



THIRTY-FOURTH WORLD HEALTH ASSEMBLY



COMMITTEE B

PROVISIONAL SUMMARY RECORD OF THE SEVENTH MEETING

Palais des Nations, Geneva  
Friday, 15 May 1981, at 14h30

CHAIRMAN: Dr Z. M. DLAMINI (Swaziland)

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Note

This summary record is provisional only. The summaries of statements have not yet been approved by the speakers, and the text should not be quoted.

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SEVENTH MEETING

Friday, 15 May 1981, at 14h30

Chairman: Dr Z. M. DLAMINI (Swaziland)

1. TRANSFER OF THE REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN: Item 37 of the Agenda (Document WHA33/1980/REC/1, resolution WHA33.16 and Annex 2; Document A34/16) (continued)

Dr de PAREDES SOLEY (Guatemala) said that his country respected the wishes of the Member States of the Eastern Mediterranean Region, and was grateful to the International Court of Justice for the Advisory Opinion it had given on the matter. He fully agreed with the representative of Kuwait that it was not for the politicians to decide where the Organization's rights were concerned. However, he believed that it was undesirable to establish precedents which in the future might have repercussions on other regions.

His delegation supported the draft resolution sponsored by the 14 countries. In regard to the amendments proposed by the delegation of Kuwait, he proposed that they should be voted on along with the resolution, in accordance with Rule 67 of the Assembly's Rules of Procedure.

Dr LOEMBE (Congo) said the issue was one of the most sensitive and complex ones on the Health Assembly's agenda, involving as it did a multitude of political, economic, social and humanitarian considerations. The matter had been left to drag on for far too long, and the time had come to try to reach a decision if the whole proceedings of the Assembly were not to be paralysed. The problem was one that had baffled the best legal experts, and the distinguished representatives of the medical and political world who were present were far from unanimous on it. A number of recommendations and resolutions had been distributed which had not met with support on the part of the non-aligned and developing countries. The resolution of the 14 countries, recalling resolution WHA33.16 and the Advisory Opinion of the International Court of Justice, responded to the urgent need to resolve the problem in accordance with the wishes expressed by countries of the Region so that the Regional Office could resume its activities. However, the transfer of the Regional Office, although requested by the majority of Member States of the Region, was obstinately opposed by many countries other than Egypt. The refusal of Egypt to permit the transfer of the Alexandria Office had led to a paralysis of the Office's activities and consequently to an unhappy political climate and the jeopardizing of the spirit of solidarity which should normally exist among States of the same Region.

He was reassured by the fact that not all the activities of a regional office took place at its headquarters, and that regional committee meetings, and also seminars and workshops, could take place in different countries of a region. He therefore hoped that in time there would be an improvement in the situation, since time had often led to the solution of even more serious political problems.

While recognizing the complexity and seriousness of the issue, he appealed to those present not to give their support to action that was likely to be divisive, but rather to try and promote understanding and reconciliation, so that States could present a common front in the struggle against disease. It would be dangerous to create a precedent by agreeing to the transfer of the Regional Office; the draft resolution, under consideration, suitably amended, should permit an easing of the situation - at least for the present - for both sides alike. He urged that Members should devote all their efforts to the development of primary health care, in order to be ready to meet the challenge of the year 2000.

Mr AWAN (Pakistan) stressed that the meeting should not lose sight of the importance of respecting the wishes of the majority of Members of the Eastern Mediterranean Region. The majority had taken a clear stand on the issue, and the amendments proposed by the delegation of Kuwait represented a balanced and reasonable approach. He would therefore vote in favour of those proposed amendments.

Dr AHMAD (Afghanistan) also supported those amendments.

Dr FERNANDES (Angola) said his delegation's guiding principle in the debate was the principle of democracy. The matter was one that had been at issue for many years, and a committee had been set up to study the feasibility of a transfer. As he saw it, the very setting up of such a committee implied approval of the transfer, since otherwise the study would not have been carried out. In addition, the opinion of the International Court of Justice had been sought. The fact that emerged from these investigations was that the Eastern Mediterranean Region preferred to carry out its work in a different way for the greater benefit of its peoples, and that most of the countries of that Region were in favour of the proposed transfer.

