemed President on winning the confidence of the Assembly and being elected to its highest office. We express our admiration and appreciation of her wisdom in conducting our work. We have every hope that during this Thirty-fourth Assembly we shall all reach, through our goal-oriented discussions and cordial dialogue, results which contribute to our humane targets of health and peace, mobilizing our joint efforts towards our great objective of health for all by the year 2000.

We have examined with keen interest the Director-General's report on the work of WHO in 1980, and the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions. While expressing to the Director-General our appreciation for his enthusiasm in laying down a global strategy for health for all by the year 2000, and sharing his vision and eagerness for what he calls a contract for health, we find ourselves obliged nevertheless to raise what we consider a legitimate question concerning the prerequisites for keeping to this contract and for contributing actively to the attainment of its objectives. Is national collective action by the States of each Region one of these prerequisites? But how could the States of the Eastern Mediterranean Region fulfill this contract in the desired manner? How can WHO take upon itself the collective rights and duties of its Member States? Indeed, how can the Organization play its role in the countries, at the regional level at least, if the "Region" exists nowhere except on paper. Our keen desire to support our international Organization, its great humanitarian role and its prestige prompt us to reiterate our request to the Assembly to comply with the earnest desire of the States of the Region and transfer the Regional Office from Alexandria so that it can resume its activity and contribute to the delivery of services to the States of the Eastern Mediterranean Region.

We believe that health is an essential component of the social and economic development of any country. The WHO Constitution states that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. We wonder how a people, such as the people of Palestine, deprived of their right to self-determination, still exposed to persecution, injustice and vagrancy, exposed to daily bombing and devastation in their occupied lands and in their refugee camps in southern Lebanon, their land still despoiled by neo-nazis, deprived of their right to self-defence, their brothers forbidden to take up their defence - we wonder how such a people could possibly attain health and happiness. Let us request you, nay, appeal to you, to put an end to the inhuman practices perpetrated by the Zionist settler-colonialists in the occupied Arab territories.

In his inspiring statement, the Director-General endeavoured in his imagination to play both the angel's and the devil's advocate at the same time in order to relate the strategy for health for all to the different countries, rich or poor, east or west, north or south. But would the Director-General see such a relationship between colonizing and colonized states? We do not think so. Let us all work for a liberated world, free from all forms of colonization, political or economic. Let us all take up a slogan and a pledge: "health and liberation to all peoples". Thank you.

Dr BARROMI (Israel):

Under Rule 59 of the Rules of Procedure, Madam President, I would like to make use of my right of reply.

The PRESIDENT:

Yes, sir, you can reply, but I will ask you please to be short, according also to that Rule. Thank you.

Dr BARROMI (Israel):

Madam President, the delegate of Syria has just cast on my country aspersions which cannot go unchallenged. There is an old and respected principle of British law which is of
universal validity: namely, that those who come to court should do so with clean hands. Are the hands of Syria clean? Syria, who complains here of the fate of the Palestinians, after she herself fought against them a bloody and cruel war highlighted by the massacre of Tel Azata. Syria, who has afterwards viciously turned its cannons against the Christians in Lebanon and is engaged in these very days in systematic slaughter and destruction of that brave and unfortunate community. Syria who has cynically fanned the flames of civil war in Lebanon and now seeks to ignite a conflagration in the whole of the Middle East. Syria, who practices at home a squalid regime of terror and denial of human rights; of death sentences, arbitrary imprisonment and torture on a massive scale. Syria, finally, who has banned on 9 April 1980 the professional syndicates, including the syndicate of medical practitioners, as testified by a 1980 Amnesty International report. My delegation fully rejects Syria's spurious and unwarranted allegations.

The PRESIDENT:

Delegate of Israel, you have exercised your right according to Rule 59, and this is going to be inserted in the record.

Delegate of Syria, will you please go ahead and take the rostrum - yes, you can reply.

Dr RIFAI (Syrian Arab Republic) (translation from the Arabic):

Madam President, I believe that what the delegate of Israel has just said has no relation to the truth. The Syrian presence in Lebanon is in response to the desire of the legal Government in Lebanon, to protect the Lebanese people, the freedom of Lebanon and the Palestinian refugees in Lebanon. It is known through the media that the Syrian forces were stationed to defend the Lebanese people and the Palestinian refugees, whereas the Israeli jets are trying to bomb their settlements in a genocidal war against refugees and camps. Could we let this State attack and devastate without defending ourselves? Is this a new principle in the world, to be killed and not allowed the right to self-defence? His allegation of a religious war against the Christians of Lebanon is completely groundless, and since when were the Zionists the protectors of Christians? Thank you.

The PRESIDENT:

Now we continue our work. I give the floor to the delegate of Uruguay.

Mr NICOLETTI (Uruguay) (translation from the Spanish):

Madam President, Mr Director-General, members of the Bureau, delegates, ladies and gentlemen. On behalf of the Eastern Republic of Uruguay, I have the honour to address this Assembly, first of all in order to express our warm endorsement of the many congratulations already expressed to the lady who is our President, Dr Violaki-Paraskeva, and to the other officers elected this year, and to wish them all a happy and successful term of office in their various posts. Before I go on to make a few comments on the comprehensive report submitted by the Director-General, I would like to refer very briefly to the present health situation in my country and to the progress made in applying the national strategies already described at the Thirty-third World Health Assembly.

Uruguay is fully in agreement with the resolution of the Organization establishing as a goal the achievement of health for all by the year 2000. Thus the planning of health activities in our country is governed by this philosophy, with clearly defined, progressive objectives under a national health plan approved and set in motion more than three years ago. We start out from a national health situation which we can describe as relatively satisfactory, based on very special geographical and sociocultural characteristics of which the main outlines were described in this Assembly last year. Let us single out from this situation and outline one or two points. Uruguay has one medical practitioner for every 500 inhabitants; rabies has been eradicated now for several years; we have no endemic or epidemic diseases; coverage of the vaccination programmes extends to 85% of the population concerned; our child mortality rate is steadily falling as the maternal and child care programme continues to operate, particularly because of the fact that over 90% of confinements take place in hospitals; the main causes of death are cardiovascular diseases, cancer and urban and highway traffic accidents; among the parasitic diseases, we have echinococcosis (hydatid disease), although the number of cases is gradually decreasing. Nevertheless it remains a problem, especially because of its complications.
Because we regard a national information system as of fundamental importance, we are working on this, and last year we introduced a perinatal death certificate. We are proceeding satisfactorily with our hospital reform programme, and the number of polyclinics in outlying zones has been expanded, with services provided by physicians and regular periodic visits to the most widely scattered or remote population groups on the basis of primary care and essential coordination with higher levels of health care. A very important addition to all this is that we have crystallized and established over the past year a number of highly specialized medical centres embracing heart surgery, pacemakers, treatment of chronic nephropathy, articular prosthetics and transplants, with a national coverage of the entire population. I could go on listing the goals achieved, as well as pointing out shortcomings and deficiencies, which in spite of all our efforts continue to affect us; but I think it may be more useful to try to contribute something more than a mere listing of cases in a context of social and economic reality which is not necessarily, and in fact is not, comparable to that of the other countries represented here.

With this in mind, and in an attempt to help to produce definitions that will indicate how we should proceed, let me refer to some of the points raised in the excellent report of the Director-General and in his statement. I would like to congratulate Dr Mahler warmly on both and also on all the work he has done during 1980 as head of the Organization. It seems to me that the world strategy implies a mental and philosophical attitude, I might almost say an obsession, of confidence in ourselves. The first thing we have to do is to convince ourselves that we are capable of reaching the goal we have set ourselves. But this conviction and confidence must be rational, based on the reality of our own situation. There is no point in hoping that solutions to our problem will be handed to us on a platter. What we must do is take advantage of all the experience and knowledge accumulated by WHO, as pointed out by Dr Mahler in his speech, while using them rationally and I would almost say astutely after they have been adapted to the situation and the hard facts of life in each individual country. It seems to me that the description of our commitment for the year 2000 as a tripartite contract is most felicitous and we endorse it. But what we are anxious to do is to be able to define and delimit in a very clear-cut fashion the rights and duties of the parties involved, even though admittedly these will have to have considerable flexibility in the light of the factors conditioning each particular case.

In our view the role of the community is of capital importance, but we feel that it should be directed, steered and controlled by the various bodies with responsibility for health. It is fundamentally important to make governments aware at their various decision-making levels of the need to obtain the necessary resources; but it should also be pointed out that it is the responsibility of all of us, more and more as time goes on, to channel rationally the use of these resources, whether human or material. In this connexion it seems to us of vital importance to educate the professional human resource, namely the medical practitioner, whose understandable leaning towards health care at a higher level of complexity is well known. We have to try to bring home to this professional group the importance of primary care as the indisputable basis for attaining the goals we have set ourselves. Modern technology applied to all the areas of present-day medicine is gradually distorting the real cost of medical care. The rationalization of health costs must be looked at realistically and possibly as the first step towards achieving concrete objectives such as constitute the essence of the goal laid down by WHO, namely a more efficient application and utilization of many of these resources. We share Dr Mahler's doubts as to our ability to obtain the financing required for the implementation of his programme. The task of persuading the world that health is the key to development is incumbent upon all of us, on WHO and on each of us individually. But we know for certain that we are on the right track, and if doubt is the key to hope, the right direction will convert hope into achievement.

Mr NGUYEN VAN TRONG (Viet Nam) (translation from the French):

Madam President, Mr Director-General, honourable delegates, the delegation of the Socialist Republic of Viet Nam has pleasure in offering you, Madam President, and the other office-bearers its warmest congratulations on your election by the Thirty-fourth World Health Assembly.

My delegation has given careful study to the Director-General's report and the other principal documents relating to our Assembly's agenda, and congratulates the Executive Board, the Director-General and his colleagues on their outstanding work.

Honourable delegates, the delegation of the Socialist Republic of Viet Nam wishes to take this opportunity to reaffirm its support for WHO's efforts to attain its objectives which are
health for all by the year 2000, the development of primary health care, safe water supplies and sanitation, the prevention of disability, and rehabilitation, as well as all the programmes proposed by WHO for future years. Since 1980 these have continued to be the goals of our medical and health activities.

In response to the appeal of the International Year of Disabled Persons, the Government of the Socialist Republic of Viet Nam has appointed a National Committee for Disabled Persons whose President is the Acting President of the Republic, Mr Nguyễn Huu Tho; the Committee established a programme of work for 1981 which includes the following main points:

(a) to make a nationwide survey of the situation of disabled and handicapped persons;
(b) to promote the rehabilitation of war disabled and victims of natural disasters;
(c) to promote the rehabilitation of deaf-mutes, the blind, drug victims, persons suffering from sexually-transmitted diseases, and poliomyelitis victims; and
(d) to organize in April 1981 a national seminar of health workers with a view to promoting the medical and social rehabilitation of leprosy sufferers.

The improvement of primary health care remains a matter of prime importance for our health system. We have launched a nationwide campaign with the title " emulation campaign for the accomplishment of five specific short-term tasks or objectives". These are:

(a) the construction of sanitation facilities, such as latrines, wells or bathrooms, in order to strengthen the movement for better hygiene and prophylaxy, and by environmental sanitation measures to reduce morbidity from communicable diseases;
(b) family planning;
(c) development of the cultivation and use of medicinal plants;
(d) health checks of the population; and
(e) the consolidation and basic organization of health care.

As a result of this emulation movement there has been a net improvement in health services at the commune and district levels.

Safe water supply and sanitation projects including the protection of water sources in rural areas are being implemented in connexion with the International Drinking Water Supply and Sanitation Decade.

Maternal and child health activities are continuing with the main emphasis on family planning. At the end of the 1976-1980 five-year plan, the rate of population increase had been reduced from 3.2% in 1976 to 2.23% in 1980. Efforts are being made to achieve a further reduction of 1% during future five-year plans.

In other medical and health sectors such as manpower training and retraining, scientific and operational research, or production and supply of drugs, the specific goals set have been fully attained.

Madam President, honourable delegates, before concluding we wish to offer our sincere thanks to the Director-General, Dr Mahler, and to the Regional Director, Dr Nakajima, for the valuable contribution they have made to the programmes of assistance to my country. Our thanks go also to the WHO consultants and experts who have greatly contributed by their competence and their labours to the various activities undertaken on behalf of my country, as well as to the different countries and international organizations which have given us effective assistance in carrying out our humanitarian programmes. Finally the delegation of Viet Nam wishes to express its warmest good wishes for the full success of our Thirty-fourth World Health Assembly.

Mrs THOMAS (Seychelles): ¹

Madam President, Mr Director-General, officers of the Assembly, distinguished delegates, ladies and gentlemen, I wish to join other distinguished delegates in congratulating the President and other office-bearers of the Assembly on their election, and I wish them success in this demanding task.

Although Seychelles is a relatively new Member of WHO, our fruitful cooperation with WHO goes back a long time, and on this occasion I wish to express our thanks not only to WHO but also to many other Member States and organizations which have provided vital assistance for the development of our country and have helped us in our strategy to provide health for everybody by the year 2000.

The strategy of the Republic of Seychelles in achieving the goal of health for all by the year 2000 is based on United Nations General Assembly resolution 34/58 of 1979 in which health is recognized as an essential part of general development. I cannot overemphasise the importance of

¹ The text that follows was submitted by the delegation of Seychelles for inclusion in the verbatim record in accordance with resolution WHA20.2.
this policy, and in Seychelles good health is considered not as an end in itself but as a means of enlarging the production of the economy on which other development goals depend. The Government is fully committed to the development of health services, and the provision of other services which have direct and indirect impact on health is of utmost importance. "Health for all" means not only health services, but clean and safe water supply, proper sewage disposal, housing, employment and many other social and economic activities must be oriented in such a way that they must lead to the improvement of health.

My Government fully supports the policies and programmes and the budget for the financial period 1982-1983. As in many other countries, the WHO contribution does not constitute more than 3% of our current expenditures for health, but we consider the WHO contribution and cooperation as particularly significant, since it is primarily helping us in developing our policy of rationalizing our resources. We welcome the involvement of WHO in the coordination of the provision and utilization of other forms of assistance, bilateral and multilateral.

We fully support the programme, with stress on several activities such as the International Drinking Water Supply and Sanitation Decade, the Expanded Programme on Immunization, diarrhoeal diseases control, the special research programmes on human reproduction and tropical diseases, a global strategy for essential drugs, and a new approach to the prevention of several non-communicable diseases. Some of these problems we have managed to bring under control in Seychelles, and our expanded programme of immunization has reached practically universal coverage as is witnessed by the fact that we have not recorded any of the diseases that can be prevented by immunization in the last three years.

Great efforts are being made to improve water supply and sanitation but at this moment we feel that certain organized activities for the prevention and control of several noncommunicable diseases are of utmost importance to us. In Seychelles we are faced with three major problems: namely, bronchial asthma, hypertension and diabetes. We are just in the process of making a survey to discover the diabetic patients in our Republic and bring them under control. Of course we have some other conventional non-infectious diseases such as cancer and heart diseases, and accidents of all types are dangerously rising.

We would like not only to support particularly a global strategy for essential drugs, but we feel that drug manufacturing and distribution has become more and more a purely commercial process, and a significant portion of the health budget is taken for all drugs. We would like WHO not only to provide a global strategy for essential drugs but to be involved in the long term in the whole field of pharmaceutical affairs which are - particularly for developing countries - progressing in a very dangerous way.

I feel free to mention a special programme which is included in this budget but not mentioned among the priorities. I refer to the health problems of the aged and the disabled; 1981 is the International Year of Disabled Persons, but if our activities are confined to this year, very little can be achieved in a field that definitely needs a long-term policy and long-term action. At the same time I would like to mention that disability should not be identified only as an old-age problem, as it somehow appears in the budget document. There is no other agency that can deal with this problem, and I would like to suggest that WHO takes a lead in the field and assumes full technical responsibility for guiding this programme.

In conclusion, I wish to express my sincere hopes that this Assembly will reach another significant milestone in our cause towards the target, health for all by the year 2000.

Monsignor BRESSAN (Observer for the Holy See) (translation from the French):¹

The delegation of the Holy See is glad to associate itself with the congratulations that have been expressed to the President and to the Director-General of WHO, and to greet the honourable delegates.

The Church's commitment to the cause of health has been a constant feature of its history and today, despite the development of governmental institutions, its effort is still considerable. To give only one example, Caritas Internationalis, although founded mainly to deal with emergency situations, distributed medicaments of a value of several million dollars in 1980. Mention should also be made of other contributions to health such as hospital beds and equipment, and tents. That is to mention the work of only one organization, and not the strongest from the point of view of financial contributions.

The Catholic Relief Services, for instance, in 1979 distributed assistance amounting to US$ 26.8 million for leprosy sufferers, the sick, the disabled, orphans and the aged. To that sum should be added a considerable part of the US$ 66 million allocated to relief for refugees and disaster victims.

¹ The text that follows was submitted by the Observer for the Holy See for inclusion in the verbatim record in accordance with resolution WHA20.2.
The large contribution of individuals also should not be forgotten; even if it is difficult to estimate in figures it is an expression of their selfless devotion everywhere in the world.

If we were to speak only in money terms, we could calculate how many hundreds of million dollars are donated voluntarily each year by believers; but our main consideration should be that millions of men and women see such donors not only as distributors of medicines but also as brothers and sisters who care about their sufferings and give them some hope in life and confidence in mankind.

The Holy See obviously shares in and supports this commitment in accordance with its vocation. The Pontifical Academy of Science has recently published the proceedings of a study week on the theme "The behaviour of nerve cells as transmitters". The Pontifical Council Cor Unum is continuing its efforts to increase awareness and improve coordination for a more effective service. Among other encyclicals letters, the Pope published one on mercy dated 30 November 1980 in which he wrote: "Man deserves God's compassionate love, His mercy, in the measure of his inward transformation towards a similar love for his neighbour" (Dives in misericordia, No. 14). And he adds, "Compassionate love in human relationships is never a one-sided act or process. Even when everything seems to indicate that only one of the parties gives and offers and that the other does nothing but take and receive (for instance when the doctor gives treatment, when the schoolmaster teaches, when parents raise and educate their children, when a benefactor helps the needy) in reality nevertheless it is always the giver who benefits".

This bilateral aspect, this reciprocity, is based on the consciousness of the value of the other party. While it sometimes happens that a patient considers a physician's powers to be magical, the latter may also be tempted to project his own personality on to the patient, or to deal with his problems without engaging his share of the responsibility, his responsible participation. This raises the question of informing the patient about his condition in as humane and complete a manner as possible.

The patient may be more or less aware of his condition and make a different use of his faculties. The patient cannot of course be expected to participate in the medical treatment in the same way when his complaint is psychological as when it is organic in origin, but use should be made of all his capacities for participating in the treatment.

If that is true for the sick, it is even more true for well persons. My delegation is therefore happy to note WHO's commitment in the sector of health education to make it everyone's business and not only the doctor's. On the other hand, we view with concern certain trends to disregard some methods of care or of responsible paternity on the pretext that they require the voluntary participation of the individual. The Pope has often recalled to us our duty as men to work for life and its improvement, for health research and access to all the means available today. He has therefore insisted also on the moral condemnation of euthanasia and induced abortion. It is moreover with the greatest concern that we see the increasing use of human fetuses in experimentation and research, against all medical ethics. One even hears of traffic for therapeutic purposes or for less lofty reasons. One wonders whether ethics can be thus ignored without such aberrant practices turning against their authors.

Another problem about which the Holy See shares its concern with the international community is that of disabled persons. In a document published on 4 March 1981, it set out the following four principles:

1. The disabled person is without exception a human being with full rights that are innate, sacred and inviolable;
2. It should be made easy for him to participate in the life of society at all levels and in every way within his powers;
3. The quality of a society or a civilization is measured by the respect it shows for its weakest members; and
4. The participation of disabled persons in the life of society should be governed by the principles of integration, normalization and personalization.

The disabled person should therefore take a full share, as far as he is able, both in family life and in the life of the social, political and religious community. In a favourable human and family atmosphere of respect and sincere affection disabled persons can develop their human, moral and spiritual qualities to a surprising extent.

At the very beginning of this International Year of Disabled Persons the Holy Father stated: "If only a tiny part of the budget for armaments was devoted to this objective, very considerable success could be achieved and the fate of many sufferers could be alleviated" and he went on to express the wish "that there should be a great increase in the experiences of
human and Christian solidarity which, in a spirit of renewed brotherliness, unite the weak and the strong on the common path of the divine vocation of the human person" (speech of 1 January 1981).

In concluding the few thoughts I have just expressed, I wish again to confirm that the Church shares the concern and the commitment of the many persons throughout the world who are serving the cause of health, and is actively collaborating in bringing about the "international health solidarity" which the Director-General has so admirably described.

The PRESIDENT:

Ladies and gentlemen, the general discussion on items 9 and 10 is now concluded, and I would like to ask the representative of the Executive Board, the President of the Executive Board, Dr Barakamfitiye, whether he has any comments to make.

Dr BARAKAMFITIYE (representative of the Executive Board) (translation from the French):

Madam President, I wish to take this opportunity to thank, on behalf of my colleagues and on my own behalf, all the delegates of Member States who, when speaking on items 9 and 10 of our Assembly's agenda, have been so good as to make some remarks on the report of the Executive Board which I had the honour to introduce. Such remarks, whether in the form of encouragements or of clear directives, always enable the Board to derive the greatest possible benefit from the Assembly's sessions by allowing it to maintain or to vary in one sense or another its cruising speed. I use the term "cruising speed" because the objectives set and the resolutions and decisions taken by this supreme body of the World Health Organization must be followed up as quickly and energetically as possible by its executive organs; this is especially so in the case of the objective of health for all by the year 2000.

Another point, Madam President, is that for the first time in the annals of the World Health Assembly a written report made by the Board's representative to the Assembly on the Board's activities has been decided upon, prepared and transmitted. I have thus been able to restrict my remarks in plenary meetings to matters considered to be the most important, seeing that the others are in any case summarized in the written report.

My colleagues and myself hope that the Assembly will have appreciated this course of action which, in the Board's view, allows delegates of Member States to deal with the report of the representative of the Executive Board in the limited time available for them to examine and formulate their remarks on it. As representatives of the Board, we have, in any case, Madam President, followed with interest the points raised in plenary meeting by delegates of Member States, and we believe that these discussions will act as a stimulant for the Board and will help it to continue with fresh enthusiasm in the important role conferred on it by the Constitution.

The PRESIDENT:

Thank you, Dr Barakamfitiye. Now I give the floor to the Director-General, Dr Mahler.

