



EXECUTIVE BOARD

Sixty-seventh Session

PROVISIONAL SUMMARY RECORD OF THE FOURTEENTH MEETING

WHO Headquarters, Geneva
Wednesday, 21 January 1981, at 20h00

CHAIRMAN: Dr D. BARAKAMFITIYE



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FOURTEENTH MEETING

Wednesday, 21 January 1981, at 20h00

Chairman: Dr D. BARAKAMFITIYE

PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1982-1983: Item 9 of the Agenda (Resolutions WHA33.17, para. 4(1), and WHA33.24, para. 3; Document PB/82-83) (continued)

REPORTS OF THE REGIONAL DIRECTORS ON REGIONAL COMMITTEE MATTERS REQUIRING THE PARTICULAR ATTENTION OF THE BOARD: Item 10 of the Agenda (Resolution WHA33.17, para. 4(4); Documents EB67/5, EB67/6, EB67/7, EB67/8 and EB67/10) (continued)

PROGRAMME REVIEW: Item 9.2 of the Agenda (continued)

Health manpower development (major programme 6.1)

Dr BRAGA said that, in his opinion, the programme was very good. In implementing it WHO would be working on the right lines.

There were no further comments.

Health information (major programme 7.1)

Dr ORADEAN commented on the importance of health information in general, and of statistical indicators in particular, in providing the basic materials for the planning and formulation of the Organization's programmes at all levels, as instruments for evaluating trends and readjusting projections, and for the understanding of developments in health status relevant to the attainment of health for all by the year 2000. In that context the development of reliable reporting capacity as near the periphery as possible was a key problem.

Despite those considerations, she noted that a decrease of over US\$ 400 000 was proposed in the regular budget provision for headquarters in programme 7.1.1 (Health statistics). She trusted that the World health statistics annual and other statistical publications, which were much used and appreciated in her country, would not be affected, and that the health statistics programme would be in a position to play its rightful leading role in technical matters relating to health indicators.

She welcomed the launching of the new World health forum: An international journal of health development and expressed the hope that it would soon be produced in other languages, as well as English and French, so that it could reach as broad a public as possible among the health professions in all countries. That was an important consideration also for all WHO publications and she hoped that the necessary means would be found.

In connexion with programme 7.1.3 (Health legislation) she informed the Board that Romania had very up-to-date health legislation which could be of interest to WHO in its cooperation with other countries for purposes of comparison.

Dr REID, referring to programme 7.1.1 (Health statistics), noted that, according to paragraph 7 of the narrative, emphasis was to be given, rightly in his opinion in view of its relevance to the Organization's goal, to the development of reporting methodology. He was therefore concerned to see that, under paragraph 14, the budgetary provision for traditional ICD activities was to be reduced. He wished to know what that would mean in practice and, in particular, what was the financial outcome for the Organization of the ICD operation. The ICD was a basic WHO activity invaluable for purposes of comparison at the international and national levels. Admittedly it could be fully used only by countries with already well developed health systems, but developing countries were already beginning to find it useful and would find it increasingly so as they progressed. He was therefore much concerned and would oppose any but the most marginal reduction in so important an activity.

Dr HIDDLESTONE suggested, in connexion with programme 7.1.5 (Health information of the public) that World Health Day be changed to World Health Week, so that maximum impact could be achieved each year in each Member State. Under the existing arrangements, that impact might be much reduced if World Health Day happened to clash in a country with the celebration of a national public holiday. Such a clash could be avoided if Member States were free to choose any suitable day within the week, or to use the whole week if they preferred.

Dr ÁLVAREZ GUTIÉRREZ said that he could find no provision for the production of World health forum in languages other than English and French and would like to know what was the position.

Professor XUE Gongchuo, referring to programme 7.1.2 (WHO publications and documents), pointed out that publications constituted a valuable means of circulating information and reached more people than did other means, such as seminars and meetings. He informed the Board that the translation of the WHO Chronicle into Chinese had been resumed in the light of its broad appeal to Chinese-speaking health workers at all levels in a number of countries and that a selection among the Organization's other publications was also translated. He welcomed the new World health forum as a lively publication of interest to all levels of health workers in all countries in that it dealt with a variety of questions in their social, economic and other aspects. It was a pity that, because it was published only in English and French, it would not reach, nor have the benefit of contributions from the very health workers who had most to contribute owing to the immediacy of their experience, i.e. those working on the periphery, in countries where English and French were not widely spoken. The language barrier, almost total in such cases, should not be allowed to remain and he appealed for means to be found to publish World health forum in all the working languages.