Since his delegation supported democracy it would vote in favour of the draft resolution of the 14 countries, as amended by the delegation of Kuwait.

Mr NAKAMURA (Japan) considered that the Assembly should abide by the Advisory Opinion given by the International Court of Justice. His delegation supported the Nigerian view that the draft resolution should be adopted by consensus.

Dr KLIVAROVÁ (Czechoslovakia) said that if the majority of countries in the Eastern Mediterranean Region believed that the transfer of the Office would provide more effective working conditions and improve cooperation with other countries of the Region, their wishes should be respected. Her delegation would therefore be in favour of the Regional Office being transferred to some other country.

Mr BENAVIDES (Peru) said that the issue was essentially a political one, although it also had implications at other levels; that meant that it was not possible to consider it in a purely objective manner. Nevertheless, some progress had been made towards solving the problem, since now two possible versions of a solution had been put forward, whereas previously the Health Assembly was being asked to accept only one solution. Whereas it was perfectly legitimate for States to express their wishes and to exercise their rights by putting forward those wishes, as had been done by the delegations presenting amendments, that did not mean that those wishes had a universal validity.

He considered that the draft resolution of the 14 countries provided the wisest solution to the problem by placing it in a legal context, thus leaving less room for controversy. The disadvantage of that solution in the eyes of some would be that their wishes were not immediately gratified, whereas its disadvantage in the eyes of others (including his own delegation) would be that other equally valid interests might be affected. Basically, the choice was between a speedy solution and a more long-term one that would overcome the difficulty without detriment to the interests and dignity of all parties.

If the matter were to be put to the vote he believed that the resolution should be voted on as a whole rather than paragraph-by-paragraph, since all parts of the resolution were interrelated. In order to ensure that the stand taken on this highly political issue should not be taken as implying the adoption of particular positions on more important political issues, he proposed that voting should be by secret ballot.

Mr O'BRIEN (New Zealand) said that his delegation based its position on its conviction that political issues should not be allowed to dominate the concerns of specialist bodies such as WHO, and upon a belief in the broad overall role of the Organization. He shared the regret that had been expressed that Members of the Region had not themselves been able to resolve what had been described as an unfortunate family dispute. The good spirit shown in the debate led him to hope that a solution acceptable to all parties was not impossible, and he believed that the draft resolution of the 14 countries would provide a basis for such a solution. He supported the suggestion that it should be adopted by consensus.

Professor HALEEM (Bangladesh) said that, in his delegation's view, the issue under consideration was essentially a regional matter; it was therefore right that the wishes of the majority of the Region should be met, bearing in mind however that the Organization's ability to function efficiently and effectively should not be hampered. In keeping with that principle, his delegation shared the feeling of the majority of delegations and supported the amendments submitted by Kuwait, which met the requirements to which he had referred.

Dr POU DAYL (Nepal) observed that, despite the brilliant speeches that had been made, there appeared to be little consensus. His delegation would therefore like the matter to be decided by secret ballot.

Dr ALDERETE (Paraguay) said that, although the delicate issue under discussion was purely regional in character, it had worldwide implications; the attitude adopted by the Health Assembly might set a precedent for engaging in political arguments that had nothing to do with the aims and purposes of WHO. In order to bring an end to a discussion in which time that could have been devoted to more useful topics had been wasted, he supported the proposal for a secret ballot.

The DIRECTOR-GENERAL recalled that he had been asked by a number of delegates to give an appraisal of the atmosphere in which the work of the Eastern Mediterranean Region had taken place during the period between the Thirty-third and Thirty-fourth World Health Assemblies.

In their teamwork, the Deputy Director-General and himself had constantly been at the entire disposal of individual Member States, of groups of Member States, and of the Health Assembly as a whole in order to preserve two key aspects of the Organization: its universality and the optimum working atmosphere in which its constitutional mission could be fulfilled by all Member States, individually and collectively. If being at the disposal of Member States was called "playing politics", so be it. It was his interpretation of the Director-General's prerogative under the Constitution.