The DIRECTOR-GENERAL:

Madam President, honourable delegates, on behalf of the whole Secretariat and including the Regional Directors and myself, I would like to thank you profoundly for the debate which has taken place around the report of the Executive Board and also that of the Director-General.

It is always very difficult to take the temperature of the climate in which an Assembly takes place. I have a feeling - and I can only say a feeling - that though many of you very seriously have rallied around the theme of health for all, many of you ask: "But is this 'health for all' moving with the historical waves of our times? Because if it is not moving with the historical waves, that concept shall certainly drown, and drown very rapidly." I express my personal opinion looking into the 1980s and 1990s, when I say that I believe this world of ours will have to undergo profound structural changes. This belief of mine can obviously only be based upon my conviction that we will have to undergo fundamental changes in our moral value systems, and that such changes in our moral value systems will lead to a political will, on a global scale, to have no less than an overall social contract which at least will have its objective that few are too rich, but far fewer too poor. If "health for all" is not to be set in such a historical process
it will only have a very little chance, but I confirm that it is my own conviction - a conviction you may say perhaps is based on fear - that if it does not happen, this change, then I have very little hope for the human species.

Now "health for all" as I have listened to you, distinguished delegates, has become a real movement; and that, I believe, is tremendously important, because any of the changes I was relating to the overall global social contract can only come about through the energy of movement. And I think that movement has indeed begun in WHO, and I think many other of your colleagues in other sectors, when they are dealing with the overall global situation, could learn from some of the processes that you have instituted in WHO. I think that you have gone about it in a highly rational and consistent way, and I think perhaps, when looking into the crystal ball of the overall global social contract, if they would look at the structures and functions that are binding all of us together on this globe of ours in the same way as you are continuously trying to look at WHO, I think indeed they might prosper more than they have done until now.

I also have - and again, obviously, all the time I am expressing myself for the whole Secretariat - taken great heart from the debate, from a much deeper understanding than ever before of what the "health for all" movement consists of, not only in concepts but also in action. Above all, I believe we have taken a giant step forward by understanding that man and woman are not only the passive object of economic growth but they are the active subject of their own social growth - a profound understanding that social productivity and economic productivity must be intimately related to each other. This I think is a vital understanding for giving political action to the "health for all" movement.

I also have taken a great deal of heart - and so has the whole Secretariat, I am sure - for more than ever before you, distinguished delegates, have seriously asked yourself about what kind of an Organization you want to have for moving towards such an ambitious social aspiration as health for all. Not only in this hall, but from multiple encounters I have had the honour to have with ministers of health and other chief delegates, I have realized that they are indeed ready to make a soul-searching effort to make WHO that unique partner we all have been trying to identify over recent years. And that I consider of the greatest significance.

This, distinguished delegates, obviously makes it a very difficult situation for your Secretariat, because now we have sensitized you; you have been willing to go along with this sensitization, and now we also, as equal partners in the social contract have to live up to your expectations all the time. I can assure you I do not see that as an easy task, as you have declared; so I declare: we will face the challenge without fear, and in so doing we hope that your Organization will be worthy of your confidence of partnership.

The PRESIDENT:

Thank you, Dr Mahler. And now, after hearing many variations on the theme "Health for all by the year 2000", I shall try to briefly summarize outstanding points I gathered from your statements. These will serve as constant reminders of our partnership and the social contract, as the Director-General says, that binds us. I shall be brief, because I believe in doing what I ask others to do.

My many years of involvement with World Health Assemblies give me the advantage of being able to detect some revolutionary changes in the make-up of countries. That revolution has taken place in the way that the individual is now the prime mover of health efforts - which is what it should be. We have heard country delegates talk of their countries' commitments to a global strategy for health for all by the year 2000, at the same time, cognizant of the fact that the most beautifully laid-out global, regional or national plans will be meaningless without the collective efforts of individuals, starting from the grass-roots level - for this is where primary health care starts, and should start.

We have heard of motivation for health - that we must use all efforts to reach individuals. We must remember at all times that we are, by word and deed, educators and learners at the same time, which brings me to a touchy subject. Have we asked ourselves: "Do we practice what we preach?" We say that people should acquire, develop and live healthful habits; that it is not sufficient to just prolong life - we must enjoy it. But is our behaviour such that it will inspire others to do as we say?

It was very gratifying to hear the more developed countries' offer to share what they have with those who have less, on the basis of technical cooperation. I should like to emphasize the distressed cry for peace; the appeal to divert expenditures for arms to
ELEVENTH PLENARY MEETING

241

spending for health. One voice may be weak, but if we all join in the cry we may be heard.

Lastly, as I promised to be brief, allow me the privilege to speak to you like a mother—because some delegates gave me this precious title. I must commend you for your remarkable collaboration and cooperation. You have, in general, been "good children". Almost 50% of you spoke for less than 10 minutes - over three-quarters actually used 12 minutes or less each, only 10 exceeded 15 minutes. Last year, the outgoing President of the Assembly gave some awards to the speakers if they spoke less; unfortunately, I do not have any personal award, but I think you have rewarded yourselves by avoiding night sessions up to now and by saving money in that way for the implementation of the work of our Organization. Of course, it is not the number of words per minute that matters, but the meaning of those words and— even more important—the pledge of action carried by those words so that together, as true partners, we shall all work towards the slogan, "Health for all by the year 2000".

Ladies and gentlemen, we are now in a position to express an opinion in the name of the Assembly regarding the Director-General's report on the work of the Organization in 1980. Your President, after hearing the comments of the various delegations as expressed earlier, has the clear impression that the Assembly wishes to express satisfaction with the manner in which the Organization's programme for that year was implemented, to thank Dr Mahler and his staff at all levels, regional and headquarters, for their fruitful work. In the absence of any objection this will be duly recorded in the records of the Assembly.

With regard to the report of the Executive Board, I should like once again to thank Dr Barakamfittiye, the President of the Executive Board, for the way and the clear expression in which he introduced the subject.

Yes, the delegate of Bangladesh?

Professor HALEEM (Bangladesh):

Thank you very much, Madam President. Well, I am pleased that you have given me the time, otherwise possibly I would have pointed to Rule 27 - the right to speak, the right to questions, the right to announce decisions.

I am referring back to my speech of yesterday. I would like to draw your kind attention to Article 11 of the WHO Constitution, wherein it has been said that the maximum delegation from each country will be three, and in deciding on the delegations the Committee on Credentials will have to see that the delegates have the requisite qualifications and technical background. I raised this point, and the honourable Director-General gave a decision and Madam President also said that this is left with the country concerned. I am pleased to accept it, and my country will be pleased to accept the decision, provided the country decision in respect of any other decisions is also accepted in the same way. Otherwise, this will be a violation, I feel, of Article 11 of the Constitution. To this I would like to add that the decisions taken by the various regional committees are to be accepted as they are, because if you accept that a decision given by a country will have to be accepted, then in that case the decisions taken by any region on any subject will have to be accepted in toto. Otherwise it will mean you are violating Article 11 of the Constitution of WHO.

Now, if I may be allowed to speak further while raising this point - if I am permitted in the general discussion to make a further comment because in the early sessions I was not here, I only had opportunities yesterday and today to attend the general sessions when I came, because I am the alternate delegate mentioned in the list. I also raise a point on accepting credentials or publishing this list of delegates' names. I find a difference in one version to another; my designation in one is written as "Additional Secretary, Ministry of Health and Population Control", Government of Bangladesh, and in the other it says only "Additional Secretary, Ministry of Health". I do not know who authorizes such things in this august forum, because there should be consistency. I am not bringing any sort of allegations against the excellent work which has been done by WHO and the dynamic personality of Dr Mahler, with whom I have the opportunity of discussions on various affairs.

Now what I would like to say, and bring some points to this august gathering, is that if we would really like to have health for all by the year 2000, then the problems of the developing countries will have to be seen in a different way, that if you say that health is the complete social wellbeing of the people, then I would emphasize that the basic human needs of the people of the developing world will have to be considered as a whole. Unless you give food, unless you give clothing, unless you give shelter—without these other factors of the basic needs of humans, health is meaningless. Therefore I would appeal to the developing countries of the world to come forward to solve the other basic problems without which health would be a meaningless affair. And I would like to say that, as
Article 2(a) says, one of the main functions of WHO is "to act as the directing and coordinating authority on international health work". If this is one of the main functions of WHO, then possibly, if we accept the Constitution in toto we shall have to go through with it, and not leave it with the country concerned, then possibly the Health Assembly has got the right to give directions on matters of regional importance, and on matters of importance to a country, if it so desires.

Therefore I would say that health for all by the year 2000 will be absolutely meaningless unless we can see the difficulties in the implementation. I would rather then appeal: let us have innovations. The other day our Director-General mentioned at a reception the emotional energy of Professor Doğramacı. I want to bring this sort of emotional energy here, to find the solutions to the problems of health for all by the year 2000, the various reasons for them, and the health problems in the developing countries vis-à-vis the problems of the developed countries, which are absolutely different.

So I would appeal to this august gathering that you give importance to the "have-nots" rather than the "haves", because the "haves" can manage by themselves. The developing countries, on the other hand, cannot manage by themselves; therefore, if you leave it to the country concerned to implement health for all, it will not help, it will not bring about health for all by the year 2000, whatever might be the global and regional strategies, whatever might be the determination, whatever might be the emotional factors involved. No, it is a question of money; men, material and money are necessary for the implementation of health for all, which is aiming at complete social wellbeing.

Now, if I may slightly elaborate on my remarks, in our country, Bangladesh, we have . . . if I may be permitted just for two minutes only.

The PRESIDENT:

No, Sir, I think even if we gave you the floor and we had the pleasure to listen to you this is not the time, because you did not reply to any question. If there is a question, perhaps when the agenda of the Health Assembly is sent to your country, you can add a supplementary item to the agenda to discuss it. Please, I do not like at the last moment to be a bad mother.

Professor HALEEM (Bangladesh):

The question regarding Article 11 is my specific question: whether WHO has ascertained that it has implemented - this is my specific question, and I should like an answer from you, please - that Article 11 of the Constitution has been respected or not. Thank you very much.

The PRESIDENT:

Thank you, the delegate of Bangladesh.

3. PRESENTATION OF THE DR A. T. SHOUSHA FOUNDATION MEDAL AND PRIZE

The PRESIDENT:

Now, ladies and gentlemen, we proceed to agenda item 14, Presentation of the Dr A.T. Shousha Foundation Medal and Prize. In this regard, Dr Barakamfitiye, I invite you to the rostrum to inform the Assembly of the decision taken by the Executive Board at its sixty-seventh session.

Dr BARAKAMFITIYE (representative of the Executive Board) (translation from the French):

The Executive Board, after studying the reports of the Dr A. T. Shousha Foundation Committee at its sixty-seventh session, decided to award the Shousha Prize for 1981 to Dr Imam Zaghloul for his outstanding contribution to public health in the geographical region in which Dr A. T. Shousha served the World Health Organization.

Born in 1922 in Egypt, Dr Zaghloul has been very active in the field of public health. Moreover, he has been a particularly distinguished research worker, especially in the field of virology, and we must not forget his long and fruitful collaboration with WHO and the countries of the Eastern Mediterranean Region.
Working for the Egyptian Institute for Biological Preparations and Vaccines, an organization of which he is now President, he has been able to play a vital role in the implementation of vaccination programmes against many endemic diseases, and his recent studies have contributed to a better understanding of the epidemiology of viral hepatitis and arbovirus infections prevalent in the Middle East.

Among Dr Zaghloul's many achievements the following may be mentioned: an active participation in the establishment of the WHO Collaborating Centre for Virus Reference and Research (including Arbovirus) in Cairo; the upgrading of production of vaccines such as tetanus toxoid by the fermentation technique which was to be used in the production of diphtheria and pertussis vaccines as well as in the production of meningitis and poliomyelitis vaccines; the improvement of other vaccines by the production of lyophilized vaccines such as smallpox and BCG instead of wet vaccines; planning with the Ministry of Health for a mass immunization programme against poliomyelitis and other viral diseases such as measles and bacterial diseases such as diphtheria, tetanus and pertussis, and also in the improvement of biological products by introducing the plasmapheresis technique at the central blood bank in Agouza (Egypt).

Dr Zaghloul was also responsible for the establishment of the most recent plant for fractionation of plasma to produce all plasma derivatives and plasma expanders, and for the establishment of the Egyptian National Laboratory for the Control of Sera, Vaccines and Biologicals. The latter is a joint project with the World Health Organization and the United Nations Development Programme.

Dr Zaghloul is a member of the High Committee on Infectious Diseases in the Egyptian Ministry of Health and is well known in international medical circles. He is the author of over 100 publications and many theses.

What I have given, Madam President, is a brief account of the life and work of the laureate of the Dr A. T. Shousha Foundation Prize for 1981.

The PRESIDENT:

Thank you, Dr Barakamfitiye. I would like to recall that the Shousha Foundation award was established in memory of Dr Shousha, the first Director of the WHO Regional Office for the Eastern Mediterranean and is given for outstanding public health work in the geographical area in which Dr Shousha served the World Health Organization.

After having heard the account of your remarkable activities in the field of public health and of the important role you played in the implementation of the immunization programme for the control of communicable diseases, I am sure that you more than fully deserve to have been elected by the Executive Board, on the recommendation of the Dr A. T. Shousha Foundation Committee, as the laureate of the Foundation Medal and Prize for 1981. (All of us very often hear the name of Mr Shousha - unfortunately he has left, perhaps overcome by emotion - he is the Administrative Assistant to Dr Mahler, and with his smile and very patient way he gives us always the feeling of being sure about what we have to collaborate with him.)

Now, in recognition for what you have done in your country - for your untiring work and great achievements - it is my privilege and joy to present you, Dr Imam Zaghloul, with the Medal and Prize of the Dr A. T. Shousha Foundation.

Amid applause, the President handed the Dr A. T. Shousha Foundation Medal and Prize to Dr I. Zaghloul.

The PRESIDENT:

I now give the floor to our distinguished laureate, Dr Imam Zaghloul.

Dr ZAGHLoul (translation from the Arabic):

Madam President, Mr Director-General, heads and members of delegations, ladies and gentlemen, it is a great honour and pleasure for me to receive this signal tribute, by virtue of your decision to award me the Dr A. T. Shousha Foundation Medal and Prize for 1981. It is also a privilege for me to have had my name added to the names of the scholars who have preceded me in receiving this award, which was first given in 1968. I feel that my receiving it is a tribute to the country to which I belong, a country in whose Ministry of Health the late Dr Shousha was one time Under-Secretary. Dr Shousha, a leading world authority in public health, who played a part in founding WHO and in drafting its Constitution in 1948, and who was subsequently the first Director of the Organization's Office in the Eastern Mediterranean Region, is considered to be the father of preventive health in my country and
subsequently in our Region. He it was who established the Ministry of Health laboratories in Egypt which served as the basis for the creation of the Institute for the production of vaccines and sera of which I have had the honour to be President since 1973.

Madame President, distinguished colleagues, I appreciate this award all the more because I am carrying the banner of the late Dr Shousha, with its message of research, development of trained manpower and production of vaccines and sera, for the eradication of infectious diseases in Egypt and the Region to which he devoted his career and services. Thanks to God I have been able to carry the message forward and continue the endeavours to achieve the objective at which he aimed, the great enterprise for which he laid the foundations. There can be no doubt that the late Dr Shousha laid the cornerstone for the development of serum and vaccine manufacture in Egypt, and his efforts were crowned by the establishment of the Serum and Vaccine Laboratory in Agouza in 1940. Activities in this field were extended by his colleagues and disciples and led to the establishment of a number of biologicals laboratories in 1950, among them the Blood Bank, the nucleus of lyophilized plasma production, the chemical research laboratories, the nucleus of the virus laboratories in Agouza, the laboratories for the production of liquid BCG vaccine, and an animal farm for the production of limited quantities of prophylactic and therapeutic sera against diphtheria, tetanus and scorpion stings. The initial emphasis was, and still is, on training the largest possible number of physicians, chemists and veterinarians in all aspects of production, control and research; in 1952 more than 50 scholarships were granted in different parts of the world for specialist studies, to develop a generation of young scientists and research workers who would attend to the production of vaccines and sera and carry out the various studies and research related to production. I was granted one of these scholarships from 1954 to 1957, which led to an M.A. and M.D. in virus diseases from Pittsburg University, Pennsylvania, United States of America. I returned to Egypt to work in the field of virus disease diagnosis, starting by diagnosing and isolating influenza viruses during the 1957 world epidemic. Then I moved on to work on the diagnosis of epidemic and murine typhus. Through these studies it became possible to identify the two types of typhus, the seasonal incidence of each, and the foci of the disease; the country was able to eradicate epidemic typhus completely by 1963, and no case has been reported since that time.

Cooperation has been established, since 1961, between the Agouza Virus Research Centre and the WHO Regional Office in Alexandria; my greatest respect and gratitude go to the Organization and in particular to the Regional Director, Dr Tabâ, and his staff, for providing us with fellowships, instruments, equipment and all the requirements of the Centre. This enabled us to increase the number of trained personnel and the responsibilities of the Centre, to a point where the Egyptian Ministry of Health was able, in 1969, to establish the present virus laboratories, staffed by some 60 specialists in the various branches of virology, who conduct a great deal of applied research in various disciplines.

The UNDP contribution in 1971 to the support of the Centre, in cooperation with the WHO Regional Office in Alexandria, was very effective in transforming these laboratories into a WHO collaborating centre for diagnosis and training in all virus diseases, attracting specialists from Egypt, the Eastern Mediterranean Region and elsewhere as well. From 1971 to 1979, many training programmes were carried out, attended by technicians from the Eastern Mediterranean and other regions. The Virus Research Centre has also conducted a number of training programmes for Egyptian technicians from the universities and Ministry of Health laboratories. The Centre has enabled many Egyptian research workers from various universities to conduct their research for M.A. and M.D. degrees; so far 70 theses have been prepared in this way, and the graduates have joined the academic staff of the universities.

With regard to the production plan, I was determined to carry on the message and to fulfil the task in this field in which I specialized and have been working without interruption since 1954. Since 1969, in cooperation with WHO, UNDP and UNICEF, we have been able to develop the production of freeze-dried BCG vaccine, introduce the plasmapheresis technique in the Blood Bank, and produce freeze-dried smallpox vaccine. The Egyptian Government has established extensive laboratories for the production of freeze-dried plasma and all blood derivatives. We are also in the process of establishing a laboratory for the production of plasma alternatives and rehydration solutions. Since 1977, with the constructive and fruitful cooperation of the Dutch Government, we have been able for the first time to produce tetanus toxoid, using the most up-to-date scientific techniques, in quantities ranging from five to 50 million doses per year. The first phase of cooperation in this respect resulted in the production of tetanus toxoid, and in this phase Egypt was provided with assistance in the form of instruments and equipment to the value of 1.5 million guilders. We are now proceeding with the implementation of the second phase of the project, the production of
triple vaccine, under which the Dutch Government will provide assistance to the amount of 4,800,000 guilders. Manufacture will start by January 1982 with an annual production capacity of about 20 million doses of triple vaccine. Hopes are high that cooperation will continue with the Dutch Government in the implementation of the third phase of the project, for the production of some modern vaccines. We are now cooperating with the Danish Government in producing dried rabies vaccine. We do hope that, by the end of this year the rabies vaccine locally produced will be in a dried form.

On this occasion, I should like, in my personal capacity and on behalf of all those working at the Egyptian Institute for Biological Preparations and Vaccines and of all the children of Egypt, to express all our thanks to the Dutch Government for its generous and constructive cooperation in the production of these vaccines, which will enable us to vaccinate all children with the triple vaccine and to produce tetanus vaccine and combined (tetanus/diphtheria) vaccine. It is hoped that by 1982 the Egyptian Institute, with the assistance of WHO, UNICEF and UNDP, will be in a position to manufacture these vaccines and freeze-dried BCG vaccine at full capacity.

Through WHO and mutual cooperation, our Institute has been able since 1969 to supply many countries with cholera, tetanus and typhoid vaccines and some plasma alternatives, as well as a number of other available locally-produced vaccines. As of this year, we have introduced the plasmapheresis technique, using horses, to produce all the prophylactic and therapeutic sera we need against tetanus, diphtheria and scorpion and snake venoms. For the first time, we are now able to produce large quantities of Rift Valley fever vaccine to protect livestock in Egypt from this disease, which was introduced in 1977. Work is now in progress on the production of a Rift Valley fever vaccine to protect man.

I should also like on this occasion to state that my country is very much interested in a national control laboratory for all biologicals, vaccines and sera. An agreement has been signed with UNDP and WHO for the establishment and support of a modern control laboratory which will be operating at full capacity by the end of 1981. Such control laboratories are the safety valve guaranteeing the potency, safety and quality of vaccines and sera, whether prepared in Egypt or imported from abroad.

All these programmes, already carried out or under way, aim at self-sufficiency in vaccines and sera, and repayment of the favours we have received from international organizations since the Egyptian Institute was set up. This repayment takes the form of donating quantities of vaccines and sera to friendly countries, so as to promote the Expanded Programme on Immunization, in which we firmly believe. I have great hopes that very soon a declaration will be made on the control and eradication of many infectious diseases, such as poliomyelitis, measles, diphtheria, tetanus, pertussis and tuberculosis, on the lines of the declaration of WHO's successful pioneering programme of smallpox eradication.