Dr VENEDIKTOV said that the discussion constituted a tribute to the quality of the health information programme, showing that there was a lively demand for WHO publications, which evidently met a real need. He therefore pressed for their publication in all the working languages as a contribution towards the work of WHO. He joined previous speakers in expressing approval of the new World health forum, which should also be produced in all the working languages.

In that connexion he deplored the delay with which the Russian and Spanish versions of WHO publications appeared and particularly their delay in relation to information provided for the general public, which had been known to cause difficulties within Member States. For instance, some alarm and misunderstanding had been caused in the Soviet Union by an article on influenza in a recent issue of World health that had been published in English and French but was not yet available in the Russian edition. In connexion with programme 7.1.5 (Health information of the public) in particular, the feedback should be continually assessed, as the impact of WHO publications could on occasion far exceed expectations. Great emphasis should be placed on the accuracy of the information and promoting cooperation of the people in health programmes.

He was not sure that library services were adequately reflected under programme 7.1.4 (Health literature services).

He would reserve his comments on programme 7.1.1 (Health statistics) for the discussion on the development of health indicators under item 14 of the agenda.

Under programme 7.1.3 (Health legislation), he would welcome the regular publication in the International digest of health legislation of analytical reviews showing how the various problems of health legislation were solved in the various countries.

He felt that the extension of World Health Day to a week would reduce the impact and trivialize the commemoration. He could not support Dr Reid's suggestion.

Referring to programme 7.1.2 (WHO publications and documents), he noted that asterisks instead of dollar figures appeared in the estimated-cost columns of the table on pages 234-237 against certain publications in Russian and Chinese that were issued under contractual agreement. He would like the Board to have full information on costs so that it could look for funds to permit the production of WHO publications and documents in more languages.

Dr ZECENA suggested that, in line with Dr Venediktov's concern for accuracy and to see documents and publications issued in more working languages, a few members of the Board should look into the terminological aspects of the programme budget document itself. Some of the terms used were defined differently in medical and in nonspecialized dictionaries and in the medical dictionaries of different countries. Programmes 3.1.4 (Care of the aged, disability prevention and rehabilitation), 3.1.5 (Appropriate technology for health) and major programmes 3.2 (Family health), 3.4 (Prophylactic, diagnostic and therapeutic substances) and 4.1 (Communicable disease prevention and control) particularly would benefit from a regularization of their terminology.

Dr KRUISINGA considered that programme 7.1.5 (Health information of the public) had not been markedly successful in the past and efforts should be strengthened. From the first paragraph of the "Objectives" (page 242) it seemed that a new era was beginning; yet the table showed an overall decrease in regular budget provision and a larger one in the headquarters component. He had difficulty in reconciling the two statements and deplored the decrease.

While he did not wish to cast doubt on the quality of the work done, which was in many cases excellent, he thought that a cost-effectiveness evaluation of programmes 7.1.2 (WHO publications and documents) and 7.1.5 (Health information of the public) would be useful in keeping those activities on the right lines.

Dr AL-SAIF joined previous speakers in expressing approval of World health forum and urging its publication in other languages.

Dr REID supported Dr Hiddlestone's proposal that Member States be allowed to choose, within a week, the day on which to celebrate World Health Day, so that it would not be allowed to lose impact through coinciding with a public holiday. He did not think that it was the intention that celebrations should necessarily cover the whole week.

Dr AL-GHASSANI (alternate to Dr Al-Khadouri) asked whether the selection made by the Council of Arab Ministers of Health of the material to be published in Arabic could now be made known to the Board (programme 7.1.2 (WHO publications and documents), paragraph 18).

Dr MANUILA (Director, Health and Biomedical Information Programme) expressed his gratitude for the favourable comments on the programme and in particular those relating to World health forum.

The question of the languages in which it would be produced had already been raised by delegates to the Health Assembly and by ministries of health. He was currently in a position to say that it would be possible to produce World health forum in all the working languages without any increase in the budgetary provision, if a somewhat condensed version of the WHO Chronicle were incorporated in it, thus releasing the necessary resources. The Director-General attached great importance to maintaining the full effectiveness of the programme of publications within the existing budget level and members of the Board were in a position to see that the arrangements for the new publication had been completed within those limits. If the Board favoured the solution he had outlined, it would be desirable also to increase the periodicity from four to six issues per annum, which could be done within the existing budgetary provision.

He was glad to be able to assure Dr Venediktov that efforts made during the past two years to reorient programme 7.1.3 (Health legislation) entirely reflected Dr Venediktov's views on the content of the International digest of health legislation and the way in which information should be provided by WHO. As from the first number of the next volume, which was to appear before the Thirty-fourth World Health Assembly, the Digest would contain not only texts of laws, either summarized or in full, but also some analytical and interpretive material addressed to health managers in general rather than to specialists in health legislation.