Turning to the substance of the matter, he recalled that, at the Thirty-third World Health Assembly, he had offered his good offices with a view to reducing the damage that might be caused to the Organization by the situation in the Eastern Mediterranean Region, to which damage repeated reference had been made during the discussion. Throughout the current year, the Regional Director and himself had been in consultation to see what could be done to reduce that damage. He wished to refer to two aspects.

The first related to the functioning of the Region as foreseen in the Constitution. The efforts of the Regional Director and himself in that area, as far as the convening of the Regional Committee and the supervision of the Regional Office by the Regional Committee were concerned, had been unsuccessful.

Secondly, the Regional Director and himself were prepared to do more than their call to duty stipulated in order to satisfy the requirements of all Members of the Organization to the maximum extent possible within the constraints to which he had referred. He was grateful to those who had acknowledged that they had tried to do so; they had, in fact, tried very hard, for the sake of the peoples of the countries concerned, to organize a degree of cooperation.

In the spirit of health for all, he appealed to all delegations to do more than their call to duty imposed, in an endeavour to reach a consensus that would be to the benefit of all.

The meeting was suspended at 15h15 and resumed at 15h55.

The CHAIRMAN said that, in response to the Director-General's plea, a negotiating group composed of the delegations of Canada, Egypt, Kuwait, Nigeria and Saudi Arabia had held informal consultations during the break and had reached a consensus on a compromise. They proposed that the word "Noting", in the fourth preambular paragraph of the draft resolution of the 14 countries should be replaced by the word "Recognizing"; and that operative paragraph 3(a) should be amended to read:

"(a) to initiate action as contained in section 51 of the Advisory Opinion and report the results to the sixty-ninth session of the Executive Board in January 1982 for consideration and recommendation to the Thirty-fifth World Health Assembly in May 1982;"  
He appealed to the Committee to adopt the amendments in a spirit of brotherhood and cooperation, and to refrain from entering into further discussion on the item.

The amendments were adopted.

The draft resolution proposed by the 14 countries, as amended, was unanimously approved.

Mrs BROWN (Bahamas) commended the efforts of the negotiating group and of all those who had worked so hard to bring about agreement. She earnestly hoped that the activities of the ensuing year would be conducted in a similar spirit of true brotherhood.

Mr EL REEDY (Egypt) expressed his deep appreciation and gratitude to the delegations from Africa, Europe and Latin America, and to the United States delegation and others, for their cooperation in reaching agreement on the draft resolution which had just been approved.

Dr AL-AWADI (Kuwait) thanked the Chairman for the efforts that he, personally, had put into the important move just made. The draft resolution was not what the countries of the Eastern Mediterranean Region would have wished, but since a consensus and a ground of cooperation and understanding had been reached, they hoped that it would facilitate the work of the Director-General in taking the right steps towards executing the operative provision of the Advisory Opinion of the International Court, so that greater justice might be done to the Region.

Mr BENAVIDES (Peru) commended the Chairman on the fact that a group of delegates had succeeded in producing a negotiated text, which represented a small masterpiece of diplomacy. His delegation was gratified that the call for understanding and brotherhood had been heeded and that it had been possible to find a solution that safeguarded the dignity of all parties. Such a triumph of reason was a matter for rejoicing.

Dr AL-GEZAIRY (Saudi Arabia) expressed appreciation to all those who had helped to reach agreement, and to all who had spoken in favour of the countries of the Eastern Mediterranean Region. In order to save time, those countries had departed considerably from their original proposal and had provided the Health Assembly with an opportunity to take the right decision at its next session. They expected to receive an explicit report from the Director-General and from the Executive Board, and he hoped that the Health Assembly would then be able to reach a satisfactory conclusion without delay.