The eradication of infectious diseases in developing countries has favourable repercussions for the developed countries producing vaccines and sera. Under Egypt's manpower development policy, a plan has been established whereby all physicians, chemists or veterinarians recently recruited by the production laboratories in Agouza are being sent to an Egyptian university to obtain a diploma or M.A. degree in microbiology, clinical pathology or one of the specialized branches of chemistry or veterinary medicine. In addition they are being sent for language courses to improve their English, and thus make it easier for them to get acquainted with scientific literature and the latest developments in medical sciences. We also send department heads to attend scientific conferences, particularly if they are to present research studies at such conferences. In short, as a result of the manpower development plan, we have developed large numbers of scientific personnel capable of conducting research, producing vaccines and sera, and monitoring the quality of products, whether manufactured in Egypt or imported from abroad. The Institute's laboratories are open to all research students from the universities or science institutes who wish to conduct research for their degrees or private research. As regards the research plan, all research activities have been oriented towards the applied research required to solve the country's health problems, towards developing better vaccines at lower cost, or towards field evaluations of the effectiveness of locally produced or imported vaccines for the protection of children from various diseases. We have received financial and technical aid from the United States Government in some of these research activities, such as research on the production and improvement of cholera vaccine, immunological research on schistosomiasis, research on various snake venoms to develop the best methods for preparing a highly effective serum against snakebite, research on arthropod-borne diseases in Egypt, research on the viruses of viral hepatitis, and research on bacterial vaccines production on lupin culture.
All these research activities played a significant part in developing our research capability as reflected in the productivity of these laboratories; a generation of research workers has been created, who have been able to acquire the instruments and equipment needed for research and otherwise difficult to obtain. The research work was carried out with the participation of the United States National Institutes of Health, the Center for Disease Control in Atlanta, Georgia, or the United States Marine Research Office in Washington. I should like to express my thanks to all these bodies, which have contributed to the progress of research in the Egyptian Institute. I should also like to extend thanks to the French Government for its cooperation with us in the field of schistosomiasis and in particular to the Pasteur Institute in Lille. Some research is financed by the Academy of Scientific Research in Egypt, particularly the work on plasma alternatives. A large proportion of the research is also financed from the Egyptian Institute's annual budget; we are constantly trying to increase research allocations, so as to develop senior scientific staff in the country and enable the largest possible number of our research workers to carry out applied research beneficial to the country, such as the current research on poliomyelitis and the best preventive methods, research on respiratory virus disease in children and adults, research on diseases transmitted by rodents in Egypt, research on rabies and the possibility of producing rabies vaccine via tissue culture, research on sera and ways of maintaining their potency at varying temperatures, etc., as well as pathological research on virus diseases and on immunity to schistosomiasis and other diseases, especially the research conducted jointly with the Pasteur Institute in Lille.

Ladies and gentlemen, forgive me for this long account of 25 years spent carrying the message of Dr Shousha and fulfilling the task he wished to fulfil. May God help me carry the message further. I wish on this occasion to recall my distinguished professors in the various Egyptian faculties of medicine to whom I am greatly indebted. Egyptian faculties of medicine have been and continue to be important centres for medical education for Egypt and all Arab and friendly countries, where students of more than 42 nationalities study medicine.

The unanimous decision taken at the Alma-Ata Conference in 1978 to enhance primary health care is, I am sure, the best way to attain the objective of health for all by the year 2000 set out in the resolution adopted by the Thirty-second World Health Assembly in May 1979. This resolution is an invitation to start a health revolution on the basis of a cooperative international effort aimed at the implementation of the eight main components of primary health care referred to in the Alma-Ata Declaration and resolutions. As you are aware, the Expanded Programme on Immunization is one of these main components. We in the Egyptian Ministry of Health and in the Egyptian Institute for Biological Preparations and Vaccines, of which I have the privilege to be President, are fully prepared to make every effort to contribute to this area of international cooperation.

May I again express my thanks to you all and my great pride in being awarded this Prize, which gives me an incentive to work harder and produce more, for the sake of protecting mankind from infectious diseases. I am indebted to all those who have contributed to my success in carrying out my work, and particularly to the Regional Office for the Eastern Mediterranean, UNICEF, UNDP, the United States Department of Health and the Governments of the Netherlands and France. I consider this Prize a reward to the Egyptian Minister of Health and all the staff of the Egyptian Ministry of Health who have effectively contributed with me in all fields. I also consider it a decoration for all the staff of the Egyptian Institute for Biological Preparations and Vaccines; without their effective assistance I would not have been able receive this Prize.

Finally, ladies and gentlemen, it is for me a great pleasure to be able to address you in Arabic, the language Dr A. T. Shousha mastered as a man of letters, and for which he was the first to claim a place among the languages used in the international organizations. Thank you.

The PRESIDENT:

Dr Zaghloul, may I convey to you and your family my warmest congratulations.
The meeting is adjourned.

The meeting rose at 11h35.
TWELFTH PLENARY MEETING

Friday, 15 May 1981, at 11h40

President: Dr M. VIOLAKI-PARASKEVA (Greece)

1. FIRST REPORT OF COMMITTEE B

The PRESIDENT:

Ladies and gentlemen, good morning. The Assembly is called to order.

We shall consider the first report of Committee B, as contained in document A34/35. Please disregard the word "draft" which appears on this document, since the report was approved in Committee B yesterday without amendment.

In accordance with Rule 53 of the Rules of Procedure this report shall not be read aloud because it was distributed 24 hours in advance. Several 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: "Interim financial report on the accounts of WHO for 1980 and report of the External Auditor"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled: "Status of collection of assessed contributions and status of advances to the Working Capital Fund"? In the absence of any objections, 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 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: "Reimbursement of travel costs of representatives to regional committees"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fifth resolution, entitled: "Report on casual income and budgetary rate of exchange between the United States dollar and the Swiss franc for 1982-1983"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the sixth resolution, entitled: "Assessment of new Members and Associate Members: Assessment of Saint Lucia"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the last, seventh, resolution, entitled: "Scale of assessments for the financial period 1982-1983"? In the absence of any objection, the resolution is adopted, and the first report of Committee B is thereby approved.¹

I invite the delegate of the United States of America to take the floor.

Mr BOYER (United States of America):

Thank you, Madam President. When these resolutions were considered in Committee B, my delegation indicated its opposition to the proposal on the reimbursement of travel costs to regional committee meetings and to the US$ 20 million casual income facility. We have not asked for another vote in the plenary, but simply wish to have the record show that our opposition to those resolutions remains.

The PRESIDENT:

Thank you, the delegate of the United States of America; this is going to be included in the verbatim records. Now, in the absence of any objection I repeat: the last resolution is adopted and the first report of Committee B is thereby approved.

¹ See p. 287.
2. REPORT BY THE GENERAL CHAIRMAN OF THE TECHNICAL DISCUSSIONS

The PRESIDENT:

Now we are going to take up the report by the General Chairman of the Technical Discussions. Before handing over the floor to the General Chairman, I would just like to share a few thoughts of my own with you, as I attended both the group discussions and the plenary sessions.

It seems to me that the main point of these discussions was to exchange concrete practical experiences in supporting primary health care - both positive and negative aspects. From the discussions, the major aspects which I felt came across were the following: it was confirmed once again that primary health care is most definitely the cornerstone necessary to the achievement of health for all by the year 2000; that to succeed in the provision of primary health care, not only community participation but total community involvement is essential; that a multidisciplinary approach is necessary; that political commitment must be confirmed; and also that the role of research is very important as well as that of the nongovernmental organizations.

These are all positive aspects which must be emphasized and assured if we are to attain our goal. On the negative side it would seem that a big lacuna is that of education - education of individuals, communities and politicians in the role of primary health care and how to achieve it. In this our Organization has obviously a major role to play, not only the Secretariat - each and every one of us here in this Assembly must help to promote the primary health care approach to achieving health for all by the year 2000 when we return to our respective countries. In this way we hope that political commitments will be assured and the goal reached.

I now give the floor to Dr Beausoleil, General Chairman of the Technical Discussions.

Dr BEAUSOLEIL (General Chairman of the Technical Discussions):

Madam President, Mr Director-General, distinguished delegates, it is an honour and a pleasure for me to present to you the consolidated report of the Technical Discussions at this World Health Assembly, on health system support for primary health care.

This report, which will be distributed to you tomorrow, attempts to reflect both the broad scope and the practical depth of the discussions on each of the seven topics considered by the various groups. The reports of the individual groups are attached as an annex to provide more detail than could be included in the consolidated report.

Before presenting some of the highlights of our discussions I would like to comment on the process of these discussions. The selection for the subject for this year's Technical Discussions at the Thirty-fourth World Health Assembly reflected the increasing concern of Member States about the practical aspects of implementing the primary health care approach agreed to at Alma-Ata in 1978. The documents prepared for these discussions, the responses by countries and organizations on the subject, and the discussions held last week are steps in support of concrete and realistic action. The consideration by this Assembly of the global strategies for health for all is particularly pertinent to this discussion of implementation and makes this year's Technical Discussions especially relevant. The widespread interest and concern with the subject of the Technical Discussions is indicated by the fact that over 340 delegates participated. But the value of these deliberations lies as much in the challenge of unanswered questions and unresolved problems as in the very useful exchange of successful experiences. Thus I would urge that this report be considered mainly as an early milestone on the path towards development of health systems based on primary health care in all our countries, and that it be a stimulus for further practical experiences as well as continued exchange of information.

Now I will turn to the substance of the Technical Discussions. The topic of organizing support was given particular emphasis and was considered by all six groups. The spirit of our concern in this sphere was captured by the Prime Minister of India, Mrs Gandhi in her address to this Assembly when she said that services must begin where people are, and where problems arise. Support to primary health care action at the periphery of the health system should be an emphasis of the whole health system and is relevant in homes, neighbourhoods and workplaces in both urban and rural areas.

Although the discussions covered many topics under this heading, just three general subjects are mentioned here: national prerequisites for support to primary health care; motivation of district and local-level health personnel; and two-way support structures and
processes between district and local levels. Prerequisites include the basic social and economic conditions of the country and its relationship to the wider world economic order. It is clear that significant reallocation of resources must occur between the better-off and poorer parts of the world. While overall resources are important, the distribution and control of resources at all levels and between regions within countries is crucial. In short, social and economic justice is a sine qua non of primary health care. The authentic involvement of the community in determining its own health and other affairs is also essential. This will be discussed further under the topic "community participation".

As a way of encouraging these basic socioeconomic prerequisites, the discussions gave considerable attention to the concept of political will, or national will. While this element is important for support to primary health care some discussants felt that the concept of will is mystical; thus some discussants suggested that we speak instead of need for political action to support primary health care. Certainly, experienced politicians and political scientists have concrete ways of discussing and encouraging political action, whereas political will may seem rather less likely to result - for example - in a larger budget for primary health care.

Whilst they are all prepared in the primary health care approach, motivation of health personnel to engage in and support this approach in practice can be encouraged in many specific ways. For example, salary differentials can be offered in favour of work at, or in support of, the periphery in both rural and urban areas. Examples of other specific measures are offered in the report.

One of the most crucially needed developments in this connexion is a clear formulation of what the intellectual as well as human challenges are of establishing health systems based upon primary health care. Such systems must become active in pursuing broadly conceived intersectoral primary health care goals at the periphery of the system. This means an active working-out to achieve prevention in health promotion - the primary health care approach - rather than waiting to attempt to patch up problems after they have occurred - in other words, the "come-and-get-it" approach. It should be noted that even special motivational efforts have not proved adequate in settings where the overall medical and public health atmosphere orient people towards exotic, super-speciality care. There motivation must be accompanied by a more general transformation or reorientation of the health care system to be successful.

District level support structures must be characterized by a two-way flow of continuing education as well as succeed in bringing needed resources to bear on locally defined tasks. The most important points are these: community members, both in urban and rural areas, must be involved in defining the local goals - usually this will involve intersectoral as well as narrowly defined health concerns; district-level personnel must be trained to appreciate and respect the rules of community members and local-level health personnel in their joint pursuit of local goals; effective referral and information feedback must be established; health workers at all levels should educate each other, and be open to being instructed by the community as to their real and perceived needs and the best ways to solve local problems; the logistics and supply system must get the appropriate required materials to the local level in good condition and in good time. Research, as well as action experience, is needed on all these matters.

Intersectoral cooperation emphasized the following points. We should assure intersectoral cooperation: that is, getting our house in order. As regards taking the primary health care approach so that we can engage other ministries in health-related concerns in more relevant ways, we could consider presenting primary health care as development, thereby making it a common intersectoral concern. In any case, we should try to assure early cross-comments by each ministry on the development projects arising out of each other sector. Worries over leadership should be played down. Intersectoral education should be carried out at all levels on the primary health care approach. There is a need for case studies of both positive and negative experiences, but we must engage in intersectoral cooperation and cannot wait for studies, so we should get on with doing it.

Community participation must be authentic if it is to prove the needed base for primary health care action. This will be easier in some national settings than others. While there is no single model which can be offered, there have been many positive experiences with community participation; in such experiences health workers ask the community what is needed. Also the community plays a role not only in setting priorities but in allocating and contributing resources and in evaluating results. This concern is as real for urban as for rural areas. In fact it is a total misunderstanding to think of community participation only
as getting new primary health care resources from village dwellers, while government tax funds and other funds provide hospitals and other facilities for the elite in the urban areas. Also, it is important to include self-help ideas in one's thinking about community participation, since many preventive, rehabilitative and other tasks can be performed by individuals and families.

Furthermore, the concept of community participation must be extended to include social control by the community of the health services. The problem of maintaining active community involvement beyond the first stage of curiosity and enthusiasm was considered without a clear solution. It was suggested that if the system rests on community decision-making and control, this will not be a problem, since the real action would be at this level. If so, then it is only when participation is not accompanied by true responsibility that communities lose interest; but clearly this is one of the several areas of research that should be pursued in relation to this sphere of concern.

Manpower for support to and provision of primary health care requires attention to planning, training and retraining, management and evaluation. These are each given further attention in the report and its annex. Only a few salient points can be mentioned here: the atmosphere, structures and curricula of universities, especially medical schools, will require reorientation towards primary health care - perhaps this must be done on a worldwide basis; this reorientation must also extend to the examinations which admit physicians and others to practice; training and retraining should not be limited to hospital settings where clinical concerns predominate - though hospitals, if properly reoriented, can serve as important resources in this task; employment of locally available health services talents, as well as opening of career opportunities and other motivational aspects, should be central to proper health manpower management; health manpower evaluation is little developed and will require research, but should take matters of human sensitivity as well as technical competence into account.

Financing for primary health care is a vital subject which cannot be adequately reflected in my remarks. The subject is elaborated in the report. I will only make two points, but I do so with considerable emphasis. First, primary health care will initially cost more, not less, but it is expected to yield a greater overall return to both health and development. Thus new resources of financing must be vigorously explored, both within countries and in the New International Economic Order. Secondly, while it generally appears that countries are spending - absolutely and proportionately - too little on primary health care as compared with secondary and tertiary care, in fact we cannot be sure. Our case is often weak, because accounting systems reflecting insurances and allocations in terms of primary health care versus other care have not been put in place. While WHO has done some useful experimental work on this problem, much more remains to be done.

Management and supportive supervision should not be seen as something apart from the community or the health personnel at the local level; rather, the emphasis must be on teamwork to bring the needed appropriate resources and abilities to bear effectively on the tasks to be performed at local level. Thus the community must be included in the management process. Data which is collected should be limited to that which is relevant to performing locally defined tasks. In supervision, the inspectorial state of mind should be replaced by an inspiring and encouraging approach, leading to a sense of co-responsibility. Management training is best carried out as close to the work setting as possible and must be directly relevant to the managerial tasks required. Practical research can be of great value as an integral part of the management process and needs to be encouraged.

Appropriate facilities, equipment and supplies must be provided in good condition and in time at the local level if the credibility of the primary health care approach is to be maintained. While it is important to develop knowledge as to what is actually needed, and where - thus there is an important role for research in this sphere of concern as well - the stark fact is that there is a near-dearth of needed resources at local level in many parts of many countries. Thus, locally available materials and abilities must be engaged in the provision of primary health care. Also, production, storage and distribution of equipment and supplies must be improved. In many situations further decentralization of authority would be of assistance, and irrelevant commercial and extra-national interests and influences must be kept to a minimum. Finally, the matter of facilities and transport maintenance requires special attention in terms of training new maintenance organization and parts supply.

The discussions reflected considerable practical progress in establishing health systems based on primary health care. We should take heart from this progress, but much remains to be done. It is clear that major and significant changes will be needed in existing health systems if they are to effectively support primary health care. The structures, roles and
relationships between personnel and institutions within the health sector, in other sectors, in communities and in work places must be altered to encourage and support the dynamic process of developing primary health care at the local level. Our educational institutions, particularly those training physicians and other highly skilled health personnel, must be reoriented to provide training to new health workers which equips and motivates them for new roles in support of primary health care. Meanwhile, existing personnel must be prepared to adopt new roles and new outlooks. Our present patterns of resource allocation must be modified to ensure distribution of resources according to the health needs and priorities. And our management processes, including supervision, supply and logistics must be strengthened so that effective support can be extended to the health workers in the remotest villages.

There is a need for in-depth country case studies which frankly reveal the obstacles as well as the support to primary health care. Information from such studies should be widely exchanged within countries and between countries. More than studying the problem, however, there is a need to "learn through doing" and to apply this knowledge to further improve health systems.

Further actions at international level might include conferences and additional widely disseminated publications on the topic. In this connexion, it would be useful to have an integrated and elaborated consolidation of the papers prepared for and produced by these discussions, perhaps in the WHO Public Health Paper series. There should also be encouragement of action by nongovernmental organizations and inter-United Nations agency actions, as well as continuing strong efforts by WHO to support the development of primary health care.

But the major responsibility for meeting the challenge of achieving health for all by the year 2000 rests with the governments and the people in each country, who have the opportunity to move forward together towards this common goal. It is hoped that these Technical Discussions have made some small contribution to this process.

The PRESIDENT:

Thank you, Dr Beausoleil. I am confident that I am expressing the feeling of each member of this Assembly in thanking you most sincerely for the outstanding way in which you have directed the Technical Discussions as General Chairman.

May I remind delegates that the Technical Discussions which have been held under the auspices of the Thirty-fourth 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 results of these Technical Discussions. I suggest that, as in previous Assemblies, we take note of the report, and I should like again to thank those who have contributed to the success of the discussions, particularly the group chairmen, the rapporteurs, the Secretariat, and finally the consultant, Dr Elling.

3. PRESENTATION OF THE JACQUES PARISOT FOUNDATION MEDAL

The PRESIDENT (translation from the French):

Now, ladies and gentlemen, we move on to agenda item 15. In memory of that exceptional man, Professor Jacques Parisot, I should like to speak in French. I had the honour to get to know Professor Parisot personally during meetings of the Council of Europe, and it is with deep emotion that I evoke his memory today.

You will recall that in 1976 the World Health Assembly decided to replace the annual Jacques Parisot lecture by a research fellowship in social medicine or public health, since these were fields of particular interest to Professor Parisot, in memory of whom the Foundation was set up. In 1980 the Executive Board, after considering the reports of the Jacques Parisot Foundation Committee, awarded the Jacques Parisot Foundation Fellowship to Dr Standard. This fellowship dealt with a vital subject for the promotion of public health: "The role of medical students in research on primary health care."

The author, Dr Standard (Jamaica) has endeavoured to show how the coordination of the various activities relating to the health services, to teaching and to research can play an important role in making health services available to the entire population. In collaboration with medical students he has managed to develop health and educational techniques designed to facilitate the transfer of knowledge and skills as profitably and economically as possible, while strengthening primary health care.
One of Dr Standard's objectives was to examine the reports of medical students on their clinical courses in the Department of Social and Preventive Medicine, University of the West Indies. Another was to find out how the medical students could develop teaching material on health and basic hygiene and subsequently work out ways of passing on this information to the community through talks, group discussions and visual methods.

Rather than go into detail myself I shall ask Dr Standard to summarize his work for us. First of all, however, I invite him to accept the Jacques Parisot Medal which it gives me a great pleasure to award to him.

Amid applause, the President handed the Jacques Parisot Foundation Medal to Dr Standard.

The PRESIDENT (translation from the French):

I now give the floor to our distinguished prizewinner, Dr Standard.

Dr STANDARD:

Madam President, distinguished delegates, Mr Director-General of the World Health Organization, ladies and gentlemen:

I appreciate greatly this special honour of receiving the Jacques Parisot Foundation Medal. It is indeed a privilege to receive it and to have the opportunity of addressing the Thirty-fourth World Health Assembly. I wish to express my sincere gratitude to the Jacques Parisot Foundation Committee and to the Executive Board of the World Health Organization for having selected me for the award; and to all those who have helped to make this occasion possible I express my sincere thanks.

The award, this time, is for the Region of the Americas. Therefore, in humility, I receive it on behalf of a large group of workers scattered through North America, Latin America and the Caribbean. All of these persons have participated in various ways in keeping alive the ideals of Jacques Parisot for research in social medicine and public health. They have all, like Jacques Parisot himself, helped to advance the frontiers of medicine by devising means of bringing better health care to many people in the Region of the Americas.

Our sincere appreciation is expressed to Madame Parisot, who, in establishing the Jacques Parisot Foundation to perpetuate the memory of her late husband, provided the opportunity to perpetuate the honour and keep alive the memory of a great pioneer in social medicine.

We have been greatly encouraged by the Declaration of Alma-Ata and the great thrust that is being given by all nations to bring better health care to all people in the world by the year 2000. The subject of the research project for the fellowship award is in keeping with the ideals and the views propounded by Jacques Parisot. The title, as you have already heard, is: "The role of medical students in research on primary health care in the English-speaking Caribbean".

The work being reported has been done by medical students working in the Department of Social and Preventive Medicine, University of the West Indies. This University started in Jamaica, at Mona as a college in 1948, with the first intake of students being medical. The Department of Social and Preventive Medicine started as a small unit in April 1957, through a generous grant from the Rockefeller Foundation. The programmes and work done over the years have been made possible through assistance from several agencies and organizations, PAHO/WHO has made significant contributions.

The philosophy of the Department has always stressed the consideration of man in his total environment with a view to providing health care at all levels of health promotion, prevention, primary health care, and rehabilitation. We strongly believe in the concept of the health team in tackling community health problems.

We have recognized that medical students cannot get training to meet community needs if this training is confined only to the hospital setting. Students have therefore been posted in the community especially in rural districts, and have been active participants in delivering service, carrying out research, and in sharing their knowledge with the community.

The objective of the study is to analyse the general reports and research projects of over 1000 students who have done a five-weeks rotational clerkship in social and preventive medicine during their second clinical year.

During the 12-year period 1968-1979, 1115 students have had this experience - 1052 were posted in various parishes of Jamaica while 63 went overseas to countries in our region. Continuous evaluation has been an integral part of the programme from its inception, and field preceptors have played an active role.
Students are required to give an overall report on the health services of the parish or district and to carry out a small research project. They usually work in pairs.

A report of this research project has been made and submitted, and I wish here to touch only on the highlights. Projects carried out by the students have covered a wide range of topics and may be grouped under five broad heads: maternal and child health, including family planning; environmental health, including sociocultural aspects; communicable diseases and other infections; health care delivery; and noncommunicable diseases, including hypertension and diabetes.

Under the heading of maternal and child health, there are such topics as motivation and motherhood, attitudes towards pregnancy, teenage pregnancies, and neonatal tetanus. Suggestions and recommendations have been made; one group concluded as follows: "As a by-product of our main investigation we were able to gain insight into the way of life of our Jamaican society... this alone made the project worthwhile."

In the environmental health group, the water supply of a parish was studied and the problems highlighted by the students. Their recommendations were incorporated in the report of the Medical Officer of Health to the local parish council. One of the recommendations is now government policy, and two others have been put into effect.