In relation to the table of publications under programme 7.1.2 (WHO publications and documents) on pages 234-237, the situation was that all WHO publications in Russian were produced under contract with the Ministry of Health in Moscow by Medicina, the State medical

publishing house, for which purpose an allocation of US\$ 400 000 per annum was available. It covered technical publications, such as the Bulletin, the selection being made jointly by WHO and Medicina, under the guidance of the Ministry of Health he believed. The allocation to which he had referred would be increased by US\$ 100 000 for the biennium, should it be decided to produce the World health forum in Russian, several members of the Board having shown an interest in such a version, and the funds would be found by a redistribution of the existing allocation between languages, i.e. from the existing provision for producing the WHO Chronicle in Russian and the World health forum in English and French. The programme of publications in Russian was reviewed regularly every year, either in Geneva or in Moscow; that arrangement had proved extremely satisfactory to both participants in the discussions and would continue.

The point raised by Dr Zecena regarding terminology was very relevant, not only to the programme budget, but to all publications and documents. He was glad to be able to inform him that much work had been put into the question of terminology during the past two years or so and technical glossaries were being produced by the Terminology unit. The Organization's management and administrative terminology was also being reviewed and the first edition of a glossary of WHO terms was expected to be available in the near future.

In reply to Dr Krusinga on the question of cost-effectiveness of publications, he informed the Board that the whole question of publications and their effectiveness had been under study for some considerable time in collaboration with all the regional offices, so that, for the first time in history, there was a very full rapport in current thinking, not only at headquarters and the regional level, but also at national level among WHO programme coordinators. The effort was a long-term one and would take time to reach fruition.

In reply to Dr Al-Ghassani he said that the situation was much the same as for Russian and Chinese, the selection of the most relevant publications for production in Arabic being made by the Council of Arab Ministers of Health in collaboration with the Regional Office for the Eastern Mediterranean, the actual production being carried out at headquarters or in the Regional Office.

Mr UEMURA (Director, Division of Health Statistics), replying to Dr Oradean on the question of statistical publications, said that WHO would pay the closest attention to its constitutional obligations and to the need to adapt the contents of those publications to the information requirements of Member States, particularly with a view to health for all by the year 2000. The discussion of the strategy would provide a well-defined framework for such orientation, helping, for example, to determine the indicators for the attainment of global and regional targets. The utmost would be done to publish up-to-date statistical data as a basis for the necessary analysis of health trends.

On the question of health statistical indicators he replied that their selection must be the result of multidisciplinary consideration involving not only health administrators, epidemiologists and statisticians but also representatives of branches of activity outside the immediate field of health. He agreed that the health statistics programme should provide a sound technical basis for the generation of such indicators and cooperate with national authorities in order to ensure their relevance and proper use. That question would no doubt be discussed further under item 14 of the agenda.

To Dr Reid he replied that the reduction in force in WHO would make it necessary to reorganize work on the next revision of the International Classification of Diseases. It was planned to involve more national expertise and to collaborate with the centres in Caracas, London, Moscow, Paris, Washington and São Paulo, as well as that being established in Beijing, and to solicit support from extrabudgetary sources. It would probably be necessary to concentrate on the English edition at headquarters and to collaborate with countries and collaborating centres for the production of other language editions. Concerning income from that publication, he replied that it had thus far been one of WHO's "best-sellers", although many copies were distributed free.

Dr BRAGA said that he thought it would be difficult for World health forum to be continually provocative and bring up new subjects, according to the purposes it had been set, but if that were the intention it might be better to issue it monthly, with fewer pages per

issue - say, up to 120 pages. Regular articles should continue to be published in the WHO Chronicle, which was well received, widely read and much appreciated thanks to editions in six languages. He suggested that that compromise should be studied by the Secretariat, even if the result was a little more costly. It was not worth making small savings on WHO publications.

Dr VENEDIKTOV supported Dr Braga's remarks. He thought it was not advisable to combine the WHO Chronicle with World health forum, though it might be possible to condense the latter somewhat and perhaps give consideration to its consolidation with the Bulletin, which might be devoted to one subject per issue, as was once the case with special issues.

On the question of the contractual agreement with Medicina, he pointed out that although US\$ 400 000 might at one time have been judged rather high, the sum had not changed, in spite of increasing costs in the publications sector, over 15-20 years.

Complaints had been heard that WHO publications were too hard to obtain. He felt in particular that WHO monographs and the Technical Report Series should be available to a broad range of specialists and health administrators, and suggested that those concerned should meet to examine contractual arrangements with a view to increasing circulation of certain WHO publications.