2. STUDY OF THE ORGANIZATION'S STRUCTURES IN THE LIGHT OF ITS FUNCTIONS - IMPLEMENTATION OF RESOLUTION WHA33.17: Item 35 of the Agenda (Resolution WHA33.17; Document A34/15)  
(continued)

Dr BROUELLE (France) drew attention to the first paragraph of Annex 1 to document A34/15, the second sentence of which read: "At the global level, the Health/2000 Resources Group will deal with the mobilization of external resources and the rationalization of their use". It was not the right term to use in speaking of the Group to say that it would "deal with" the mobilization of resources and rationalization of their use, for that was in contradiction with the resolution adopted by the Thirty-third World Health Assembly and with the comments that had been made by the Executive Board. The Group had been accepted on an advisory basis and therefore did not itself have the function of mobilizing resources or rationalizing their use. Those were prerogatives of the Director-General. She thought that the drafting error should be amended, and noted that the question would again be examined at the forthcoming Executive Board.

Dr POUDELAY (Nepal) congratulated the Chairman on the most successful afternoon in the history of WHO, in which amicable agreement had been reached on a difficult issue. When individuals failed, a group could often solve such vital issues. That group dynamism had prevailed at Alma-Ata, where Member States had agreed to pursue the goal of health for all by the year 2000. He warned, however, against self-congratulation in what was a matter of historical necessity. In the present age of human emancipation no establishment could afford to ignore the basic needs of its members; history had repeatedly taught that lesson.

The present agenda item showed that another bold decision had been taken. It had been felt that WHO's structures were not adapted to meet the great challenge of health for all by the year 2000; hence a study had been made of these structures in the light of the Organization's functions. He congratulated the Secretariat on producing a document of some 40 pages in that connexion.

In the beginning, the study had generated considerable enthusiasm which seemed gradually to be fading, although he hoped he was wrong in that assumption. He himself considered the Organization's structural pyramid to be upside-down, with very little support at the country level where it was most needed. From the very beginning, Nepal had stressed the need to strengthen WHO at the country level. Moreover he was depressed to see that WHO was so slow

in changing its structure. It discussed biennial Health Assemblies; it discussed regional committees that were not functional, but simply ritual. But it seemed to him that WHO was busy counting the pence and forgetting the pound - which was the achievement of health for all by the year 2000. Nepal wished to see every aspect of WHO's activities geared towards that achievement.

Dr BRYANT (United States of America) said that the study of the Organization's structures in the light of its functions had provided Member countries, the regional committees, and the headquarters staff with extensive opportunities to review the Organization's purposes and the mechanisms whereby it pursued them. The study had been initiated before "Health for all" became the priority programme of WHO, but that goal seemed to be the focus and referral point for the study. Indeed, the structures and the functions had both been seen to be necessarily oriented towards the achievement of health for all, thus providing a conceptual coherence that might not have emerged if that programme had not been in evidence.

In the Region of the Americas the study had led to a number of conclusions: (1) that a regional mechanism might be established for improving the flow of extrabudgetary resources available for priority programmes; (2) that Member governments should establish dynamic and evolving plans for achieving health for all that included appropriate indicators and quantitative objectives; (3) that emphasis should be given to the horizontal integration of the technical components of the Secretariat in order to ensure full coordination of the staff's capabilities; (4) that an attempt should be made to synchronize the planning cycles of the Region of the Americas with those of WHO; and (5) that support to country representatives should be increased and increasing responsibilities delegated to them, while at the same time improving communications and managerial support and providing more flexible administrative guidelines. His delegation looked forward to its Region's implementation of those decisions and recommendations.