Drawing another example from the group on communicable diseases, a project considered the effect of industrialization in a rural community on the increase of sexually transmitted diseases. Some of their suggestions, including the involvement of the private medical practitioners, have been partially implemented on an island-wide basis.

Health care delivery has been subject of study in several parishes. The obstacles and constraints have been identified, and proposals for action and new approaches have been made.

Students have worked specially with members of the health team and have been impressed by the teamwork and the good human relations where such existed. Some students have been involved in monitoring and carrying out assessments of the community health aide training programme. They have also carried out studies of ambulant medical care in casualty and outpatients departments. In all cases useful recommendations have been made.

Under the same head of health care delivery, other relevant projects included: attitudes of mothers towards breast-feeding; family planning practices; admission of infants under one year old to the paediatric unit at one of our regional hospitals and a study of gastro-enteritis and malnutrition; a study of typhoid in the parish over a four-year period. Recommendations made include the need for the following: continuation of the community health aide programme; doctors to visit out-station clinics more regularly, thus relieving the pressure and overcrowding at the hospital; weekly child welfare clinics for earlier detection of malnutrition; family planning programmes aimed especially at men in the community; continued vigilance, screening and health education relevant to the control of typhoid fever, tuberculosis and leprosy.

In the noncommunicable diseases, hypertension and diabetes were identified as common problems needing more attention at community level.

Health education should play a vital role and efforts should be made to transmit the available knowledge to peripheral health clinics and the community.

In the final year, students live out in the rural districts for five weeks on a rotational basis and play a great role in giving service and health education. We feel this programme is making some impact.

During their final year, opportunities also exist for students who wish to do electives in any part of the Commonwealth Caribbean. The number of students doing electives under the aegis of our department increased steadily and in the class of 1974 there were 16 students out of 109 in that class (15%), and they had an opportunity to choose from among 14 departments in the Faculty of Medicine, so on that occasion we had more than our fair share.

During one such elective of 10 weeks, a student working from a health centre in a deep rural area of Jamaica discovered that some patients, in spite of having been given adequate medication, returned to the clinic with their condition not improved. On investigation, it was noticed that many of them were semi-literate or illiterate and therefore could not read the written instructions. The medical student devised a method of trying to help the patients. The top of a pill-box was divided into three areas. In one part was the drawing of the sun rising, to indicate morning, with the symbol of a tablet above it. In the middle or second one was a drawing of the full sun, indicating midday, with another tablet; and in the third, a sketch of a kerosene oil lamp, indicating evening, also with a tablet.

These were shown to 10 patients, four of whom were illiterate. Some of both groups had difficulty in recognizing what the symbols meant. They were asked to suggest alternatives which could be easily recognized for the purpose - here an example of community involvement. Suggestions were: a broom, for the morning; a pot on the fire, for midday; and the lamp remaining for the evening.
Subsequently, all boxes from the clinic had symbols on them, and written instructions. This is an example of innovation in communication, and there is scope for further research of such a nature.

It is interesting to report that the student mentioned graduated in 1975 and is now a district medical officer working in a rural area in Jamaica. A senior principal medical officer in the Ministry of Health, Jamaica, who is responsible for allocation of medical personnel is reported to have said recently: "There have never been as many applications as now for doctors to work in the rural areas."

From the students' comments over the years, it is evident that the clerkship in social and preventive medicine has become an educational highlight for a majority of them. In our assessment of the rural programme, we repeatedly get indications from both preceptors in the rural areas and the students that a stimulating exchange of ideas and experience takes place. Preceptors frequently indicate how much they enjoy the contact with the students.

The students frequently indicate that they would like to spend more time in the rural areas and have suggested that some or all of the clinical departments of the Faculty of Medicine might provide clerkships for students at country hospitals as part of their regular programme.

In October 1978, a new curriculum was started. More emphasis is given by the Faculty of Medicine to community health, and teaching in this subject is given during every year of the course. Provision has also been made for community health experience during the second of two pre-registration years after graduation.

The Department activates, promotes and supports programmes requiring wider participation by other members of the Faculty in the areas of training, research and service.

Many agencies and foundations have supported our programmes over the years. Reference has already been made to the fact that PAHO/WHO has made significant contributions. I know that it is invidious to quote names, but I cannot resist the temptation to mention the help which we have received from one or two of these organizations and agencies: the Medical Research Council of the United Kingdom, the Canadian International Development Agency, and the Millbank Memorial Fund of New York, the Faculty fellowship programme which gave me the opportunity and the support to develop the outreach programme and innovative programmes in community health. Without such help and - I must add - the dedication and commitment of a keen and enthusiastic staff, it would have been impossible to achieve what we have accomplished.

In our Caribbean communities, we are at the critical stage where our health manpower requirements cannot possibly be met by using only the traditional methods. It is important that the educational institutions which are responsible for training health professionals should develop a close relationship with the health services. It will be necessary to continue experimentation in the provision and organization of the health services and the delivery of health care.

My hope is that the life and work of Jacques Parisot will continue to be a source of inspiration and encouragement to many, not only in the Region of the Americas, but throughout the world. Long may his ideals flourish from generation to generation, and his memory live on in the hearts and minds of those who follow: Madam President and honourable delegates, I thank you all most sincerely for this award, not only to me personally and our University of the West Indies and its contributing governments, but to all the governments of the Region of the Americas and the Caribbean. May our efforts continue to prosper, and may good fortune attend you. (Applause)

The PRESIDENT (translation from the French):

Thank you, Dr Standard. May I repeat to you my warm congratulations and I hope this study will be made available to Member States.

The meeting is adjourned.

The meeting rose at 12h30.
SECOND REPORT OF COMMITTEE B

The PRESIDENT:

The Assembly is called to order. We shall now consider the second report of Committee B, as contained in document A34/36. Again, please disregard the word "draft" which appears on this document, since the report was approved in Committee B on Saturday without amendment. In accordance with Rule 53 of the Rules of Procedure, this report shall not be read aloud, since it was distributed 24 hours in advance. Four resolutions are contained in this report, and I shall invite the Assembly to adopt them one by one.

Is the Assembly willing to adopt the first resolution, entitled "Salaries and allowances for ungraded posts and for the Director-General"? In the absence of any objections, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Appointment of External Auditor"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "Headquarters accommodation requirements"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Transfer of the Regional Office for the Eastern Mediterranean"? Yes, Dr Abdulhadi, you have the floor.

Dr ABDULHADI (Libyan Arab Jamahiriya) (translation from the Arabic):

Thank you, Madam President. In order to save the Assembly's time my delegation will not ask for a vote on the draft resolution submitted to us in the second report of Committee B as contained in document A34/36, dated 15 May 1981. It wishes, however, to put on record its reservations in the following statement:

1. The Jamahiriya delegation considers that this draft resolution is a third step along the path of procrastination followed by the Assembly for the past three years. It feels that nothing new has been added to the issue by the Assembly even though the Assembly's absolute right to transfer the Regional Office is evident from both the letter and spirit of the advisory opinion of the International Court of Justice.

2. My delegation is convinced that the Thirty-fifth Assembly will follow the same line next year and will find new methods of procrastination to maintain the policy of non-decision it has implicitly adopted.

3. This Thirty-fourth Health Assembly is thus responsible for all the consequences of this situation, especially as regards:

(a) the possible breaking-up of the unity and universality of the Organization, and the loss in effectiveness this entails for WHO's pursuit of its objectives;

(b) adding to the deterioration of the work of WHO in the Eastern Mediterranean Region by aggravating the state of paralysis that has afflicted the programmes of this Region for the past three years, and creating the possibility for this paralysis to spread to other parts of the Organization.

4. My delegation reserves its position with regard to the approval of the draft resolution contained in document A34/36 entitled "Transfer of the Regional Office for the Eastern Mediterranean", and reserves the right to take whatever action its country deems appropriate to define its future relations with WHO. Thank you, Madam President.
The PRESIDENT:

I thank the delegate of the Libyan Arab Jamahiriya, Dr Abdulhadi. You may be sure that your statement is going to be included, with your reservation, in the verbatim records.

Now I give the floor to the delegate of Jordan.

Dr LUBANI (Jordan) (translation from the Arabic):

Thank you, Madam President. The Jordanian delegation is obliged to reserve its position with regard to the draft resolution contained in document A34/36, on the grounds that it does not reflect the desire of the vast majority of the States of the Region. Thank you.

The PRESIDENT:

I thank the delegate of Jordan, and I give the floor to the delegate of Iraq.

Dr HASSOUN (Iraq) (translation from the Arabic):

Madam President, on Saturday, in the seventh meeting of Committee B, the Iraqi delegation expressed its reservations as regards the draft resolution pertaining to agenda item 37, concerning the transfer of the Eastern Mediterranean Office from Alexandria in the Arab Republic of Egypt, as contained in the second report of Committee B and now submitted for our adoption. Today my delegation expresses its reservation concerning this resolution in this august Assembly, for we are deeply convinced that this resolution does not respond to the desires of the majority of the States of the Region and does not serve their urgent needs, their interests, or their health. This resolution, to tell the truth, is unfair to their rights. It is regrettable and even painful to us that our relationship with the present Office will remain paralysed as it has been during the past year. We sincerely hope that this august Assembly will next year take the final, just and equitable decision to transfer the location of the Eastern Mediterranean Regional Office from Alexandria in accordance with the wishes, interests and health of all peoples of the Region and, consequently, of all peoples of the world. In this way we shall have made a rational step towards achieving the objective of the Organization, "Health for all by the year 2000". Thank you, Madam President.

The PRESIDENT:

I thank the delegate of Iraq. Both your statement and the statement of the delegate of Jordan are going to be recorded in the verbatim records.

The delegate of the USSR.

Mr SOKOLOV (Union of Soviet Socialist Republics) (translation from the Russian):

Madam President, we accept that this resolution has already been adopted in plenary, but would like to make some remarks. When the question of the transfer of the WHO Regional Office for the Eastern Mediterranean was being discussed, two draft resolutions differing sharply in content were put forward and considered in Committee B. During the discussion in that Committee the Soviet delegation spoke in favour of the draft resolution contained in document A34/B/Conf.Paper No.1, presented by a large group of Arab and other countries.

During the discussion between the authors of these two drafts - a discussion in which the Director-General and the Chairman of Committee B took part - a compromise of sorts was achieved and the Chairman of Committee B suggested that the Committee adopt a new compromise version of the draft resolution based on the draft contained in document A34/B/Conf.Paper No.5. We understand that the Arab countries concerned made considerable concessions to achieve this.

Bearing in mind the appeals of the Chairman of Committee B and the desire that became apparent among committee members to adopt the proposed compromise draft resolution without a vote, the Soviet delegation made no objection and joined in the consensus that had clearly taken shape. We are guided by the same motive in approving this compromise version at today's plenary.

However, this in no way means that the Soviet delegation agrees with those who consider that the approach to the International Court of Justice for an opinion on the transfer of this Regional Office was necessary and that the Court would be entitled to pronounce on this important question, which results from the serious political conflict in the Near East. As was clear from the very beginning and as is clear now, this question lies fully within the competence of the Regional Committee for the Eastern Mediterranean and of our World Health Assembly.
The Soviet delegation asks that this statement be included in the records of the Assembly and is ready to provide a written text.

The PRESIDENT:

The delegate of Jordan.

Dr OWEIS (Jordan) (translation from the Arabic):

Thank you, Madam President. Although the Jordanian delegation has previously stated its reservations on the draft resolution contained in document A34/36, we should like to point out an error in the Arabic translation of the last preambular paragraph on page 5. In the English phrase "Recognizing the wishes of Member countries", etc., at the top of this page, the English word "Recognizing" has been translated into Arabic by "والاعتراف" which in English means "knowing", not "recognizing". The correct Arabic translation of the word "Recognizing" is "والاعتراف". The difference in meaning at this precise place in the draft document has special significance, for it could lead to a different interpretation if the translation remains as it is. All the more so since the rights of the Arabs have been the subject of interpretation of words in documents of the United Nations, as was the case with the well-known phrase "occupied territories" and "the occupied territories". Thank you, Madam President.

The PRESIDENT:

Thank you, the delegate of Jordan. You may be sure that all the mistakes of translation are going to be corrected.

In the absence of any objections, the resolution is adopted, and the second report of Committee B is hereby approved.¹

I am sorry, the delegate of the United States of America, you can explain what you want, but the resolution is adopted. The delegate of the United States of America.

Mr BOYER (United States of America):

Thank you, Madam President. I have to give an explanation of our position on the adoption of the complete report of Committee B. When the resolutions in this report were considered in Committee B, my delegation indicated its opposition to two of them. These were the resolution on salaries and allowances for upgraded posts and for the Director-General, and the resolution on headquarters accommodation requirements.

We have not asked for a vote on these issues in the plenary, but simply wish to have the records show that our opposition to these resolutions remains.

The PRESIDENT:

Thank you. Of course your explanation should have been given when we passed these resolutions, but anyhow it is going to be recorded.

The meeting is adjourned.

The meeting rose at 9h25.

¹ See p. 288.
FOURTEENTH PLENARY MEETING

Wednesday, 20 May 1981, at 12h45

President: Dr M. VIOLAKI-PARASKEVA (Greece)

1. THIRD REPORT OF THE COMMITTEE ON CREDENTIALS

The PRESIDENT:

The Assembly is called to order. We shall now consider the third report of the Committee on Credentials. I call on Mr Beauge, Rapporteur of the Committee, to present this report (document A34/38).

Mr Beauge (Argentina), Rapporteur of the Committee on Credentials, read out the third report of that Committee (see page 284).

The PRESIDENT:

Thank you, Mr Beauge.

Are there any observations on the third report of the Committee on Credentials? As there are no requests for the floor, may I take it that the Assembly approves the report and accepts the credentials of the delegation of Chad? It is so decided.

2. THIRD REPORT OF COMMITTEE B

The PRESIDENT:

We shall now consider the third report of Committee B, as contained in document A34/37. In accordance with Rule 53 of the Rules of Procedure, this report shall not be read aloud. Four resolutions are contained in this report, and I shall invite the Assembly to adopt them one by one.

Is the Assembly willing to adopt the first resolution, entitled "Real Estate Fund"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Amendment of 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 "Organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Recruitment of international staff in WHO"? In the absence of any objection, the resolution is adopted.

The third report of Committee B is thereby approved.1

3. FIRST REPORT OF COMMITTEE A

The PRESIDENT:

We shall now consider the first report of Committee A (document A34/39), which contains one resolution, entitled "Appropriation Resolution for the financial period 1982-1983". I

1 See page 288.

- 258 -
would recall that, in accordance with Rule 72 of the Rules of Procedure, any decision on the amount of the effective working budget shall be made by a two-thirds majority of the Members present and voting. 

All those in favour of the adoption of this resolution, please raise your cards. Thank you.

What is your point of order, the delegate of Bangladesh?

Professor HALEEM (Bangladesh):

I wanted just to have a clarification. I understand that we are voting on the financial budget for the years 1982-1983; it was not absolutely clear. We have supported the programmes before, but the response was poor. That is why I was thinking that it was not properly understood by Member States. That was my point.

The PRESIDENT:

Thank you.

You have in front of you the resolution. We suppose that when you come here you have your papers ready and have read them. This is my advice to you. Thank you, anyhow.

Those that are against this resolution, please raise your cards. Thank you.

Abstentions? The result of the voting is as follows: number of Members present and voting, 95; two-thirds majority required, 64; in favour, 95; against, none; abstentions, 21. The resolution is adopted.

We have thereby approved the first report of Committee A. ¹

4. REVIEW AND APPROVAL OF THE REPORTS OF THE EXECUTIVE BOARD ON ITS SIXTY-SIXTH AND SIXTY-SEVENTH SESSIONS (continued)

The PRESIDENT:

We now come to the conclusion of item 9, "Review and approval of the reports of the Executive Board on its sixty-sixth and sixty-seventh sessions".

Now that the main committees have finished their consideration of the part of the Executive Board's report which deals with the programme budget for the financial period 1982-1983, we are in a position to formally take note of these reports.

From the comments which have been made, I take it that the Assembly wishes to commend the Board on the work performed and express its appreciation of the dedication with which the Board has carried out the tasks entrusted to it.

I also believe it would be appropriate to convey the thanks of the Assembly in particular to those members of the Board who will be completing their terms of office immediately after the closure of the current session of the Health Assembly.

Thank you.

5. FOURTH REPORT OF COMMITTEE B

The PRESIDENT:

Now we shall consider the fourth report of Committee B, as contained in document A/34/40. Please again disregard the word "draft" which appears on this document, since the report was approved this morning in Committee B without amendment. Three resolutions are contained in this report, and I shall invite the Assembly to adopt them one by one.

Is the Assembly willing to adopt the first resolution, entitled "Collaboration with the United Nations system - General matters: Programme support costs"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Collaboration with the United Nations system - General matters: Emergency health and medical assistance to Democratic Yemen, Djibouti, Ethiopia and Somalia"? In the absence of any objection, the resolution is adopted.

¹ See page 286.
Is the Assembly willing to adopt the third resolution, entitled "Health conditions of the Arab population in the occupied Arab territories, including Palestine"?

The delegate of Israel has asked for the floor.

Professor MODAN (Israel):

Madame President, distinguished delegates, this is a moment of truth. Committee B was forced to hear yesterday a multitude of assertions on the health status of the population of the West Bank, Gaza and Sinai, from delegates who decided to pass judgement without even hearsay, without taking account of the opinion presented by the Chairman of the Special Committee appointed by you, who spent lengthy days observing, studying, analysing and assessing the situation.

The resolution you are being asked to vote on contains seven paragraphs of condemnation, none of which refers to health issues, and thus it has no bearing on the basic concepts relevant to improving the social, physical and mental well-being of the Palestinian Arabs. It ignores the report of your own emissaries, and their practical recommendations.

Mindful of the basic principles of the WHO Constitution, bearing in mind that the resolution refers exclusively to political issues and does not recognize the medical needs and actual health status of a population that had been underprivileged for years under the occupation of Jordan and other States, I urge that this resolution should be rejected by all those who care sincerely for the cause of health, for decency in international life, and for the role and the image of WHO in promoting health care.

We have just concluded a tedious discussion on the needs of our Organization and the ever-increasing budgetary constraints. In view of the fact that the report of the Special Committee - one-sided as it is - went almost unattended to, I am tempted to suggest that if you accept this resolution you do not recommend further review trips for this Special Committee.

This year's resolution could have been worded exactly as it is without the distinguished members of the Committee leaving the airports of their respective countries. If this is the future awaiting us, I am also tempted to ask that those delegates who are ready to vote on the resolution vote simultaneously on next year's condemnation as well. Thus we shall at least save the travel fare of the Committee, the cost incurred in preparing the reports, and the effort imposed on all of us hearing ridiculous and hypocritical accusations.

We believe, as do all those who do not support this resolution, in the future of this Organization. We believe that it should deal with health issues, not with international subversion. We believe, perhaps naively, that the people of Gaza, of the West Bank, of the Golan Heights and of Sinai deserve better than the judgement set before you to vote upon.

We believe that the malignant disorder that has politicized recent Health Assemblies can be cured, and we believe that some of you will start this therapeutic process right now by not supporting this resolution.

Thank you.

The PRESIDENT:

May I ask the distinguished delegate of Israel: are you proposing a vote, or do you only want this statement to be duly recorded in the verbatim records?

Professor MODAN (Israel):

We request a vote.

The PRESIDENT:

So now, distinguished delegates, we have to proceed, according to the request from the delegate of Israel, to the vote. All those in favour of the adoption of this resolution, please raise your cards. Against? Abstentions?

The result of the voting is as follows: number of Members present and voting, 91; votes for, 65; votes against, 26; abstentions, 22. The resolution is adopted.

The fourth report of Committee B is approved.\(^1\)

The meeting is adjourned.

The meeting rose at 13h10.

\(^1\) See page 288.
FIFTEENTH PLENARY MEETING

Thursday, 21 May 1981, at 14h35

President: Dr M. VIOLAKI-PARASKEVA (Greece)

1. FIFTH REPORT OF COMMITTEE B

The President:

The Assembly is called to order.

The General Committee decided at its meeting yesterday that the date of closure of the Thirty-fourth World Health Assembly should be Friday, 22 May, and the time of the closing plenary was fixed for 15h00 on Friday.

We shall first consider the fifth report of Committee B, as contained in document A34/41. Please disregard the word "Draft" which appears on this document, since the report was approved by the Committee this morning without amendment. In accordance with Rule 53 of the Rules of Procedure, this report shall not be read aloud. The report contains two decisions and two resolutions, and I shall invite the Assembly to adopt them one by one.

With regard to item 43.1, "Annual report of the United Nations Joint Staff Pension Board for 1979", Committee B decided to recommend to the Thirty-fourth World Health Assembly that it should 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 1979 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 43.2, "Appointment of representatives to the WHO Staff Pension Committee". Committee B decided to recommend to the Thirty-fourth World Health Assembly that it should appoint the member of the Executive Board designated by the Government of Japan as member of the WHO Staff Pension Committee, and the member of the Board designated by the Government of Seychelles 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.

We shall now consider the two resolutions contained in this report.

Is the Assembly willing to adopt the first resolution, entitled "Collaboration with the United Nations system: 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 second resolution, entitled "Health and medical assistance to Lebanon"? In the absence of any objection, the resolution is adopted.

The fifth report of Committee B is thereby approved.1

2. SECOND REPORT OF COMMITTEE A

The President:

We shall now turn to the second report of Committee A, as contained in document A34/42. Please disregard the word "Draft" which appears on this document, since the report was approved by the Committee this morning without amendment.

Is the Assembly willing to adopt the first resolution, entitled "Draft International Code of Marketing of Breast-milk Substitutes"? I see that numerous delegations wish to take the floor, and I shall therefore establish a list of speakers.

1 See p. 289.
The list of speakers is as follows: Bangladesh, Thailand, Samoa, Romania, Malawi, Chad, Yugoslavia, Guinea, Angola, Kuwait, Spain, and the Christian Medical Commission.

In view of the limited time available, I propose, in conformity with Rule 27 of the Rules of Procedure, to limit to three minutes the time to be allowed to each speaker. I count on your cooperation to facilitate my task. You will understand that I shall have to be very strict and call to order any speaker who exceeds this time limit. Indeed, any prolongation of the plenary would obviously mean that the main committees would in turn have to meet later this afternoon, since they have to complete their work at the latest by tomorrow noon.