There was one issue on which his Government particularly wished to record its views. Operative paragraphs 1(6) and 3(6) of resolution WHA33.17 called in effect for the Organization, at global and regional levels, to maximize the use of all available resources for achieving health for all. The Directing Council of PAHO had decided to consider establishing a regional mechanism for improving the flow of extrabudgetary resources available for priority programmes. At global level, a proposal to establish a Health/2000 Resources Group had emerged from the study of WHO's structures. That proposal had been seriously questioned by the Executive Board at its sixty-seventh session (January 1981). He agreed that the establishment of such a new body must be examined very carefully in terms of mandate, potential overlap of responsibilities with the governing bodies of the Organization, and relationship to the role of the Director-General, but he believed it was very important that whatever resources were available should be effectively used. Effective mechanisms were therefore necessary at regional and global level to attract and channel extrabudgetary resources towards programmes related to the achievement of health for all. That was particularly important at a time of increasing constraints on the resources directly available to the Organization. He noted that the issue was on the agenda of the sixty-eighth session of the Executive Board, and he thought that the Health Assembly should encourage the Director-General to develop the Health/2000 Resources Group into an effective and acceptable mechanism for channelling further extrabudgetary resources towards the important purposes of the Organization.

Dr FERREIRA (Mozambique) congratulated the Director-General on the excellent report he had presented. It was in fact an operational plan of action, setting tasks, target dates and well-defined responsibilities which would greatly facilitate not only the carrying out but the monitoring of the action required for reformulating the Organization's structures. Her delegation was in general agreement with the report but she would comment on certain paragraphs.

The regular review of the Secretariat, referred to in sections 22 and 26, was of great importance to guarantee staff quality. People should not make themselves at home forever in the posts they occupied and those posts should not be held for life. People should, of course, do work for which they were qualified.

She also found extremely useful the measures advocated in section 28.3 on the staffing of the regional offices and headquarters. Those measures should lead to improvement in technical quality and in the staff of the regional offices. Her delegation wished the action to lead to the creation in the regional offices of more homogeneous teams of staff to carry out the principles and policies of WHO as defined by the Member States in their governing

bodies. Still with reference to section 28.3, she believed that Member States should be informed of the revision of the organizational structure of their respective regional offices. The opinion of Member States should be taken into account as and when the revision took place. She suggested that the subject be placed on the agenda of subsequent sessions of the regional committees.

With regard to section 31, on documentation for use by countries, she said that one of the first measures to be taken should be a more rapid distribution of the basic documentation for the Health Assembly so that Member States could prepare themselves in time and properly for their work.

Dr LITVINOV (Union of Soviet Socialist Republics) said that the proposed plan for implementing resolution WHA33.17 deserved serious study. Its plan of action, specifying dates for completion and the people responsible, could be used as a model for implementing other WHO resolutions. Of course there were deficiencies in the report. On many points no target dates had been given for achieving certain tasks. Moreover the measures proposed under operative paragraph 1(4) of the resolution were not concrete enough: there should be a more carefully defined distribution of functions between the various levels of the Organization. To strengthen the unity of the Organization, the Health Assembly should give increased attention to activities at regional level. Not only the Executive Board but also the Health Assembly should hear from the regional directors what had been done to implement this or that resolution.

His delegation continued to believe that the reactivation of the regions would only be possible if the leadership role of headquarters was strengthened. The brunt of the responsibility, of course, rested with the Secretariat; it was therefore of importance to consider the measures for the review of the Secretariat's work. In accordance with operative paragraph 4(4) of resolution WHA33.17, a working group had been set up by the Executive Board to study the functions and activities of the Secretariat. Among the questions to be dealt with by that working group could be included the structure and functioning of headquarters and its subsections; the recruitment and utilization of staff, including consultants; and the work of the Secretariat in the collection and dissemination of information, the improvement of the network of collaborating centres, evaluation, etc. This analysis of the Secretariat's work was so important that provision should be made for the results of the working group's study to be submitted to the Health Assembly.

With regard to the Health 2000/Resources Group, he stressed that his delegation fully supported the Executive Board's resolution on the subject, emphasizing however that no group could replace the Organization itself.

Dr NSOLO (Nigeria) thought that WHO should ask itself whether it was doing enough to support national strategies. That question had become pertinent because it was WHO that would be judged on the progress made by Member States in achieving health for all by the year 2000. Clearly, Member States were all at different stages of development and possessed varying levels of resources; it was consequently important to ensure that the gap between the well-to-do and the not so well-to-do was not widened. Inevitably, the rate of progress toward health for all by the year 2000 would differ from one country to another. WHO must therefore pay particular attention, at global and regional levels, to monitoring progress within each Member State. That would make it possible for the Organization to review its cooperation with Member States on a continuous basis so that its activities were, at all times, consistent with the spirit of resolution WHA33.17.

If results were really to be obtained at country level, there was no alternative but to strengthen the role of the WHO programme coordinators. Although WHO was about the most decentralized of the specialized agencies, it sometimes seemed that the process of decentralization stopped at the regional office. A concerted effort was needed on the part of the Secretariat to see how further decentralization could take place, giving special attention to the role of WHO programme coordinators as the representatives of the Organization. Certain powers had to be delegated to enable them to perform efficiently and with a minimum of delay.

He understood that there were a number of constraints on the effort of the Organization to cooperate with the other specialized agencies of the United Nations system. One was the procedure for programme budget preparations, which varied from one organization to another. He wondered if anything could be done about that problem, which was proving an impediment to interagency cooperation, particularly at country level.

Mr NYGREN (Sweden) said that the Director-General's interesting and valuable progress report showed the enormous effort which would be required to achieve the goal of health for all by the year 2000. Health had many facets and demanded action not only by WHO but by other United Nations bodies in the fields of economic and industrial development, and housing, etc. He was glad to see the important role allocated to health in the New International Development Strategy. In that connexion, he stressed the importance of the contribution made by nongovernmental organizations, illustrated among other things by their information and activities concerning the consumption of tobacco, alcohol and drugs.

WHO however must take the lead in all matters related to health, and coordination was therefore vital at regional, national and local levels. In principle, it was his delegation's view that health problems were best dealt with by those who knew the problems of the people, and it was therefore necessary to strengthen regional action. He did not mean that the role of WHO headquarters should be reduced; on the contrary its coordinating efforts were increasingly important.

He mentioned the impact of voluntary funds on the planning of the regular budget programme. Voluntary contributions must be in line with and support the regular programme to obtain the best use of restricted resources. An effective evaluation system was very important in that connexion and must be an integral part of the programme itself. In a time of economic difficulty, everything possible must be done to make efficient use of all available resources.

Health for all by the year 2000 might call for a reorientation of activities and of resources both at headquarters and regional level. It was his hope that all personnel would work positively towards that end.

Dr SEBINA (Botswana) said that when the Director-General's study had been undertaken it had been considered the most wide-ranging managerial review ever embarked upon by the Organization. The Director-General's plan on action responded to the challenge of resolution WHA33.17 and covered widely separated responsibilities and activities. It would chart the path towards the goal of health for all. He welcomed the plan of action, and looked forward to the updated progress report to be submitted in 1982.

He drew attention to the need for studying the staffing structure of WHO programme coordinators' offices and reminded delegates that some programme coordinators covered more than one country. He welcomed the proposed Health/2000 Resources Group, designed to rationalize the transfer of resources for primary health care, and stressed the need for WHO to streamline its transfer mechanisms: the transfer of resources at the right time might make all the difference to the success or failure of a programme.

Dr BOOTH (Australia) said that the Director-General's plan of action was very general in nature and he looked forward to the progress report to be submitted to the Executive Board at its January session.

During discussions in the Western Pacific Regional Committee, the adoption by the Thirty-third World Health Assembly of the principle of health for all had been applauded. His Government believed that regional committees should play a more active part in the work of the Organization. It was glad to see that that was beginning to happen and it was for that reason that his delegation had supported the reimbursement of travel costs to delegates attending regional committee meetings.

He issued a plea for the early distribution of Health Assembly documents. It had been his recent experience that the length of time which those documents took to reach his own country left little time to organize programmes for visiting WHO groups. He suggested that some of the delays occurred when communications went not only through the regional office but also through the office of the programme coordinator. While all levels must be kept informed, that could be better done by copying correspondence to intermediate areas while ensuring that the original proceeded directly to the addressee.