I also recall that the statements you make will be reproduced in the verbatim records of the Assembly. The first speaker on my list is the delegate of Bangladesh, to whom I give the floor.

Professor HALEEM (Bangladesh):

Thank you, Madam President, I appreciate your democratic role, which I was deprived of yesterday. There were 51 speakers listed to speak on this subject. In spite of my point of order, it was disregarded. In spite of my saying that there are provisions for limitation of time, the Chairman was informed that there is no such rule. I quoted the Rule, that is, Rule 57, under which the Assembly may limit the time. Anyway, because of so much procedural difficulty, instead of saying "Yes", I said "No". I repeat now that I am in favour of the Code, so my vote will be in favour of adopting this resolution. I would also like to say that, instead of recommendations, my country would like to see it in the form of regulations.

The PRESIDENT:

Thank you. The next speaker on my list is the delegate of Thailand.

Dr SUVANNUS (Thailand):

My delegation would like to clarify our position in voting on the draft International Code of Marketing of Breast-milk Substitutes in Committee A. The confusion at that time made my delegation misunderstand and we abstained from the vote. In fact we would like very much to vote in favour of the draft International Code of Marketing of Breast-milk Substitutes. So, I would ask the Secretariat to record my delegation's vote in favour of the draft International Code.

The PRESIDENT:

Thank you, the delegate of Thailand. Now, the delegate of Samoa.

Dr RIDINGS (Samoa):

I requested the floor for two reasons and to make one proposal. Firstly, because of the precipitate and unexpected closure of the debate on this subject yesterday, and my difficulty as a sole delegate in being in three places at once, I was unable to cast Samoa's vote in favour of the Code of Marketing.

Secondly, I received yesterday information from a meeting of government health representatives from nine small Pacific island developing countries held in Fiji last week. This meeting fully supported the Code as a minimum standard, and I felt that this information should be provided for moral support.

Accordingly, for these reasons and as I understand that there was some confusion over the voting in yesterday's meeting, I only request that a vote be taken now on this resolution.

The PRESIDENT:

Thank you. I now ask the delegate of Romania to speak.

Dr BULLA (Romania):

On behalf of the Romanian delegation I wish to make a point of clarification relating to the vote cast in Committee A in connexion with the resolution concerning the International Code of Marketing of Breast-milk Substitutes. Due to the confusing situation during yesterday's work in Committee A, the Romanian delegation was registered as abstaining from the vote, but
in fact our intention was to vote in favour of the resolution. Therefore, I want to ask to have this statement put on the record. My delegation will vote in favour of the resolution in the plenary.

The PRESIDENT:

Thank you all for your collaboration up to now. The distinguished delegate of Malawi has the floor.

Dr KALILANI-ALFAZEMA (Malawi):

My intervention is to clear up a defect which occurred after the confusion in the voting for or against the closing motion and the baby-food code yesterday afternoon in Committee A. In fact the Malawi delegation is totally in favour of the International Code of Marketing of Breast-milk Substitutes. But it was registered as abstaining because it was thought we were still voting on the closure motion, but in a nominal form. Therefore, I would support the delegate who proposed that a second, roll-call vote be carried out this afternoon, if possible, on the baby food code in order to give the true picture.

The PRESIDENT:

Thank you. I now give the floor to the delegate of Chad.

Dr DJEKOUNDADÉ (Chad) (translation from the French):

Madam President, in the confusion that surrounded yesterday's discussion the position of the delegation of Chad was not clearly understood. We spoke on a specific point concerning the International Code of Marketing of Breast-milk Substitutes. That declaration was interpreted as a statement against the Code. The correction was made this morning by the Legal Adviser and, since I am unable to inform you of its content, I should like the Legal Adviser to do so in order that the precise position of the Chad delegation is known.

The PRESIDENT:

Thank you, the delegate of Chad. The delegate of Yugoslavia, please.

Dr POPOVIĆ (Yugoslavia):

Madam President, I would like to inform you and all delegates of this Assembly that because of the confusion in the discussion on item 23.2 yesterday in Committee A Yugoslavia abstained from voting. Here I declare that the Yugoslav delegation is truly in favour of the draft International Code of Marketing of Breast-milk Substitutes, and so will vote for this.

The PRESIDENT:

Thank you, the delegate of Yugoslavia. The delegate of Guinea has the floor.

Dr SYLLA (Guinea) (translation from the French):

Madam President, at the time of voting yesterday there was so much confusion that we no longer knew whether we were voting to close the meeting or to approve the draft Code. My delegation, which has now understood the purpose of the vote, is entirely in favour of the draft International Code of Marketing and we would like this to appear in the record.

The PRESIDENT:

Thank you very much. All the views seem to be that we should have a vote by roll-call, and it is going to reflect your own reaction. Now, the delegate of Angola.

Dr FERNANDES (Angola) (translation from the French):

Madam President, as you know the delegation of Angola was not present yesterday because we were attending Committee B. We therefore did not take part in the voting but we should like the position of our Government to be clearly known: we are in favour of the draft Code of Marketing of Breast-milk Substitutes, and I think the same goes for other delegations that were also absent yesterday. This is our official position.
The President:

Now it is the turn of the delegate of Kuwait.

Dr AL-SAIF (Kuwait) (translation from the Arabic):

In the name of God the Gracious, the Merciful, thank you, Madam President. Madam President, my delegation fully approves the draft Code of Marketing of Breast-milk Substitutes. We express our sincere thanks to the Director-General, Dr Mahler, for his considerable and sincere efforts leading to the production of this well-conceived Code. Madam President, the drafting of this Code is an historic event for all the children of the world, and especially those of the developing world. It is the least that this Organization should do to safeguard our children's health. I wonder why any State, least of all one of those we call superpowers, should so blatantly oppose this Code and raise obstacles to our action for the health of our children. This, Madam President, is a tragedy that history will record.

In conclusion, I reiterate my thanks to the Director-General and to all those who have cast their votes in favour of this Code and the health of our children. Thank you, Madam President.

The President:

I thank the delegate of Kuwait. Rule 27 is not only to limit the timing; we have to close the list of speakers after Spain, Egypt, the Christian Medical Commission and the World Federation of Public Health Associations. So the list of speakers is closed.

Now I give the floor to the delegate of Spain.

Dr DE LA MATA (Spain) (translation from the Spanish):

The Spanish delegation has asked for the floor to justify its vote in favour of the draft International Code of Marketing of Breast-milk Substitutes.

It was easy for us to associate ourselves with this draft because in our country all such products, whether breast-milk substitutes or supplements, are subject to strict regulations covering all foods intended for specific situations; they are subject to special health precautions, beginning with compulsory prior registration and the control of manufactured batches.

The President:

I thank the delegate of Spain, and ask the delegate of Egypt to take the floor.

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

Thank you, Madam President. My delegation wishes to point out that there is as yet no product that can be called a "breast-milk substitute". I therefore move that the term "breast-milk substitutes" be deleted from the title and all the articles of the Code and be replaced by the term "modified infant formula". With this change the title of the Code will become "The International Code of Marketing of Modified Infant Formula". If this is done, the title of the Code and the repetition of the words "breast-milk substitutes" will not inadvertently impede the promotion of breast-feeding.

The President:

I thank the delegate of Egypt. Now I call on the representative of the Christian Medical Commission to take the floor.

Dr KINGMA (Representative of the Christian Medical Commission):

Thank you, Madam President. The Christian Medical Commission of the World Council of Churches is a nongovernmental organization in official relations with WHO. My organization has worked very closely with WHO over the past few years in regard to the question of infant and young child feeding and we took an active part in the WHO/UNICEF meeting on that subject in October 1979.

In our capacity as an advisory and coordinating agency for churches and other nongovernmental organizations engaged in health care around the world, we are in touch with groups carrying out comprehensive health care in over 110 countries. I do not need to
remind the delegates to this Assembly of the substantial contributions and resources which the nongovernmental organizations and the churches are able to mobilize in health care and, in particular, primary health care, around the world. My organization is also functioning as the coordinating organization of the group of nongovernmental organizations on primary health care, a group of some 30 nongovernmental organizations in official relations with WHO, meeting regularly here in Geneva.

On behalf of my own organization and the group of nongovernmental organizations on primary health care, I would like to commend the Director-General and the Secretariat for the initiative in carrying forward the production of this draft Code of Marketing of Breast-milk Substitutes. Madam President, I would like to offer the very strong support of that constituency and my own organization for resolution EB67.R12 of the Executive Board and the draft International Code of Marketing of Breast-milk Substitutes. The draft, in our opinion, offers a minimum set of guidelines for acceptable marketing practices, and we would vigorously urge this Assembly to unanimously endorse the Executive Board resolution and adopt the International Code as a recommendation.

The PRESIDENT:

I thank you very much, Dr Kingma. Now the representative of the World Federation of Public Health Associations, Dr Kessler, will speak.

Dr KESSLER (Representative of the World Federation of Public Health Associations):

Thank you very much, Madam President. I also represent a nongovernmental organization in official relations with WHO. The World Federation applauds UNICEF's and WHO's initiative in developing this Code. The World Federation is an international nongovernmental organization of national public health associations from both industrialized and developing countries, whose members include the entire spectrum of public health practitioners.

In February of 1981 the Federation held its Third International Congress in Calcutta, India, to consider progress and problems in the implementation of primary health care. The 800 practitioners of public health from some 50 countries fully endorsed the WHO/UNICEF Code.

At its fourteenth annual meeting, held here in Geneva on May 7, the Federation passed a resolution which urges the World Health Assembly to adopt the Code and commits the full resources and energies of the Federation and its member associations to see that the Code is complied with. The resolution has been submitted to the delegates of this Assembly in document A34/INF.DOC./11.

The Federation firmly believes that the Code is an essential step - though only one of many important steps - in the international effort to achieve appropriate infant nutrition. The Code will help to ensure that infant feeding practices are free of undue commercial practices and unethical pressures. The Code serves to remind health professionals as well as industry of their responsibilities, and draws public attention to the issue. The Federation is cognizant that vigorous actions are needed on many fronts to ensure adequate child nutrition. It is up to the World Health Assembly to adopt the Code. It is then up to the national and international public and private institutions to see that it is adhered to and to bring new energy to undertaking additional measures to make sound nutrition of infants and children a reality everywhere in the world.

This is the real spirit of the Code, and the World Federation of Public Health Associations and its members pledge to work vigorously to this end: national associations stand ready to continue and extend their work with their governments in research service and public information relating to infant and child nutrition and the Code. Professional associations can play a key role in creating and sustaining political commitment and in pioneering new approaches for appropriate nutrition and above all in shaping the values of health workers. The Federation pledges to pursue each of these objectives. The World Federation and its members will work together with UNICEF, WHO, governments and the public as extensively as possible in pursuing the initiative for adequate child nutrition, and in encouraging compliance with this Code.

The PRESIDENT:

Thank you very much. Now, as you remember, a vote by roll-call has been requested. Rules 74 and 75 of the Rules of Procedure apply in these circumstances. I shall now draw the letter indicating the name of the delegation with which voting will begin.
A vote was taken by roll-call, the names of the Member States being called in the English alphabetical order, starting with Kenya, the letter "K" having been determined by lot.

The result of the vote was as follows:

In favour: Afghanistan, Algeria, Angola, Australia, Austria, Bahrain, Bangladesh, Belgium, Benin, Botswana, Brazil, Bulgaria, Burundi, Canada, Cape Verde, Central African Republic, Chad, Chile, China, Colombia, Comoros, Costa Rica, Cuba, Cyprus, Czechoslovakia, Democratic Yemen, Denmark, Egypt, Ethiopia, Finland, France, Gabon, Gambia, German Democratic Republic, Germany, Federal Republic of, Ghana, Greece, Guatemala, Guinea, Guinea-Bissau, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Jordan, Kenya, Kuwait, Lebanon, Lesotho, Libyan Arab Jamahiriya, Luxembourg, Malawi, Malaysia, Maldives, Mali, Malta, Mauritania, Mexico, Mongolia, Morocco, Mozambique, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Romania, Rwanda, Samoa, Sao Tome and Principe, Saudi Arabia, Senegal, Seychelles, Sierra Leone, Singapore, Somalia, Spain, Sri Lanka, Sudan, Suriname, Swaziland, Sweden, Switzerland, Syrian Arab Republic, Thailand, Togo, Trinidad and Tobago, Tunisia, Turkey, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Upper Volta, Uruguay, Venezuela, Viet Nam, Yugoslavia, Zaire, Zambia, Zimbabwe.

Against: United States of America.

Abstaining: Argentina, Japan, Republic of Korea.


The PRESIDENT:

Yes, the delegate of Belgium has the floor.

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

Madam President, while we are awaiting the completion of the voting I should like to make a small comment on the item that has just been discussed. I should like to say first of all, even before the results have been announced, that I greatly welcome the virtual unanimity of this Assembly.

Nevertheless, I have before me an extract from the newspaper International Daily News containing an article entitled "US shoots down WHO Code". To start with, this strikes me as rather strange, because we have just seen the Code approved by an overwhelming majority. I would not have taken the floor on this matter but for the fact that the article contains a direct allusion to the character of our Director-General, Dr Mahler. I am not in the habit of replying to journalists, who tend very often to dramatize situations. But in the present case, and particularly within the context of the Code we have just approved, it is unthinkable that accusations such as those contained in this article can be made against Dr Mahler, above all the allegation that he has exerted pressure or has done things that were not entirely honest. I should like to put on record once again the great affection I hold for our Director-General, affection which I am sure is shared by the whole Assembly - and I should like us to demonstrate the trust we place in him. (Applause)

The PRESIDENT:

Thank you, Professor Halter, for your intervention, it was very worthy and I think the acclamation and the voting show our appreciation of the quality and the personality of our Director-General, Dr Mahler.

Now I have to announce the result of the voting. It is as follows: numbers present and voting, 119; required majority, 60; in favour, 118; against, one; abstentions, 3.

The resolution is therefore adopted. (Applause)
Now, distinguished delegates, ladies and gentlemen, we shall consider the second resolution contained in document A34/42. Is the Assembly willing to adopt the resolution, entitled "Nutritional value and safety of products specifically intended for infant and young child feeding"? In the absence of any objections, the resolution is adopted.

The second report of Committee A is hereby approved.¹

I have to thank you very much for today's collaboration, and also for the results of this vote.

The meeting is adjourned.

The meeting rose at 15h25.

¹ See p. 286.
1. THIRD REPORT OF COMMITTEE A

The PRESIDENT:

Distinguished delegates, ladies and gentlemen, the Assembly is called to order.

We shall first consider the third report of Committee A, as contained in document A34/43. Four resolutions are contained in this report which I shall invite the Assembly to adopt one by one. I should like, however, to draw your attention to the fact that, with the exception of the French version, there is a mistake in the presentation of one of the resolutions in this report. The third resolution, entitled "Promotion of prevention of adverse health effects of disasters and emergencies through preparedness", is presented in its original form, whilst in fact Committee A had adopted an amended version. This amended version has now been distributed in Arabic, Chinese, English, Russian and Spanish in document A34/43 Corr.1 and should be in front of you on your desk.

Is the Assembly willing to adopt the first resolution, entitled "The meaning of WHO's international health work through coordination and technical cooperation"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "International Drinking Water Supply and Sanitation Decade"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "Promotion of prevention of adverse health effects of disasters and emergencies through preparedness"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "Use of SI units in medicine: use of the kilopascal for blood pressure measurement"? In the absence of any objection, the resolution is adopted and the third and final report of Committee A is thereby approved.¹

2. SIXTH REPORT OF COMMITTEE B

The PRESIDENT:

We shall now turn to the sixth report of Committee B, as contained in document A34/44. Please disregard the word "draft" which appears on this document, since the report was approved in Committee B this morning without amendment. Seven 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 "Periodicity and duration of Health Assemblies: Periodicity of Health Assemblies"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Periodicity and duration of Health Assemblies: Method of work and duration of Health Assemblies"? 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 - International Year of Disabled Persons, 1981: WHO's cooperative activities within the United Nations system for disability prevention and rehabilitation"? In the absence of any objection, the resolution is adopted.

¹ See page 287.
Is the Assembly willing to adopt the fourth 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"?
The delegate of the United States of America, you have the floor.

Dr BRYANT (United States of America):
Thank you, Madam President. We request that a vote be taken on this resolution.

The PRESIDENT:
Yes, Sir, you can have it.
All delegates that are in favour of this resolution, please raise your card and hold it up. Those delegates who are against this resolution? Abstentions, please.
May I have your attention, please? Result of the vote: number of Members present and voting, 90; votes for, 90; votes against, none; abstentions, 7. The motion is carried.
Now, distinguished delegates, we proceed. Is the Assembly willing to adopt the fifth resolution, entitled "Collaboration with the United Nations system - Cooperation with newly independent and emerging States in Africa: Special programme of cooperation with the Republic of Equatorial Guinea"? In the absence of any objection, the resolution is adopted.
Is the Assembly willing to adopt the sixth resolution, entitled "Collaboration with the United Nations system - Cooperation with newly independent and emerging States in Africa: Special programme of cooperation with the Republic of Chad"? In the absence of any objection, the resolution is adopted.
Is the Assembly willing to adopt the seventh resolution, entitled "Collaboration with the United Nations system - Cooperation with newly independent and emerging States in Africa: Liberation struggle in southern Africa: Assistance to Namibia"?
The delegate of the United Kingdom has asked for the floor.

Mr PARKER (United Kingdom of Great Britain and Northern Ireland):
Madam President, my delegation requests a vote on this item.

The PRESIDENT:
Thank you, Sir.
It is very good that we have an entertainer. You know, ladies and gentlemen, why I say that - because I heard the cry of a baby; the subject of breast-feeding was yesterday, and today we have a baby in the hall.
Those delegates that are in favour of adopting this resolution, please hold up your cards and keep them up. Those against? Abstentions, please.
May I have your attention, please? Result of the vote: number of Members present and voting, 97; votes for, 93; votes against, 4; abstentions, 10. The motion is carried.
The delegate of the United States of America has the floor.

Mr BOYER (United States of America):
Thank you, Madam President. The position of the delegations of the United States, United Kingdom, France, the Federal Republic of Germany and Canada was expressed by my delegation in Committee B yesterday. I would simply like to note that that position remains the same today.

The PRESIDENT:
Thank you, the delegate of the United States of America.
In the absence of further observations, the sixth report of Committee B is now approved.¹

¹ See page 289.
3. SEVENTH REPORT OF COMMITTEE B

The PRESIDENT:

Now we shall proceed to consider the seventh report of Committee B, as contained in document A34/45. Five 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 "Collaboration with the United Nations system - General matters: Health assistance to refugees in Africa"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the second resolution, entitled "Global Strategy for health for all by the year 2000"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the third resolution, entitled "Resources for strategies for health for all by the year 2000"? In the absence of any objection, the resolution is adopted.

Is the Assembly willing to adopt the fourth resolution, entitled "The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all"? The delegate of the Netherlands has the floor.

Mr VAN KESTEREN (Netherlands):

Thank you, Madam President. I would like to ask for a vote.

The PRESIDENT:

Thank you.

Those Members that are in favour, please raise your cards and hold them up. Delegates that are against this resolution? Abstentions, please. The result of the vote is as follows: numbers of Members present and voting, 91; votes for, 68; votes against, 23; abstentions, 17. The motion is carried.

Is the Assembly willing to adopt the fifth resolution, entitled "Material war remnants"? The delegate of Belgium, please.

Mr DE BOCK (Belgium) (translation from the French):

Madam President, my delegation requests a vote on this draft resolution.

The PRESIDENT:

As you like, Sir.

All the delegates who are in favour, please raise your cards and hold them up. All those against, please hold up your card. Abstentions, please. May I have your attention, please? The result of the vote: number of Members present and voting, 83; votes for, 83; votes against, none; abstentions, 21. The resolution is adopted.

The delegate of the United Kingdom, you have the floor.

Mr PARKER (United Kingdom of Great Britain and Northern Ireland):

Madam President, by way of an explanation of vote my delegation would like to draw the attention of the Assembly to the statement which we made in Committee B setting out our Government's position in this matter.

The PRESIDENT:

Thank you, the delegate of the United Kingdom.

The resolution being adopted, the last report of Committee B is thereby approved.¹

¹ See page 290.
4. SELECTION OF THE COUNTRY OR REGION IN WHICH THE THIRTY-FIFTH WORLD HEALTH ASSEMBLY WILL BE HELD

The PRESIDENT:

I should like to draw the Assembly's attention to the fact that under the provisions of Article 14 of the Constitution, the Health Assembly, at each annual session, shall select the country or region in which the next annual session shall be held, the Executive Board subsequently fixing the place.

In the absence of any invitation by a Member for the holding of the Assembly elsewhere, I propose that the Thirty-fifth World Health Assembly be held in Switzerland. Are there any comments? I see none. It is therefore so decided.¹

Ladies and gentlemen, before we had all this business of voting, it was my intention to have a 5 or 10 minutes' pause, but I think now that all of us would prefer to adjourn this meeting and to resume immediately for the closing ceremony. The meeting is adjourned.

The meeting rose at 15h05.

¹ Decision WHA34(13).
SEVENTEENTH PLENARY MEETING

Friday, 22 May 1981, at 15h05

President: Dr M. VIOLAKI-PARASKEVA (Greece)

CLOSURE OF THE SESSION

The PRESIDENT:

The Assembly is called to order for the closing plenary session. A few delegations have asked for the floor. The first speaker on my list is the delegate of Peru, Dr Ponce de León, who is invited to come to the rostrum. Dr de León is Director-General of International Relations in the Ministry of Health.

Dr PONCE DE LEÓN (Peru) (translation from the Spanish):

Madam President, Mr Director-General, officers of the Assembly, and distinguished members of delegations to this Thirty-fourth World Health Assembly, ladies and gentlemen, it is a great honour for me to be allowed to convey, on behalf of the countries of the Region of the Americas, our congratulations to you, Madam President, on the outstanding way in which you have presided over the meetings of this Assembly, and to the Director-General and the members of the Secretariat on the excellent presentation of the documents that have been discussed. This Assembly has given us once again an opportunity to gather together and share the experiences of our common struggle to improve the health of the peoples of the world. The varied approaches outlined by the different delegations endorse in many cases the line we ourselves are taking, while at the same time warning us of the danger that would be entailed by taking other types of measures.

Although we still continue to speak of developed and developing countries, as if we were dealing with two worlds where reality means different things, we are well aware that man is the common denominator of these two worlds, guided by a multitude of interests. The rapidity of means of communication is making the world smaller and smaller, with the result that the two realities converge more and more frequently, fully justifying us in regarding the problem of health as common to all of us, so that it is natural that we should join together in seeking to attain the goal of health for all by the year 2000 through a common effort of mutual support which will enhance our action. An obvious example is the eradication of smallpox, without doubt the greatest triumph of public health in our day, and one in which the leading role played by this Organization of ours must be underlined.

The manner in which the various countries have set out to try to achieve the goal of health for all by the year 2000 demonstrates that the governments have supported and enthusiastically embraced this policy, with the strategy of primary care as the basis for its implementation.

We are aware that political backing for this strategy implies action involving all sectors, since as some delegates have pointed out the essential problem can basically be best attacked from other sectors of development. There must be strong political support and intersectoral coordination if we are to reach our goal. The matter of active participation by the community and by the individual not only as beneficiary but as a key participant in planning, represents a challenge in which we must take account of cultural factors, since they are the key to proper motivation. When I speak of active participation by the community, I mean the community which is at both the directing and the receiving end of the project. But we have to bear in mind that coherent participation calls for changes in the structure and the attitudes of the community.
Some delegations have referred to the need to approach the training of the various types of professional in the medical sciences in the context of their proper functioning as members of the community health system. As has been stated in the course of our deliberations, it might be well to take a backward look to the time when the practice of medicine was simpler, and to adopt the more valuable aspects of that practice. The family doctor, the general practitioner who visited the patient in his home, must be brought back, and the young physician of today must be redirected towards a type of practice more in keeping with the needs of the majority. The proper planning and rationalization of health systems, with assignment of priorities, must govern financing and the rational distribution of resources. In this connexion we note that the budget submitted shows a praiseworthy effort to ensure equitable distribution of the available resources. The approval given to the International Code of Marketing of Breast-milk Substitutes constitutes without any doubt one of the most important acts of this Assembly, which all of us acclaim with satisfaction.

We offer our warm congratulations to the Secretariat on the excellent work it has done in preparing and presenting the draft Code. When we speak of the mother and child dyad, we are referring to the oneness which, starting with gestation, must extend through the lactation period, when the mother through her love, the symbol of universal tenderness, provides the child with the ideal food, not only for its nutritional value, but as a factor in natural protection against the diseases which the child must face from the moment it is born. To explain this oneness is a matter which concerns us all and it merits our unanimous support. We would like to reiterate, Madam President, our sincere congratulations to the Assembly on the objectives attained during this great gathering. We also wish to thank the Regional Director, Dr Acuña, for the assistance he has given to our governments.

The PRESIDENT:

Thank you, Dr Ponce de León. May I now ask the next speaker on my list, Dr Stoke from the Western Pacific Region, to come to the rostrum. Dr Stoke is Deputy Director of the Division of Public Health, Department of Health, in New Zealand.

Dr STOKE (New Zealand):

Madam President, Mr Director-General, distinguished delegates, ladies and gentlemen, it is for me not only a great honour to represent the Western Pacific Region at this closing ceremony, but a pleasure and privilege which I greatly appreciate.

At the end of this momentous Assembly, I know that you share with me a variety of emotions. For all of us this has been a time of great enjoyment, as we have had the opportunity of meeting with distinguished colleagues from other countries, of renewing friendships with some and beginning new ones with others. Mixed with the enjoyment is, for many of us, a feeling of fatigue. Extended hours and the high level of debate have resulted in some of us feeling in need of a holiday prior to returning to our routine work. However, I believe that for all of us the strongest and most abiding of our emotions is that of achievement. We know that this week important health decisions have been made - important both to the world in general and the Western Pacific Region in particular.

It would, I believe, be inappropriate in this closing ceremony to categorize these or to single out individual items. However, it would be a sad and unfortunate omission if I did not thank the distinguished delegates who have facilitated items of particular importance and relevance to our Region. You will be aware that our Region is far flung and large in population. It includes people of all races, in varying political systems and at different stages of development. It is in fact a microcosm of the World Health Organization itself. It is for this reason that all the concerns of this Assembly are relevant to our Region.

In his inspiring and masterly address, the Director-General referred to Jean-Jacques Rousseau and his "Social Contract". May I remind you now of the words of John Donne in an earlier century: "No man is an island, entire of itself; every man is a piece of the Continent, a part of the main." So it is also with all the countries represented at this Assembly. We are all part of one family - the family of mankind. What affects any of us is the concern of us all. We are united in pursuit of a common goal, "Health for all by the year 2000". On behalf of all my colleagues in the Western Pacific Region I should like to renew our pledge of united and wholehearted support for this goal.

I should like to thank our colleagues from other Regions for sharing both their experiences and their problems with us. It is from such frank interchanges that we gain insight and knowledge which will help us to improve our health services. I should also like,
on behalf of my colleagues, to express our appreciation of, and gratitude to, the Secretariat for its understanding and for its ready support and active assistance at all times. I wish particularly to thank Dr Hiroshi Nakajima, our Regional Director for the Western Pacific, for his leadership in the work of the WHO Regional Office and for his ready assistance and guidance. We wish also to express our thanks to the Federal Government of Switzerland and to the Canton of Geneva for the hospitality which has made our sojourn a memorable one.

Madam President, may I joint all delegates here in expressing our delight, respect and admiration for the outstanding way in which you have guided our deliberations. Your unique combination of outstanding charm with superlative skill have given us leadership of the highest order.

Finally, may I wish you all godspeed, a safe return to your own country, together with sincere wishes for success in all your activities to achieve our goal of health for all by the year 2000.

The PRESIDENT:

Thank you, Dr Stoke. The next speaker on my list is Dr Rosdahl, the representative of the European Region. May I invite him to come to the rostrum? Dr Rosdahl is the Deputy Director-General of the National Board of Health of Denmark.

Dr ROSDAHL (Denmark):

Madam President, Director-General, Deputy Director-General, excellencies, honourable delegates, ladies and gentlemen, it is a privilege and a pleasure for me, on behalf of the delegations of the Member countries of the European Region, to address the Thirty-fourth World Health Assembly at this closing session.

The Assembly has been working long hours under the competent leadership of you, Madam President, and of the Chairmen of the two main committees. In your task, you have been supported by the Vice-Presidents, Vice-Chairmen and the Rapporteurs of the Assembly and the committees. The Assembly has received valuable guidance from the distinguished representatives of the Executive Board. The Secretariat has, by its preparation for the Assembly, greatly facilitated our work during these three weeks. During the Assembly, the Director-General, the Deputy Director-General and members of the staff of the Organization have provided invaluable additional assistance, thereby significantly contributing to the success of this World Health Assembly.

The year that has passed since our last Assembly means that we in fact in that year have spent some 5% of the time allotted for achieving the goal of health for all by the year 2000. One must admit, I am afraid, that progress has not been as expedient as we had all hoped. This Assembly, however, has brought us some important steps forward. Here I refer in particular to the adoption of the Global Strategy for Health for All, which will be an inspiration in our continued efforts at global, regional and national levels. Another extremely important achievement took place by the adoption of the International Code of Marketing of Breast-milk Substitutes. This Code hopefully will prove to be a decisive element in the protection of health of infants.

Once again it has been a general wish among delegates to ensure a consensus on most of the items on our agenda. This has meant that the main committees have spent long hours trying to attain unanimity. From the experience of this Assembly as well as earlier ones has emerged a desire to rationalize the work at future Assemblies, the decision to limit the duration to two weeks for Assemblies in even years is an expression of delegations' wish to save resources and time, and of their implicit acceptance of an even more stringent self-discipline - we are at least optimists. The same desire for rationalization of the work of the Organization has prompted the Regional Committee for Europe to decide that Regional Committee sessions in even years in the future shall take place at the Regional Office for Europe in Copenhagen.

Attending World Health Assemblies is always a great experience and this Thirty-fourth Assembly has not been an exception. The discussions in the main committees and statements in the plenary debates offer a unique possibility to learn from the experience of other countries and exchange views with colleagues from other parts of the world. The inspiration which we received during this period will be a continuous support in our daily work in national settings, whether in clinical medicine, in science or in public health administration. We have to recognize that the work we are going to carry out in order to secure and promote health for the populations of our countries first and foremost must take place in our own countries. But, in carrying out this work, we receive invaluable assistance and inspiration from WHO.
SEVENTEENTH PLENARY MEETING

Allow me, Madam President, to express the cordial thanks from delegations of the Member countries of the European Region to you, Madam, and to all other elected officers of the Thirty-fourth World Health Assembly, to Dr Mahler and Dr Lambo, to the Assistant Directors-General and Regional Directors, and to all other staff members who have participated. May I add that we include in our gratitude also those who have worked behind the scenes and those who have prevented the Assembly from turning into a Tower of Babel.

Finally, Madam President, I would like to extend out thanks to the Canton and City of Geneva for the hospitality which has made our few hours of leisure so memorable. We will be looking forward to future Assemblies and we wish all delegates a safe return to their countries - and good health. Thank you.

The PRESIDENT:

Thank you, Dr Rosdahl. The next speaker on my list is Mr Abbassi Tehrani. May I invite him to come to the rostrum as the representative of the Eastern Mediterranean Region. Mr Abbassi Tehrani is the Director-General of the Department of International Relations, Ministry of Health of Iran.

Mr ABBASSI TEHRANI (Iran):

Bismillah al-rahman al-rahim. At the outset I would like to convey my best regards and salutations to the Holy Prophets and to all martyrs whose noble and respectful blood was shed for attaining independence and freedom all over the world and also salutations to the oppressed nations and combatants who are a solid obstacle against all oppressors and are struggling for their rights and liberty against imperialism and colonialism.

Madam President, Director-General, distinguished delegates, as a member of the Eastern Mediterranean Region I would like to avail myself of this opportunity to thank the President of the Thirty-fourth World Health Assembly and her assistants for the effective way in which the present World Health Assembly was conducted. I also thank the Director-General and his staff for their contribution which proved so helpful in the work of the Assembly.

Many important items were discussed during the Assembly and the chief delegate of my country, Dr Manafi, gave a speech in which he reiterated the considerable importance of total health coverage of all populations, not only in the Islamic Republic of Iran, but throughout the world. A programme of health for all by the year 2000 will receive our full support and we would thank the Islamic Revolution in Iran from which our people will attain a good level of health even before that date. I also hope that the same would be the case for the populations of other parts of the Region and the whole developing world. Of course, community participation in attaining health for all by the year 2000 is important and I was glad to note the emphasis laid on this by the Assembly. It goes without saying that health is an important element of social development and my country according to the vital Islamic ideology lays considerable emphasis on social development and doing away with injustices and inequalities in the population. I should also mention that the situation on the Eastern Mediterranean Region needs the particular attention of the Assembly, especially with regard to the health of the Palestinian population and in particular in the areas occupied by the aggressors. All programmes promoting the health of Palestinian people will have our support, but I am sure you agree that you cannot have a state of complete physical and mental health as long as the occupation of the other nation’s territories continues.

Madam President, Director-General, distinguished delegates, in my opinion, three obstacles confront us in our efforts to achieve the goal of health for all by the year 2000. Firstly, there is the continuation of occupation of other nations’ lands and territories. Secondly, there is the hunger and famine of the people in a part of the globe, particularly in Africa, causing the death of thousands of the oppressed people in those areas. Thirdly, there is the armament competition between super-powers, in which the oppressed nations are the victims and not the super-powers themselves. So I am not hopeful to achieve the goal of health for all by the year 2000 until the removal of the three obstacles mentioned.

Another question concerns the location of the Regional Office for the Eastern Mediterranean which, as you know, has been the subject of discussion for the last two years. We support this move from Alexandria, but to a country acceptable to all countries of the Region in order to establish a harmonious working relationship between all the countries of the Region, as health has no frontiers and needs technical cooperation between countries in order to prevent outbreaks or the introduction of diseases. Meanwhile, I would like to express our thanks to our Regional Director, Dr Taba, and his able staff for the efforts they constantly make in collaborative programmes of WHO in the countries of the Region.
The PRESIDENT:

Thank you, Mr Tehrani. The next speaker on my list is Mr Vohra. May I invite him to come to the rostrum? Mr Vohra is going to speak on behalf of the South-East Asia Region. He is the Joint Secretary of the Ministry of Health and Family Welfare, India.

Mr Vohra (India):

Madam President, Dr Mahler, Dr Lambo, distinguished delegates, it gives me great pleasure to be here before you on behalf of the delegations of all the Member States of the South-East Asia Region of the Organization. First of all, allow me to express our appreciation for the pleasant yet entirely effective manner in which you, Madam President, have been regulating the proceedings of this Assembly. While maintaining the spirit of democracy you have been nipping all evil in the bud. From the tone of your voice and expression on your face, you have invariably succeeded in making a large number of professional orators and compulsive speakers hurriedly drop the microphone rather than face the consequences. Yet, on all occasions you have been your usual charming and gracious self while keeping all of us in order. On behalf of our delegations I would express our thanks for the outstanding manner in which you have steered the proceedings of the Assembly. We would like to express our appreciation of the manner in which the distinguished Vice-Presidents have chaired the plenary meetings; to each of them our grateful thanks. We also thank the Chairman of the Executive Board and his distinguished colleagues who have been assisting us in our deliberations. You will agree with me, Madam President, that you and your worthy colleagues, the Vice-Presidents, would have had very poor business to conduct, or no business at all, if the Chairman of Committee A, Dr Braga, and of Committee B, Dr Dlamini, had not kept us fruitfully engaged, operating efficiently and within the time frame set by the General Committee. To both our Committee Chairmen, the Vice-Chairmen, and the Rapporteurs a hearty vote of thanks. Our work in the committees and the plenaries would not have been possible but for the sustained and competent support of the staff of the Secretariat at all levels - visible and invisible - who worked long hours behind the scenes, to each of them our sincere gratitude. You will agree with me that the distinguished representatives of nearly 160 countries would not have been able to communicate with each other but for the competent assistance, the untiring assistance of the translators; to each of them our appreciation and thanks. My task would be incomplete if I did not express our profound appreciation to Dr Mahler, our enlightened Director-General, and Dr Lambo, our dynamic Deputy Director-General.

The proceedings of this Assembly have brought all of us closer to each other and strengthened our bonds with the Organization. Certain vested interests, in hopeless despair, descended to the level of making ill-considered allegations against our Director-General, charging that he is influencing countries to take given positions in regard to a hotly debated issue during this Assembly. Let me say, Madam President, that we are not easily influenced. Let me also say that as and when we are influenced, it is only by extraordinary personalities pursuing noble goals. Our Director-General is such a person and we take pride in openly admitting that, as and when we have had occasion to hear his views or discuss any matter with him, we have been influenced. Let me repeat that the debates during this Assembly have forged a new bond between us and led us to develop even greater admiration for the integrity and capability of the leadership in our Organization. We would like to record our continued and firm support for Dr Mahler and Dr Lambo and wish them resounding success in their efforts to attain the all important goals that we are resolved to secure. All strength to their elbows!

Finally, Madam President, I would like to make reference to the understanding and willing assistance that all of us in the South-East Asia Region continue to receive from our Regional Director, Dr Ko Ko. Along with him we shall strive to push our Region speedily towards the goal of health for all.

The PRESIDENT:

Thank you, Mr Vohra. The next speaker on my list is Mr Moyila, First Secretary of the Permanent Mission of Zaire in Geneva. He will speak on behalf of the delegates of the African countries.
Mr MOYILA (Zaire) (translation from the French):

Madam President, distinguished Vice-Presidents of the Thirty-fourth World Health Assembly, Mr Director-General, Mr Deputy Director-General, Assistant Directors-General, Regional Directors of the World Health Organization, Right Honourable Ministers, ladies and gentlemen attending by invitation, honourable delegates, with the Thirty-fourth World Health Assembly about to wind up its fruitful and arduous labours at this solemn closing meeting, it is our duty and pleasure, on behalf of the countries of the African Region of the World Health Organization, to pay heartfelt tribute to you, Madam President, who have guided the deliberations of the Assembly with competence, wisdom and flair backed by elastic firmness - in other words, like a really good mother.

Madam President, during the discussions in our august Assembly, you have insistently invited us to keep our statements short; you have even, to that end, foregone the customary congratulations on your election to the post of President, showing thereby your overriding concern for the satisfactory completion of the work of the Assembly in the allotted time. Mindful, therefore, of this motherly advice, I shall not be prolix.

Within the framework of its constitutional objective, the World Health Organization has proclaimed the social objective of health for all by the year 2000. According to the Declaration adopted at the International Conference on Primary Health Care in Alma-Ata, governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures. A main social target of governments, international organizations and the whole world community in the coming decades should be 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. Primary health care is the key to attaining this target as part of development in the spirit of social justice. All governments should formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors. To this end, it will be necessary to exercise political will, to mobilize the country's resources and to use available external resources rationally.

Since that Conference at Alma-Ata, countries have been looking to the formulation or reformulation of their national and regional strategies. In the African Region of WHO, the regional strategy was approved by the thirtieth session of the Regional Committee, held at Brazzaville in September 1980. The Global Strategy is worked out at WHO's central echelon and has been the subject of important discussions during this Assembly.

Madam President, in addition to the usual items the agenda of the Thirty-fourth World Health Assembly included some important topics relevant to the social objective of health for all by the year 2000. Under your enlightened guidance the Assembly has successfully completed the study of the various items of its agenda and adopted important resolutions. Now, after the enriching discussions which have taken place at the Assembly, it is the implementation of those resolutions which lies before all us delegates, in the overriding interest of our populations. In this connexion the African Region deserves special mention, subject as it is to many constraints: countries still struggling to regain their independence and human dignity, with the repercussions that struggle entails for many other people; prevalence and incidence of many communicable, infectious and parasitic diseases; major endemic diseases; undernourishment and malnutrition; problems of safe water supply and of the environment, etc. These factors make the attainment of this state of complete physical, mental and social wellbeing difficult. It follows that the African Region is unquestionably one where WHO's action must make itself particularly felt; we are therefore gratified at the appeal which our Director-General, Dr Mahler, has been repeatedly making in this connexion, saying: "Use your organization to the full."

Madam President, allow us before closing this brief address to offer you once again, on behalf of the countries of WHO's African Region, our heartiest congratulations. We also have pleasure in congratulating the Vice-Presidents and the Chairmen of the Committees and of the Technical Discussions, who have given you admirable support. We congratulate and thank especially the Director-General and all his staff at headquarters, who have spared no effort to ensure the smooth running and successful outcome of the Assembly's proceedings. Our gratitude goes out also to WHO's Regional Director for Africa and his staff for the effective and sustained support accorded to Member States from the Region during the Assembly. We also congratulate and thank our interpreters who, with praiseworthy dedication, dependable competence, remarkable quickness and never-failing assiduity, have assisted communication among delegates during the discussions. We must not, either, forget all the Secretariat staff, the conference room, maintenance, restaurant and custodial personnel, etc., who
DIRECTLY OR INDIRECTLY, IN ONE WAY OR ANOTHER, HAVE CONTRIBUTED TO THE SMOOTH RUNNING OF THE
ASSEMBLY'S PROCEEDINGS. OUR THOUGHTS GO OUT IN A SPECIAL WAY TO THE AUTHORITIES OF THE HOST
COUNTRY WHO HAVE WELcomed US TO THIS FAIR LAND OF GENEVA. FINALLY, WE CONGRATULATE ALL THE
PARTICIPANTS WHO HAVE DONE ADMIRABLE WORK AND ADOPTED SOME HIGHLY PERTINENT RESOLUTIONS. AS
WE HAVE ALREADY SAID, IT IS THE EFFECTIVE APPLICATION OF THOSE RESOLUTIONS WHICH IS
INDISPENSABLE, FOR WE HAVE A BET WE MUST WIN - "HEALTH FOR ALL BY THE YEAR 2000" - AND TO WIN
IT ALL COUNTRIES MUST POOL THEIR EFFORTS. THE HEALTH SECTOR IS PRIVILEGED IN THAT ALL
COUNTRIES HAVE THE SAME OBJECTIVE, NAMELY TO ENSURE THE ATTAINMENT BY ALL PEOPLES OF THE
HIGHEST POSSIBLE LEVEL OF HEALTH AND COMBAT EVERYTHING THAT CAN INTERFERE WITH HEALTH. LAST
YEAR, DURING THE THIRTY-THIRD WORLD HEALTH ASSEMBLY, ALL THE MEMBER STATES PRESENT SIGNED THE
DEATH CERTIFICATE OF SMALLPOX: NOT A SINGLE MEMBER STATE CAME FORWARD TO EXPRESS SYMPATHY FOR
THE DECEASED'S RELATIVES, WERE THERE ANY, WOULD BE HARD PUT TO IT TO FIND A REGISTER OFFICE FOR
THIS DEATH CERTIFICATE. WE ARE FIRMLY CONVINCED THAT WITH THEIR COMBINED STRENGTH, THE MEMBER STATES WILL ATTAIN THE SOCIAL OBJECTIVE OF HEALTH FOR ALL BY THE YEAR 2000 AND
THAT THE DEATH CERTIFICATE OF THE SCOURGE WHICH HAS TO BE OVERCOME - ILL-HEALTH - CAN BE
SIGNED BY THEM WITH THE SAME UNANIMITY.

THE PRESIDENT:

THANK YOU. THE DELEGATE OF THE FEDERAL REPUBLIC OF NIGERIA, MRS. EMANUEL, THE PERMANENT
SECRETARY, FEDERAL MINISTRY OF HEALTH, HAS ASKED FOR THE FLOOR. PLEASE COME TO THE ROSTRUM.

MRS. EMANUEL (Nigeria):

THANK YOU. FIRST OF ALL I WISH TO CONGRATULATE YOU, MADAM PRESIDENT, FOR THE ABLE AND
ADMIRABLE WAY IN WHICH YOU HAVE HANDLED THE PROCEEDINGS OF THIS THIRTY-FOURTH WORLD HEALTH
ASSEMBLY. THE MANNER IN WHICH YOU HAVE CONDUCTED THE AFFAIRS OF THIS ASSEMBLY IS AN
INSPIRATION TO ALL OF US, PARTICULARLY TO US WOMEN. WE THANK YOU AND WISH YOU GOOD HEALTH
AND HAPPINESS SO THAT YOU CAN CONTINUE TO SERVE OUR ORGANIZATION. I ALSO CONGRATULATE OUR
INDEFATIGABLE DIRECTOR-GENERAL AND HIS ABLE STAFF FOR THE UNFLINCHING SUPPORT THEY HAVE GIVEN
US ALL THROUGHOUT THIS SESSION. THERE WERE ANXIous MOMENTS, IT IS TRUE, WHEN IT LOOKED AS IF
CERTAIN ISSUES MIGHT DIVIDE US, BUT THESE WERE TEMPORARY SETBACKS FOR WE SURMOUNTED THESE
OBSERVATIONS THANKS TO THE REALISM AND FAIRNESS OF THE DIRECTOR-GENERAL AND THE MATURITY AND
SENSE OF RESPONSIBILITY OF DISTINGUISHED DELEGATES.