His delegation agreed with the Indian delegation on the importance of the present agenda item and felt that certain aspects of the review should be settled as quickly as possible. His support for the holding of the Health Assembly only in alternate years was well known. Unless that important step was taken, he believed that the regional committees would be slow to assume the important role that belonged to them.

To conclude, he supported the Director-General's plan of action and looked forward to future progress reports.

Mr KAKOMA (Zambia) congratulated the Director-General on his plan of action, which was similar to the follow-up mechanism instituted by the Regional Director for Africa for his Regional Committee. Such a clear outline of follow-up machinery made the task of implementation easier. Operative paragraph 2 of resolution WHA33.17 was specifically addressed to Member States; he was therefore glad to inform the Committee that his country had embarked upon all the activities outlined in that paragraph.

Dr PLIANBANGCHANG (Thailand) said that his Government had been an active participant in the 1979 study of WHO's organizational structure made in the South-East Asia Region, and had endorsed the recommendations of that study, particularly those concerning regional and country levels. Health for all could be achieved only through the efforts of countries themselves, and therefore it was the effectiveness of WHO support to countries' endeavours that had the most meaning for the people of the country.

In spite of its sincere intentions and dedicated efforts, the health leadership of his own country faced an almost overwhelming task while at the same time experiencing a severe shortage of manpower and technical resources support. He therefore pressed for the strengthening of WHO collaboration at country level. Hence, in developing guidelines for the 1982-1983 programme budget, the Regional Committee's working group had recommended the strengthening of the programme coordinator's office in Thailand by the shifting of resources within the regular budget for the previous biennium.

The role and functions of WHO at country level must continue to evolve and develop in response to the intersectoral aspects of health for all and the reorientation and technical improvement of health systems and manpower that was required. Adequate resources and authority were needed in the programme coordinator's office if that challenge was to be successfully met. WHO's functions at national level required staff capable of involving themselves in multidisciplinary national health programme developments, supporting the development of appropriate coordinating mechanisms, and processing and communicating relevant information for technical collaboration, cooperation and exchange. The number, composition and character of the support staff of the programme coordinator's office should be determined by the size, intensity and complexity of the country's needs and programmes; and the office should have the greatest possible freedom in coordinating WHO's resources to support national policies, strategies, and plans of action. That flexibility might include authority to co-opt, on a short-term basis, WHO project staff within the country for priority national collaborative activities not within the scope of their terms of reference. The operational funds of the office should be increased and more flexibility should be permitted in their use, so that funds were available for informal types of educational, promotional or technical activity in support of country programmes. Some adjustments in regulations would be necessary if the desired flexibility were to be achieved.

In brief, in his country's experience WHO programmes at national level should be expanded, strengthened and reoriented to focus more effectively on national programme priorities and needs. There also seemed to be a need for some administrative changes that were feasible in themselves but required global and regional cooperative action.

Professor HALEEM (Bangladesh) praised the Director-General's action in inspiring the formulation of the "Health for all" programme at the Alma-Ata Conference. The determination of the peoples of the world as a whole was the primary factor in the successful achievement of health for all.

Article 2 of WHO's Constitution clearly indicated that it was WHO's role to assist governments in extending their health services. But what, he asked, happened in poor countries? Health involved complete social wellbeing and not the mere absence of disease or deformity. If people did not have proper food, clothing and housing, they could not be healthy, and these were the basic problems to be tackled. Those who had must come forward to help those who had not. He urged determination in action that would provide peaceful and healthy living conditions for all peoples.

In his own country certain basic health services had been developed at rural level but, although the number of hospital beds available was meagre by comparison with developed countries, at least 70% of those beds were vacant because of transport difficulties. Health services must be taken to the people, and specifically to the rural areas.

He also drew attention to the fact that the health for all programme paid little attention to maternal and child health and population control. His Government was endeavouring to check

its 2.65 growth rate and to reduce it by 1990 to 1.75. However, such determination was of little use unless the necessary resources were available. He appealed to WHO to lay more stress on population control.