WE HAVE SUCCEEDED IN ACHIEVING WHAT APPEARED TO HAVE BEEN IMPOSSIBLE WHEN WE BEGAN THIS
MEETING THREE WEEKS AGO. WE HAVE MAINTAINED THE ESSENTIAL CHARACTERISTICS OF OUR ORGANIZATION,
AND THAT IS UNIVERSALITY AND UNANIMITY. I AM CONVINCED THAT THE ORGANIZATION HAS, IN FACT,
EMERGED EVEN STRONGER, AND HAS THEREFORE ENHANCED ITS CAPACITY TO CARRY OUT ITS
CONSTITUTIONAL FUNCTIONS. I WISH TO REPEAT THE STATEMENT MADE BY MY PREDECESSOR TO THIS ASSEMBLY
THAT THE FEDERAL GOVERNMENT OF NIGERIA WILL CONTINUE TO ENSURE THE OPERATIONAL CAPACITY AND
THE GROWTH OF THE WORLD HEALTH ORGANIZATION, AND IT IS FOR THIS REASON THAT MY GOVERNMENT
WILL CONTINUE TO PARTICIPATE IN THE DELIBERATIONS OF THE WORLD HEALTH ASSEMBLY.

ONCE MORE, MADAM PRESIDENT, I CONGRATULATE YOU HEARTILY AND ALL THE MEMBERS OF THE
SECRETARIAT, AND I WISH ALL DISTINGUISHED DELEGATES BON VOYAGE.

THE PRESIDENT:

THANK YOU. DISTINGUISHED DELEGATES, LADIES AND GENTLEMEN, IT IS A CUSTOM HERE THAT ONE
DELEGATE SPEAKS ON BEHALF OF EACH REGION. IT IS JUST AN EXCEPTION FOR MRS. EMANUEL, BUT
SINCE DURING THE ASSEMBLY OUR DEAR PROFESSOR HALEEM, OF BANGLADESH, WAS ALWAYS COMPLAINING
ABOUT OUR RULES AND REGULATIONS, AND BECAUSE HE ASKED FOR THAT, I WILL ASK HIM TO COME TO
THE ROSTRUM, BUT I SHALL BEG HIM TO BE VERY SHORT, BECAUSE WE HAVE THE FINAL ACT TO COME.

PROFESSOR HALEEM (Bangladesh):

MADAM PRESIDENT - I SHALL SAY NOW MODEL PRESIDENT - YOU HAVE GIVEN ME THE FLOOR, WITH
SOME PRECONDITIONS, BECAUSE I PARTICIPATED, BECAUSE I RAISED CONSTITUTIONAL POINTS, BECAUSE
I WANTED TO HAVE DECISIONS, AND POSSIBLY THAT IS THE REASON WHY. BUT I AM SORRY; I ASKED
FOR THE FLOOR FOR APPRECIATION OF THE WORK THAT HAS BEEN DONE BY THIS WORLD HEALTH ASSEMBLY.
THereFORE I WILL NOW PROCEED.

MADAM PRESIDENT, DIRECTOR-GENERAL, DEPUTY DIRECTOR-GENERAL, CHAIRMEN OF COMMITTEES A AND B,
REGIONAL DIRECTORS, DISTINGUISHED DELEGATES FROM THE VARIOUS COUNTRIES, IT IS REALLY A PROUD
SEVENTEENTH PLENARY MEETING

privilege for me, in whatever way it has been given, and it is a great honour for my country that has been given to me. It is a fact that it was not known to me that one person from each region speaks in the plenary session. It would have been a great pleasure for me to support the Indian delegate to speak on behalf of the South-East Asia Region if I had been consulted, but it was not known to me. Again a question of what is called procedure.

Anyway, what we feel, according to me, is this: we gather from all parts of the globe here, to establish the fact that we are committed to the WHO Constitution, and we are for the establishment of health for all by the year 2000. We are committed to see that health as it has been defined by WHO is strictly followed: that means that health is the complete social wellbeing of the people of the world. If, my brothers, if that is so, then if we are invited, then there is no problem, as I have said in all my speeches. My speeches were not directed to anybody, they were not meant to hurt anyone, it was just to have your kind consideration that if we are really determined to do something, there is no problem. This was my real intention. My speeches are not for hurting anybody; I apologize a hundred times if somebody has been hurt for that. My speeches were really meaning business, not just mere slogans or anything like that. This is why I would again appeal to you, that if any one of you has been hurt by my speeches here, I should like to apologize to my dear brothers.

My whole intention is just to have the health programme of WHO taken under the leadership of our Director-General, Dr Mahler, with whom I had the opportunity to discuss some points in my own country - I found that there is a man with dynamism - and I hope under all of our Regional Directors who are dynamic persons in the field of health. I had the opportunity to discuss problems with my Regional Director, Dr Ko Ko, and I find he will be a very effective man for that area. Similarly, the outgoing Regional Director, Dr Gunaratne, gave leadership for that area, and I hope this is true for other areas also.

Therefore we are not here to sit down like a puppet, we are just to come with some definite proposals or contributions. Otherwise this is a wasting of our respective governments' money, if we just sit down and do not give anything. With these few words, I would like to thank you again for giving me this opportunity, Madam President, and I would give thanks to the entire Secretariat staff, who have made this Thirty-fourth World Health Assembly a success.

The PRESIDENT:

Thank you, Professor Haleem. And now, distinguished delegates, ladies and gentlemen, friends: the final act - the President's closing speech. Without following protocol, permit me to address you from the rostrum.

Your having elected me President of the Thirty-fourth World Health Assembly gave me the honour, the privilege and the responsibility to review the discussions on the fundamental subjects we dealt with during the past three weeks. As is customary, the President is expected to describe the flavour and the atmosphere of the meeting and comment on what the Assembly has achieved. Allow me then to share with you some of my thoughts before I declare the Assembly closed.

I have participated in many previous World Health Assemblies. In spite of this I had some trepidation in taking over the presidency for fear I might be unable to perform my duties properly, but the friendly welcome you gave me overcame my initial apprehension. Your support, encouragement and cooperation confirmed once more that we are bound together not only by a social contract, as our Director-General, Dr Mahler, says, but by ties which though unwritten, are there: our desire and willingness to join in endeavours to reach that goal of health for all by the year 2000.

We noticed and admired changing national attitudes in planning for health. All speakers affirm that primary health care is the corner-stone to the achievement of health for all by the year 2000, and primary health care focuses on the individual and the family. The individual and what he or she does is the starting-point of all health action. For everything in life has a beginning. Primary health care means community participation, total community involvement. In order for primary health care to succeed, a supporting system is vital. There must be secondary and tertiary referral levels which will ensure that different types of health care will be available in accordance with pertinent needs. More and more we realize during our discussions that primary health care is not cheap, but we are convinced of its lasting benefits. This was again reaffirmed in the course of the Technical Discussions.

It was emphasized that, in order to reach our target, various categories of health workers would be needed. WHO's role in the training and development of these health workers was discussed in WHO's organizational study. Countries would have to review their own training programmes since the future effectiveness of the work of the personnel depends very largely on the possibility of their developing suitable careers.
Because of their dual role of health care providers and health care receivers, women have a very great impact on health, and are probably the most effective health agents and health educators available to society. Primary health care is indeed the ideal vehicle to promote and enhance the participation of women in health and development. To begin with, the influence of women - always they have some influence - by sign and example, in the home can have far-reaching benefits in motivating members of the family towards healthful living. They can show the way towards harmonious relationships within the expanded family. Full and equal participation of women, and men, is essential to world development and peace. It is gratifying to note that in one of the resolutions we have passed, WHO is taking steps to increase the recruitment of women to its staff.

While we still felt the euphoria of having eradicated smallpox, we listened to the plight of many of our colleagues and friends who have to fight communicable diseases. In the face of meagre resources, countries must be parsimonious, and this implies the need to set up priorities for allocation of funds, and to see to it that they are spent wisely. This is where health statistics is a very important tool for the intelligent management of health programmes. And all along the way towards health for all, countries have to take stock continuously, to check and evaluate the progress they are making. As was discussed, health indicators are needed to gauge whether they are going in the right direction or whether they have to change their plans. Countries, by necessity, must choose their indicators, and these should be adapted to their stage of development. Both policy-makers and receivers of health care will find health information very useful. Each country will have to elaborate and improve its methods of mobilizing human and financial resources for the year 2000. Then, too, countries can compare and share experiences with one another - this is the real meaning of technical cooperation, and WHO is the catalyst for this activity.

Development and industrialization, much sought after and desired, have brought about certain changes in cultural patterns which could have deleterious effects if proper guidance is not forthcoming. Here I refer to the diminution of breast-feeding of infants. Many reasons are given for this trend: mothers are working outside the home; this is the fashion; high-pressure salesmanship, etc. Governments must develop social measures to protect mothers from those factors that inhibit breast-feeding. Means must be found to encourage mothers to breast-feed their babies, and facilities made available for them to do so. It was encouraging to hear that some governments have already passed measures to this effect. We have noted also the important contribution made by the nongovernmental organizations in this regard. The resolution which we have just adopted regarding an International Code of Marketing of Breast-milk Substitutes is an example of the close collaboration between the Member States of WHO, the nongovernmental organizations, and UNICEF, and we shall be watchful of the follow-up.

Another concomitant of modernization is the slowly disappearing tradition of taking meals at the family table, thereby depriving members of the family of the resultant dialogue. Ready-prepared foods - as it was mentioned also in the Committee - taken in boxes are taking the place of the once carefully planned (and budgeted) thought-out, home-cooked foods prepared with loving care. These instant foods are often eaten in front of the television, an office desk or factory table, usually hurriedly. There must be some way to promote health education in regard to wholesome nutrition and good eating habits. Here again, the nongovernmental organizations can help give the impetus towards the movement for healthful change.

We have recognized that over the past years the research programme, including health services research, has been strengthened. This has included studies in developing countries, in line with the efforts for more judicious spending and use of health personnel and other resources. The global and regional advisory committees on biomedical research have important roles to play in achievement of our Organization's goal. I should mention that the Research Development Committee was established by the Director-General to ensure uniformity of approach in WHO's programmes.

The regional structure of our Organization is much admired by the other sister organizations in the United Nations system because it has given us certain advantages. The structure has, on the other hand, given rise to some problems which threatened for a while the smooth relationships and function in one region. However, you have shown yourselves admirably dignified in the way you handled the matter. The spirit of friendliness and understanding has prevailed.

Our Director-General often refers to our "spaceship earth" which, in order to progress towards health for all by the year 2000, must be balanced. This balance requires equitable distribution - of the weight of our spaceship, or of health - the health of individuals who contribute to development. The Global Strategy for Health for All is intended to keep our spaceship going in the direction of our goal, and this Global Strategy is the sum of our national strategies. National strategies grouped together make up regional strategies.
National health strategies meant, in the past, health services, that is health care, of the already sick. Distribution of services was from the central level to the periphery. A revolutionary change in attitudes is manifested in the fact that health is now thought of in positive terms, that is, the prevention of sickness - what people do in order to promote their own health. For people are the centre of the strategy, and the movement is now coming from the periphery. All efforts are made to involve other sectors in order to improve the level of health. This intersectoral collaboration includes such fields as education, agriculture, and social and economic development.

As has been said frequently, primary health care is not cheap; funds are never sufficient anyway. Therefore there is constant need for critical examination of activities at every level of the strategy so that effective pruning of unnecessary expenses can and should be done. Funds thus saved can be channelled to other fruitful efforts.

Fellow delegates, fellow pilgrims to the promised land of health for all by the year 2000, dear friends, it has been my privilege and honour to have served you as your President. You have been very patient; you have exercised restraint, and you have been considerate of each other's points of view; you have also abided by the constitutional and democratic procedures. For this, and for other forms of cooperation, I thank you all.

I would be remiss in my duties if I did not mention our thanks in particular to the following persons - and excuse me, because I have to be long - all of whom have served our Organization long and well, and who are soon to get the well-earned rest of retirement: Dr Alexaniants, of the Maternal and Child Health unit; Dr Bachmann, of the Environmental Health Technology and Support section of the Division of Environmental Health; Dr Christensen - and all of you know him in Committee B - the faithful self-effacing, very efficient, quiet worker behind the scenes of Committee B; Dr Demaeyer, of the Nutrition unit; Dr Fattorusso, Director of the Division of Prophylactic, Diagnostic and Therapeutic Substances; Dr Manuila, Director of the Division of Health and Biomedical Information; Dr Full of Epidemiological Methodology and Evaluation within the Malaria Action Programme; Dr Lopes, Director and father of the Malaria Action Programme; and Dr Meiland, for many years with Cooperative Programmes for Development and presently Director of Health of UNRWA. Shall we give them a hand? (Applause)

Of course, our thanks also go to the Director-General, the Deputy Director-General, the Assistant Directors-General, the Regional Directors, and all the members of the Secretariat for their continuing efforts to ensure the success of the work of our Organization.

For the success of the work of our Assembly, our thanks and thanks must go to the Chairmen of Committees A and B, Dr Braga, Dr Dlamini, the Vice-Chairmen and Rapporteurs, and the General Chairman of the Technical Discussions, whose generous contributions have been appreciated by all of us. My own personal thanks go to the Vice-Presidents of the Assembly who assisted me by steering some of the plenary sessions in my place, even if only one is left faithfully staying there. Also my thanks go to the representatives of the Executive Board, Dr Barakamfiyi, Dr Mork, Dr Ridings and the absent Dr Álvarez Gutiérrez.

Our very special thanks go to the unseen but not unsung staff who helped to make the work of our Assembly not only smooth but possible. In particular, I would like to mention the interpreters, who very often must have suffered from the various versions of the languages they were hearing, the translators, the messengers and all those who helped ensure that we received our documents in all the official languages of our Organization. To them, our very heartfelt thanks.

I would like to join previous speakers in thanking very sincerely the Government of the Canton of Geneva and the Federal Government of Switzerland for their continuing hospitality, but we cannot thank them of course for their wonderful weather.

Before I close I should like to express my extreme gratitude for the marvellous cooperation you gave me during yesterday's plenary session. The politeness, as well as good humour, shown by everyone was once more proof that, although we may have differences of opinion, in the last analysis we close ranks and are all the more united.

While I declare this particular Health Assembly closed, I know that your work and dedication will not end with its closure. We have passed resolutions and made decisions. It is now for us to implement them: otherwise they will remain just pieces of paper. We have said that health is a human right; but the right to health entails responsibilities as well. We have a responsibility for healthful behaviour - not only ours but that of those around us. Faith, they say, can move mountains. We must believe that the primary health care approach will lead us to our goal of health for all by the year 2000. I wish you health and strength to continue your noble work in your countries in ensuring the necessary political commitment to our goal.
It remains for me to wish you all a safe journey home and a happy reunion with your families and friends, and health to all of you beyond the year 2000. Thank you; Merci; Spasibo; Xiè-xiè; Muchas gracias; Shukran; and in the Greek way, Euharisto! (Applause)

Distinguished delegates, ladies and gentlemen, dear friends, the Thirty-fourth World Health Assembly is thus closed.

The session closed at 16h15.
REPORTS OF COMMITTEES

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 WHA34/1981/REC/1. Summary records of the meetings of the General Committee, Committee A and Committee B appear in document WHA34/1981/REC/3.

COMMITTEE ON CREDENTIALS

FIRST REPORT

1. The Committee on Credentials met on 5 May 1981. Delegates of the following Members were present: Argentina, Bahrain, Belgium, Bulgaria, Denmark, Jamaica, Kenya, New Zealand, Nigeria, Senegal, Sudan, Thailand.

The Committee elected the following officers: Mr J. Njiru (Kenya), Chairman; Dr H. J. H. Hiddlestone (New Zealand), Vice-Chairman; Mr V. Beauge (Argentina), Rapporteur.

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 and of the representatives of the Associate Member 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, Bahamas, Bahrain, Bangladesh, Belgium, Benin, Bolivia, Botswana, Brazil, Bulgaria, Burundi, Canada, Cape Verde, Central African Republic, Chile, China, Colombia, Comoros, Congo, Costa Rica, Cuba, Cyprus, Czechoslovakia, Democratic Kampuchea, Democratic People's Republic of Korea, Democratic Yemen, Denmark, Ecuador, Egypt, El Salvador, Equatorial Guinea, Ethiopia, Fiji, Finland, France, Gabon, Gambia, German Democratic Republic, Germany, Federal Republic of Ghana, Greece, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, Hungary, Iceland, India, Indonesia, Iran, Iraq, Ireland, Israel, Italy, Ivory Coast, Jamaica, Japan, Jordan, Kenya, Kuwait, Lao People's Democratic Republic, Lebanon, Liberia, Libyan Arab Jamahiriya, Luxembourg, Madagascar, Malaysia, Maldives, Mali, Malta, 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, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Sierra Leone, Singapore, Somalia, 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, Zambia, Zimbabwe (Members) and Namibia (Associate Member).

Approved by the Health Assembly at its fifth plenary meeting.
3. As regards the credentials of the delegation of Democratic Kampuchea, the delegate of Bulgaria, indicating that he was speaking also on behalf of other delegations, declared that the People's Revolutionary Council of the People's Republic of Kampuchea was the sole authentic and legitimate representative of the people of Kampuchea, and that he did not recognize the validity of the credentials of the delegation seeking to represent the country at the Health Assembly. The delegations of Thailand, New Zealand, Denmark and Belgium referred to the acceptance of credentials issued by the Government of Democratic Kampuchea at the latest session of the United Nations General Assembly. The Committee, having regard to resolution 396(V) of the General Assembly of the United Nations which recommends that on such questions of representation the attitude adopted by the General Assembly should be taken into account in the specialized agencies, recommended therefore that the Health Assembly similarly recognize the credentials issued by the same Government.

4. As regards the credentials of the delegation of Israel, the delegates of Bahrain and Sudan objected to their recognition on the ground that Israel had violated international law. The delegate of Nigeria pointed out that questions of this nature did not fall within the scope of the examination of credentials.

5. 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: Djibouti, Lesotho, Malawi, Seychelles, Spain.

SECOND REPORT

1. The Committee on Credentials held its second meeting on 12 May 1981, under the chairmanship of Dr H. J. H. Hiddlestone (Vice-Chairman). It elected Dr F. M. Mueke (Kenya) as a new member of the Bureau to fill the vacancy due to the fact that Mr J. Njiru (Kenya) has been obliged to leave the Assembly because of other, unexpected duties.

2. The Committee examined the credentials of the delegations of the Dominican Republic and Mauritania 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 and the Committee therefore proposes that the Health Assembly should recognize their validity.

3. The Committee also examined a notification from Chad which, while indicating the composition of the delegation, could not be considered as constituting formal credentials. The Committee recommends to the Health Assembly that the delegation of Chad be provisionally seated with all rights in the Assembly pending the arrival of formal credentials.

4. The Committee further examined formal credentials for the delegations of Djibouti, Lesotho, Malawi, Seychelles and Spain which had already been seated provisionally by the Assembly upon the recommendation made by the Committee at its first meeting. The formal 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

1. The Bureau of the Committee on Credentials met on 20 May 1981 in the following composition: Dr F. M. Mueke, Chairman; Dr H. J. H. Hiddlestone, Vice-Chairman; Mr V. Beauge, Rapporteur.

Approved by the Health Assembly at its tenth plenary meeting.

Approved by the Health Assembly at its fourteenth plenary meeting.
2. The Bureau of the Committee was informed that formal credentials had been received on 16 May 1981 for the delegation of Chad 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 Rule 23, paragraph 1, of the Rules of Procedure of the 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 for the delegation of Chad.

**COMMITTEE ON NOMINATIONS**

**FIRST REPORT**

A34/26 - 4 May 1981

The Committee on Nominations, consisting of delegates of the following Member States: Chile, China, Ecuador, France, Guatemala, Hungary, India, Ivory Coast, Lesotho, Libyan Arab Jamahiriya, Mexico, Morocco, Oman, Singapore, Sri Lanka, Trinidad and Tobago, Tunisia, Union of Soviet Socialist Republics, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United Republic of Tanzania, Zaire, and Zambia, met on 4 May 1981. Dr Elizabeth Quamina (Trinidad and Tobago) 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 Méropi Violaki-Paraskeva (Greece) for the office of President of the Thirty-fourth World Health Assembly.

**SECOND REPORT**

A34/27 - 4 May 1981

At its first meeting, held on 4 May 1981, 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:

**Vice-Presidents of the Assembly:** Mr M. C. Jallow (Gambia), Dr J. Andonie Fernández (Honduras), Dr G. Rifai (Syrian Arab Republic), Mr M. M. Hussain (Maldives), Mr Qian Xinzong (China);

**Committee A:** Chairman - Dr E. P. F. Braga (Brazil);

**Committee B:** Chairman - Dr Z. M. Dlamini (Swaziland).

Concerning the members of the General Committee to be elected under Rule 31 of the Rules of Procedure of the Assembly, the Committee decided to nominate the delegates of the following 16 countries: Chile, Costa Rica, France, German Democratic Republic, Kuwait, Libyan Arab Jamahiriya, Malaysia, Mongolia, Nigeria, Senegal, Tunisia, Union of Soviet Socialist Republics, United Kingdom of Great Britain and Northern Ireland, United Republic of Cameroon, United States of America, and Zimbabwe.

**THIRD REPORT**

A34/28 - 4 May 1981

At its first meeting, held on 4 May 1981, 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:

1. Approved by the Health Assembly at its second plenary meeting.
Election of Members entitled to designate a person to serve on the Executive Board

At its meeting held on 11 May 1981, the General Committee, in accordance with Rule 102 of the Rules of Procedure of the Health Assembly, drew up the following list of 10 Members, in the English 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:

Bulgaria, Guinea-Bissau, Japan, Maldives, Mozambique, Sao Tome and Principe, Seychelles, Spain, United Arab Emirates, United States of America.

In the General Committee's opinion these 10 Members would provide, if elected, a balanced distribution on the Board as a whole.

COMMITTEE A

FIRST REPORT

Committee A held its first meeting on 12 May 1981 under the chairmanship of Dr E. P. F. Braga (Brazil). In accordance with Rule 36 of the Rules of Procedure of the Health Assembly, the Committee elected Dr J. Rogowski (Poland) and Dr A. A. K. Al-Chassany (Oman), Vice-Chairmen, and Dr J. M. Kasonde (Zambia), Rapporteur.