He also emphasized the need for coordination, indicating that while the primary responsibility for programme implementation should be at regional level, headquarters should play a coordinating role at global level.

In conclusion, he recorded his Government's appreciation of the Director-General's dynamic leadership.

Mr ARSLAN (Mongolia) said that much work had been done on the implementation of resolution WHA33.17. Much work, too, had been done in the regions, especially in the South-East Asia Region, to define priority problems.

In that Region, stress had been laid on strengthening the work at country level and on the WHO programme coordinators. Mongolia itself had a programme coordinator, and the Mongolian Government hoped that in the near future he would cooperate in the implementation and monitoring of national health programmes, a matter of some importance for the attainment of health for all by the year 2000. He thought that WHO and the South-East Asia Regional Office in particular should make more use of such coordinators, who had an important part to play in cooperation between the Member States and WHO. The Mongolian Government would like the programme coordinator not merely to be a mediator but to be active in achieving common goals.

The plan of action in document A34/15, in its comment on operative paragraph 1(2) of resolution WHA33.17, mentioned that the Organization's cooperative activities with other organizations in the United Nations system would be reviewed, particular attention being paid to the country level and a few countries being taken as case studies. The Mongolian delegation proposed that a study group of three members should make a list of countries for submission to regional committees and for discussion by them during the current year.

The DIRECTOR-GENERAL thanked the Indian delegate for emphasizing the importance of the issue under discussion. The Secretariat had been greatly encouraged by this attitude.

It had been made clear in the course of the afternoon's discussions, that once situations became clearly defined they could be managed, but that confusion, within WHO as elsewhere, could not be managed. The purpose of raising the question of function and structures, which had led to the formulation of resolution WHA33.17, was to find out where the problems lay. There must be many differences between the peoples, the governments and WHO itself, who formed the partners to the social contract for health for all. The more efforts made to identify those problems, the greater would be the success in improving the performance of all three partners.

Decentralization did not mean splitting up the Secretariat into smaller units, but decentralizing out to peoples and their governments, and supporting them in an activist role in their work for attaining health for all. The Secretariat must always be asking itself whether it did effectively support the peoples and their governments in their work. For this reason the plan of action had been devised, so that Member States could continue to check that they themselves in WHO and the Secretariat were performing their tasks properly. The whole purpose of the resolution, and of the plan of action for its implementation, had been to put an end to confusion. As the delegate of the Union of Soviet Socialist Republics had pointed out, an opportunity was offered to enter into a meaningful dialogue.

A number of delegates had emphasized the importance of WHO's role at country level. The expression "charity begins at home" meant for WHO that Member States should themselves have the will, courage and imagination to find out how they wanted to make use of WHO. Only a few countries had hitherto thought it worthwhile to ask themselves what they could expect from WHO in the attainment of health for all. He therefore asked all countries to give consideration to this question as part of their individual "health for all" programmes. Only if this were made clear by Member States could the Secretariat reorient itself to support them as a partner rather than as just one of many international organizations. Countries must find in themselves the specific fields for WHO's unique mission. If they did find such fields, WHO itself would become a stronger and a better partner.

In order to avoid the reproach of being too abstract, he raised the question of what was meant by "government execution". He himself believed that the Organization should support Member States in carrying out their own health programmes. So far little had been done in this direction. The tendency was still to adopt a conventional project execution approach with

supranational overtones. Everyone agreed that cooperation among all Member States, be they rich or poor, highly industrialized or not, was vital. This did not however imply that WHO should be entrusted with the entire execution of plans: this was not in the spirit of cooperation among countries. The Secretariat must examine again and again whether it was truly playing an activist role as laid down in resolution WHA33.17. The top-to-bottom, bottom-to-top must continue, and must become more meaningful than it had been hitherto.

He was grateful for all the constructive criticisms that had been made during the discussion: they showed that Member States thought it worthwhile to take WHO seriously.

The CHAIRMAN believed that the Committee could trust the Executive Board to continue monitoring the implementation of resolution WHA33.17 along the lines indicated.

The meeting rose at 17h25.

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