During its twelfth meeting held on 19 May 1981, the Committee decided to recommend to the Thirty-fourth World Health Assembly the adoption of a resolution relating to the following agenda item:

19.2 Budget level and Appropriation Resolution for the financial period 1982-1983

SECOND REPORT

During its fourteenth meeting, held on 20 May 1981, Committee A decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda item:

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1 See section 3 of the verbatim record of the tenth plenary meeting.
2 Approved by the Health Assembly at its fourteenth plenary meeting.
3 Approved by the Health Assembly at its fifteenth plenary meeting.
23. Infant and young child feeding.
   23.2 Draft International Code of Marketing of Breast-milk Substitutes
   23.1 Nutritional value and safety of products specifically intended for infant
   and young child feeding

THIRD REPORT

During its fifteenth and sixteenth meetings, held on 21 May 1981, Committee A decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda items:

22. The meaning of WHO's international health work through coordination and technical cooperation
24. Technical activities and questions identified for additional examination during the review of the proposed programme budget and of the Executive Board's report thereon.

Three resolutions were adopted under this item:

- International Drinking Water Supply and Sanitation Decade
- Promotion of prevention of adverse health effects of disasters and emergencies through preparedness
- Use of SI units in medicine: use of the kilopascal for blood pressure measurement

COMMITTEE B

FIRST REPORT

Committee B held its first, second, third and fourth meetings on 7, 12 and 13 May 1981 under the chairmanship of Dr Z. M. Dlamini (Swaziland). On the proposal of the Committee on Nominations, Dr L. Sánchez-Harguindeguy (Spain) and Dr A. Hassoun (Iraq) were elected Vice-Chairmen, and Dr Deanna Ashley (Jamaica), Rapporteur. Dr L. Sánchez-Harguindeguy having been obliged to return to his home country, the Committee elected Dr M. de la Mata (Spain) at its fourth meeting.

It was decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda items:

26. Review of the financial position of the Organization
   26.1 Interim financial report on the accounts of WHO for 1980 and comments thereon of the Committee of the Executive Board to Consider Certain Financial Matters prior to the Health Assembly (Article 18 (f); Financial Regulations 11.5 and 12.9)
   26.2 Status of collection of assessed contributions and status of advances to the Working Capital Fund
   26.3 Members in arrears in the payment of their contributions to an extent which may invoke Article 7 of the Constitution

1 Approved by the Health Assembly at its sixteenth plenary meeting.
2 Approved by the Health Assembly at its twelfth plenary meeting.
27. Reimbursement of travel costs of representatives to regional committees [WHA34.4]
26. Review of the financial position of the Organization
   26.4 Report on casual income and budgetary rate of exchange between the US dollar and the Swiss franc for 1982-1983 [WHA34.5]
29. Scale of assessments
   29.1 Assessment of new Members and Associate Members [WHA34.6]
   29.2 Scale of assessments for the financial period 1982-1983 [WHA34.7]

SECOND REPORT

\[\text{[A34/36 - 15 May 1981]}\]

During its fifth and seventh meetings, held on 14 and 15 May 1981, Committee B decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda items:

30. Salaries and allowances for ungraded posts and for the Director-General [WHA34.8]
31. Appointment of External Auditor [WHA34.9]
33. Headquarters accommodation requirements [WHA34.10]
37. Transfer of the Regional Office for the Eastern Mediterranean [WHA34.11]

THIRD REPORT

\[\text{[A34/37 - 18 May 1981]}\]

During its eighth and tenth meetings, held on 16 and 18 May 1981, Committee B decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda items:

32. Real Estate Fund [WHA34.12]
38. Amendment of the International Health Regulations (1969) [WHA34.13]
39. Organizational studies by the Executive Board
   39.1 Organizational study on the role of WHO in training in public health and health programme management, including the use of country health programming [WHA34.14]
40. Recruitment of international staff in WHO [WHA34.15]

FOURTH REPORT

\[\text{[A34/40 - 19 May 1981]}\]

During its eleventh and twelfth meetings, held on 19 May 1981, Committee B decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda items:

42. Collaboration with the United Nations system
   42.1 General matters
      (two resolutions have been adopted on this agenda item) [WHA34.17 and WHA34.18]
41. Health conditions of the Arab population in the occupied Arab territories, including Palestine [WHA34.19]

1 Approved by the Health Assembly at its thirteenth plenary meeting.
2 Approved by the Health Assembly at its fourteenth plenary meeting.
During its thirteenth and fourteenth meetings, held on 20 May 1981, Committee B decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions and decisions relating to the following agenda items:

42. Collaboration with the United Nations system
   42.4 Health assistance to refugees and displaced persons in Cyprus
       (WHA34.20)
   42.5 Health and medical assistance to Lebanon
       (WHA34.21)

43. United Nations Joint Staff Pension Fund
   43.1 Annual report of the United Nations Joint Staff Pension Board for 1979
       (WHA34(11))
   43.2 Appointment of representatives to the WHO Staff Pension Committee

Committee B decided to recommend to the Thirty-fourth World Health Assembly that it should 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 1979 and as reported by the Director-General.

6. Periodicity and duration of Health Assemblies
   (two resolutions have been adopted on this agenda item) (WHA34.28 and WHA34.29)

42. Collaboration with the United Nations system
   42.3 International Year of Disabled Persons, 1981: WHO's cooperative activities within the United Nations system for disability prevention and rehabilitation
       (WHA34.30)
   42.6 Cooperation with newly independent and emerging States in Africa: liberation struggle in Southern Africa - assistance to front-line States
       (four resolutions have been adopted on this agenda item) (WHA34.31, WHA34.32, WHA34.33 and WHA34.34)

1 Approved by the Health Assembly at its fifteenth plenary meeting.
2 Approved by the Health Assembly at its sixteenth plenary meeting.
During its seventeenth meeting, held on 22 May 1981, Committee B decided to recommend to the Thirty-fourth World Health Assembly the adoption of resolutions relating to the following agenda items:

42. Collaboration with the United Nations system
   42.1 General matters - Health assistance to refugees in Africa \[WHAA34.35\]

21. Health for all by the year 2000
   21.1 Global strategy

Two resolutions have been adopted on this agenda item:
- Global strategy for health for all by the year 2000 \[WHAA34.36\]
- Resources for strategies for health for all by the year 2000 \[WHAA34.37\]

21.2 The contribution of health to socioeconomic development and peace - implementation of resolution 34/58 of the United Nations General Assembly and of resolution WHA32.24 and WHA33.24

Two resolutions have been adopted on this agenda item:
- The role of physicians and other health workers in the preservation and promotion of peace as the most significant factor for the attainment of health for all \[WHAA34.38\]
- Material war remnants \[WHAA34.39\]

REPORT OF COMMITTEE B TO COMMITTEE A

During the course of its second and third meetings held on 12 May 1981, Committee B considered a report by the Director-General on casual income and budgetary rate of exchange between the US dollar and the Swiss franc for 1982-1983, submitted in accordance with Financial Regulation 3.9 and describing certain developments that had occurred since the preparation of the proposed programme budget for 1982-1983 and its review by the Executive Board in January 1981. The Committee also took into consideration the estimated reimbursement of programme support costs for activities financed by the United Nations Development Programme.

On the basis of its review, Committee B recommends to Committee A that the rate of exchange between the US dollar and the Swiss franc used in the programme budget for 1982-1983 be adjusted from 1.63 Swiss francs per US dollar to 1.82 Swiss francs per US dollar. The effect of such an adjustment would be to reduce the total amount of the effective working budget for 1982-1983 from US$ 484 300,000, as originally proposed by the Director-General and recommended by the Executive Board, to US$ 470 855,300.

Committee B further recommends to Committee A that income in the amount of US$ 29,000,000 be used to help finance the budget for 1982-1983. The amount of US$ 29,000,000 is composed of US$ 24,400,000 of available casual income, and of US$ 4,600,000 representing the anticipated reimbursement for programme support costs relating to activities financed by the United Nations Development Programme and executed by WHO.

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1 Approved by the Health Assembly at its sixteenth plenary meeting.
INDEX OF NAMES

This index contains the names of speakers reported in the present volume. A full list of delegates and other participants attending the Thirty-fourth World Health Assembly appears in document WHA34/1981/REC/1, pages 119-160.

ABDAS, K. H. (Sudan), 111
ABDASSI TEHRANI, M. A. (Iran), 275
ABDULHADI, A. M. (Libyan Arab Jamahiriya), 255
ALDEREGUJA, J. (Cuba), 71
ALDERETE ARIAS, J. E. (Paraguay), 228
ALÉN, S. (Sweden), 87
AMADOU, S. M. (Niger), 167
AMERI, D. (Iran), 164, 165
ANDRADE, F. (Ecuador), 183
ARAPAT, F. (Palestine Liberation Organization), 149
ARGUELLES, A. (Argentina), 113
AMAD, A. R. Al- (Kuwait), President of the Thirty-third World Health Assembly, 5, 7, 11

BAH, M. K. (Guinea), 148
BARAKAMFITIYE, D. (representative of the Executive Board), 13, 221, 239, 242
BARKOMI, J. (Israel), 233
BAUGH, K. (Jamaica), 151
BEAUSOLEIL, E. G. (Ghana), General Chairman of the Technical Discussions, 248
BÉGIN, M. (Canada), 115
BELTÍNCASTRO, G. (El Salvador), 196
BOCK, J. DE (Belgium), 270
BODJONA, H. (Togo), 22
BOUHARA, A. (Algeria), 44
BOUKANGA, A. (Central African Republic), 161
BOURENKOV, S. P. (Union of Soviet Socialist Republics), 63
BOUSSOUOU-BOURBA, P.-D. (Congo), 90
BOYER, N. A. (United States of America), 247, 257, 269
BRANDT Jr, E. N. (United States of America), 24
BRESSAN, L. (Holy See), 227, 237
BRITO GOMES, I. P. (Cape Verde), 188
BRYANT, J. H. (United States of America), 269
BULLA, A. (Romania), 262
CALLES, M. (Mexico), 26
CALVOSA CHACÓN, C. (Costa Rica), 129
CHAVANNE, A. (Conseil d'Etat of the Republic and Canton of Geneva), 7
CHEW Tai Soo (Singapore), 198
CHILDOU, A. D. (United Republic of Tanzania), 157
CHONG Hon Nyan (Malaysia), 79
CHUN, Myung-Kee (Republic of Korea), 109
COELHO, A. M. (Portugal), 219
COTTAFAVI, L. (Director-General of the United Nations Office at Geneva), 6
DEPUTY DIRECTOR-GENERAL, 98, 106, 142, 144, 158, 163
DESIR, G. (Haiti), 105
DHOORE, L. (Belgium), 66
DIAS, S. J. (Guinea-Bissau), 189
DIOP, M. (Senegal), 38
DIRECTOR-GENERAL, 17, 76, 199, 239
DJEKOUNDÉ, D. (Chad), 263

DOGRAMACI, I. (Turkey), (Iden Bernad Foundation Medal and Prize), 62, 223
DOXIADIS, S. (Greece), 43

EMMANUEL, F. Y. (Nigeria), 278
ETTEN-ZOLA, A. (United Republic of Cameroon), 102
FALAKI MOLOMA (Zaire), 138
FAIMUTINA, A. (Samoa), 173
FERNANDES, F. J. (Angola), 263
FREY, U. (Switzerland), 104
FULGRAFF, G. M. (Federal Republic of Germany), 69

GABR, M. (Egypt), 49
GANDHI, J. (Prime Minister of India), 73
GARCÍA-CÁCERES, U. (Peru), 30
GARGOY, K. (Bulgaria), 130
GONZÁLEZ HERRERA, L. J. (Venezuela), 33
GUIDO, L. (Nicaragua), 55

HALEM, M. A. (Bangladesh), 199, 241, 242, 259, 262, 278
HALTER, S. (Belgium), 266
HASAN, S. (Pakistan), 81
HASSOUN, A. (Iraq), 144, 145, 256
HIDDLESTONE, H. J. H. (New Zealand), Vice-Chairman, Committee on Credentials, 192
HOYOS-SOSA, F. (Venezuela), 211
HUSAIN, R. I. (Iraq), 77
HUSSAIN, M. M. (Maldives), Vice-President of the Health Assembly, 23

HYND, S. W. (Swaziland), 176

ISSA, M. A. (Djibouti), 185
JALLOW, M. C. (Gambia), Vice-President of the Health Assembly, 96
JARAMILLO, A. (Colombia), 153
JAYASURIYA, G. (Sri Lanka), 135
JIN Chung Kuk (Democratic People's Republic of Korea), 218
JOCEZAI, N. (Pakistan), 97

KABA, M. A. L.- (Yemen), 193
KAKOMA, B. C. (Zambia), 141
KALILANI-ALFAZEMA, J. (Malawi), 263
KANYAR, N. (Afghanistan), 179
KARD, P. (Bangladesh), 94
KARFEH, M. S. (Liberia), 146
KESSLER, S. (World Federation of Public Health Associations), 265
KESTEREN, K. VAN (Netherlands), 270
KINGMA, S. J. (Christian Medical Commission), 264
KPOFFON, P. (Benin), 203
KRIEPS, E. (Luxembourg), 83
LAMBO, T. A., see DEPUTY DIRECTOR-GENERAL
LEHIOLENYA, P. (Lesotho), 51
LUBANI, T. (Jordan), 256
MAHLER, H., see DIRECTOR-GENERAL
MAGEE-KENNEF, L. (Botswana), 181
MALHAS, Z. (Jordan), 204
MANAFI, H. (Iran), 142
MATH, M. DE LA (Spain), Vice-Chairman, Committee B, 264
MATEJČEK, E. (Czechoslovakia), 40
MECKLINGER, L. (German Democratic Republic), 91
MEDRANO, J. (Panama), 118
MENDES AROVERDE, W. (Brazil), 57
MENDES DE CARVALHO, A. A. (Angola), 163
MINAH, P. M. (Sierra Leone), 48
MINAGA, H. (Pan Africanist Congress of Azania), 230
MOCUMBI, P. H. (Mozambique), 200
MODAN, B. (Israel), 260
MOHAMED, S. A. (Comoros), 132
MORAN, V. (Malta), 46
MOYILA, N. B. (Zaire), 277
MPITABAKANA, P. (Burundi), 37
MUSAFAHI, I. (Rwanda), 134
MAIMool, W. (Trinidad and Tobago), 100
NGUYEN VAN THONG (Viet Nam), 235
NICOLETTI, L. (Uruguay), 234
NILSEN, A. (Norway), 41
NIJIRU, J. (Kenya), Chairman, Committee on
Credentials, 88
NOGASIBWE, E. (Uganda), 177
NYAM-OSOR, D. (Mongolia), 35
OCRAN, K. (Ghana), 217
Oweis, H. (Jordan), 257
PAREDES PAZ, J. de D. (Honduras), 208
PARKER, J. (United Kingdom of Great Britain and Northern Ireland), 269, 270
PEPOVSKI, S. (Yugoslavia), 158
PHOLENA, K. (Lao People's Democratic Republic), 178
POWEK DE LEON, J. (Peru), 272
POPOVIĆ, B. (Yugoslavia), 263
POUDAYL, L. (Nepal), 214
PROCA, E. (Romania), 125
PULO, J. (Albania), 174
QASSEM, S. AL- (United Arab Emirates), 171
QIAN Xinzhong (China), Vice-President of the Health Assembly, 126
RAHHALI, B. (Morocco), 122
RASMUSSEN, H. (Denmark), 28
RECTNOS, J. R. (Guatemala), 84
RIDINGS, K. W. (Samoa) (representative of the Executive Board), 262
RIFAI, G. (Syrian Arab Republic), Vice-President of
the Health Assembly, 233, 234
RIVERA, H. (Chile), 121
ROSDAHN, N. (Denmark), 274
SAAVEDRA WEISE, A. (Bolivia), 165
SAHU, W. (Ethiopia), 137
SAIF, A. AL- (Kuwait), 264
SÁNCHEZ-HARGUINDEY, L. (Spain), Vice-Chairman, Committee B, 107
SANJOYA, T. (Malawi), 231
SCHULTHEISZ, E. (Hungary), 116
SEEWOONARAIN, L. (Mauritius), 215
SERICHE, C. (Equatorial Guinea), 53
SFAR, R. (Tunisia), 127
SHANKARANAND, B. (India), 159
SHOSTAK, E. (Israel), 120
SLAGAÉY, S. (Council for Mutual Economic Assistance), 169
SOKOLOV, D. A. (Union of Soviet Socialist Republics), 256
STANDARD, K. L. (Jacques Parisot Foundation Medal), 252
STEYRER, K. (Austria), 82
STONE, J. C. J. (New Zealand), 273
SURJANINGRAT, S. (Indonesia), 27
SUVANNUS, P. (Thailand), 262
SUZUKI, F. (Japan), 70
SYLLA, H. (Guinea), 263
SZELAGOWSKI, T. (Poland), 98
TAMMAH, H. (Egypt), 264
TARUTIA, A. (Papua New Guinea), 155
THIOVONN THOEUN (Democratic Kampuchea), 206
THOMAS, G. (Seychelles), 236
TINY, C. (Sao Tome and Principe), 191
TOMBAZOS, G. (Cyprus), 42
TRAONE, N. (Mali), 194
TUCHINDA, P. (Thailand), 212
UGWU, D. C. (Nigeria), 67
USHENOKUNZE, H. S. M. (Zimbabwe), 146
VANNUGLI, R. (Italy), 206
VENDER-SMIT, E. (Netherlands), 65
VIOLAKZ-PARASKEVA, M. (Greece), President of the
Thirty-fourth World Health Assembly, 12, 60, 279
VO ANH TUAN (Viet Nam), 81
VOHRA, N. N. (India), 276
WEST CHARLES, R. VAN (Guyana), 209
WIN MAUNG (Burma), 183
YELLOWLEES, H. (United Kingdom of Great Britain and
Northern Ireland), 52
ZAGHLLOU, I. (Dr A. T. Shousha Foundation Medal and
Prize), 243
INDEX OF COUNTRIES AND ORGANIZATIONS

This index lists the countries, organizations and bodies represented by the speakers whose names appear in the index on the preceding pages.

AFGHANISTAN, 179
ALBANIA, 174
ALGERIA, 44
ANGOLA, 163, 263
ARGENTINA, 113
AUSTRIA, 82
BANGLADESH, 94, 199, 241, 242, 259, 262, 278
BELGIUM, 66, 266, 270
BENIN, 203
BOLIVIA, 165
BOSNIA, 181
BRAZIL, 57
BULGARIA, 130
BURMA, 183
BURUNDI, 37
CANADA, 115
CAPE VERDE, 188
CENTRAL AFRICAN REPUBLIC, 161
CHAD, 263
CHILE, 121
CHINA, 126
CHRISTIAN MEDICAL COMMISSION, 264
COLOMBIA, 153
COMOROS, 132
CONGO, 90
CONSEIL D'ETAT OF THE REPUBLIC AND CANTON OF GENEVA, 7
COSTA RICA, 129
COUNCIL FOR MUTUAL ECONOMIC ASSISTANCE, 169
CUBA, 71
CYPRUS, 62
CZECHOSLOVAKIA, 40
DEMOCRATIC KAMPUCHEA, 206
DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA, 218
DENMARK, 28, 274
DJIBOUTI, 185
ECUADOR, 183
EGYPT, 49, 264
EL SALVADOR, 196
EQUATORIAL GUINEA, 53
ETHIOPIA, 134
GAMBIA, 96
GERMAN DEMOCRATIC REPUBLIC, 91
GERMANY, FEDERAL REPUBLIC OF, 69
GHANA, 217
GREECE, 43
GUATEMALA, 84
GUINEA, 148, 263
GUINEA-BISSAU, 189
GUAYANA, 209
HAITI, 105
HOLY SEE, 227, 237
HONDURAS, 208
HUNGARY, 116
INDIA, 73, 159, 276
INDONESIA, 27
IRELAND, 142, 144, 145, 275
IRAQ, 77, 144, 145, 256
ISRAEL, 120, 233, 260
ITALY, 206
JAMAICA, 151
JAPAN, 70
JORDAN, 204, 256, 257
KENYA, 88
KUWAIT, 264
LAO PEOPLE'S DEMOCRATIC REPUBLIC, 178
LESOTHO, 51
LIBERIA, 146
LIBYAN ARAB JAMAHIRIYA, 255
LUXEMBOURG, 83
MALAWI, 231, 263
MALAYSIA, 79
MALDIVES, 23
MALI, 196
MALTA, 46
MAURITIUS, 215
MEXICO, 26
MONGOLIA, 35
MOROCCO, 122
MOZAMBIQUE, 200
NEPAL, 214
NETHERLANDS, 65, 270
NEW ZEALAND, 192, 273
NICARAGUA, 55
NIGER, 167
NIGERIA, 67, 278
NORWAY, 41
PAKISTAN, 81, 97
PALESTINE LIBERATION ORGANIZATION, 149
PAN AFRICANIST CONGRESS OF AZANIA, 230
PANAMA, 118
PAPUA NEW GUINEA, 155
PARAGUAY, 228
PERU, 30, 272
POLAND, 98
PORTUGAL, 219
REPUBLIC OF KOREA, 109
ROMANIA, 125, 262
RWANDA, 134
SAMOA, 173, 262
SAO TOME AND PRINCIPE, 191

- 293 -
SENEGAL, 38
SEYCHELLES, 236
SIERRA LEONE, 48
SINGAPORE, 198
SPAIN, 107, 264
SRI LANKA, 135
SUDAN, 111
SWAZILAND, 176
SWEDEN, 87
SWITZERLAND, 104
SYRIAN ARAB REPUBLIC, 233, 234
THAILAND, 212, 262
TOGO, 22
TRINIDAD AND TOBAGO, 100
TUNISIA, 127
TURKEY, 62
UGANDA, 177
UNION OF SOVIET SOCIALIST REPUBLICS, 63, 256

UNITED ARAB EMIRATES, 171
UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND, 52, 269, 270
UNITED NATIONS, 6
UNITED REPUBLIC OF CAMEROON, 102
UNITED REPUBLIC OF TANZANIA, 157
UNITED STATES OF AMERICA, 24, 247, 257, 269
URUGUAY, 234
VENEZUELA, 33, 211
VIET NAM, 81, 235
WORLD FEDERATION OF PUBLIC HEALTH ASSOCIATIONS, 265
YEMEN, 193
YUGOSLAVIA, 158, 263
ZAIRE, 138, 277
ZAMBIA, 141
ZIMBABWE, 146