Mr MORROW (Director, Division of Public Information), replying to Dr Hiddlestone, said that World Health Day, which it had been shown could be a powerful catalyst for health promotion, had been chosen by the First World Health Assembly and the date 7 April fixed by the Second in resolution WHA2.35 in commemoration of the entry into force of the WHO Constitution in 1948. A more flexible approach had subsequently been taken to avoid the difficulties caused by celebrating the occasion on weekends or public holidays and to accommodate activities that often filled several days. Recently, the theme "Smoking or health: the choice is yours" had provided the springboard for activities over a longer period, including legislation to curb smoking. With "Health for all" as the theme in 1981, the range of activities should be extended even further to provide the context for global efforts in health education and information. Member States would be encouraged to extend observance of the theme over a longer period.

In reply to Dr Venediktov he said that it was hoped that the time elapsing between publication of the English and French editions of World health and those in other languages, including Russian, could be shortened.

Dr Kruisinga had contrasted the magnitude of the objectives of the public information programme, which were to help Member States mobilize public opinion in support of health for all, with the reduced budgetary provisions. That reduction was partly the consequence of the reduction in force following resolution WHA29.48 and partly the consequence of a readjustment of priorities, a rationalization of the programme's methods, and the elimination of some labour-intensive activities. In information, WHO was emphasizing its catalyst role in order to stimulate national bodies and to do more with less.

Dr KAPRIO (Regional Director for Europe) said that regional offices had the added problem of providing documents and information in additional regional working languages. The matter was being studied and was one that involved several regions, since some regional working languages were common to two or more regions but were not working languages of the Organization as a whole. There was also the question of disseminating regional reports and publications in such languages in interested countries of other regions. Many governments had also to provide information for several language groups in their own countries.

One question for WHO was whether it should publish more in different languages, or act as a "manuscript bureau", encouraging countries to produce their own language editions.

The Regional Office for Europe encouraged its members to celebrate World Health Day on suitable days other than 7 April if that clashed with public holidays.

Professor DOGRAMACI, speaking with reference to programme 7.1.1 (Health statistics), said that it was most important to publish only true data, and that was demonstrably difficult in the case of infant mortality statistics, for example, on which it was acknowledged that only a relatively small number of countries could provide reliable data. WHO should therefore cooperate in the development of related services, especially in countries where births were not registered. Otherwise indicators for health for all could hardly be expected to rest on a workable data base.

The DIRECTOR-GENERAL, agreeing with Professor Dođramaci, said that there was widespread dissatisfaction in and outside WHO with the information that was being produced: some data available to WHO were deplorably inaccurate and their usability was highly questionable. A thorough review of the information system was unavoidable. But it had not thus far been possible to identify the means for obtaining the necessary resources through savings and rationalization where financing was abundant, which he had understood was the only way open to him. That was why, as he had reported in paragraph 16 of his introduction to document PB/82-83, he was creating a small group to look into the needs dictated by trends in the world health situation. Internal rationalization had been applied to the statistical services of WHO, and some posts had been used to form that group for world health situation assessment.

Regarding Dr Reid's point concerning the reduction of traditional activities for the International Classification of Diseases referred to in paragraph 14 of programme 7.1.1, he explained that while a shift to greater use of lay reporting was intended, it could be regarded as a typically regional activity, and he assured Dr Reid that the classical ICD work would continue.

Dr REID welcomed that assurance. He asked for details of sales of the International Classification.

The DIRECTOR-GENERAL said the information would be provided to Dr Reid later.

Dr VENEDIKTOV said that if the only health statistics available were unreliable in some instances, there was no choice but to use them; nevertheless the importance of health information programmes should therefore not be underestimated.

General services and support programmes (major programme 8.1)

Dr REID, referring to programme 8.1.3 (Supplies), asked whether the procurement services, operated on a reimbursable or funds-in-trust basis, were adequately used, and, if not, what measures were being taken to stimulate their use.

Dr VENEDIKTOV, referring to paragraph 7 under programme 8.1.1 (Staff development and training), asked about the relationship of the programme to training of international staff for their duties.

Dr KRUISINGA complimented the Director-General on the internal measures for rationalization that had made it possible to reduce the estimates for that programme 8.1 despite increased costs and wages.

Dr BRAGA said that it was obvious that the quality of an organization depended on the quality of its staff, and sought assurance that the administration did not give as little importance to the staff development and training programme as might appear from its position in the programme classification structure.

Dr MUNTEANU (Director, Division of Personnel and General Services) gave that assurance; the reduction in costs for that programme in no way reflected any loss of interest by management or a lowering of standards for staff quality. In spite of the reduction in force, the quality of staff - as well as the amount of necessary administrative support - had been maintained at a high level thanks to a corresponding rationalization of services and redistribution of tasks.

To Dr Reid, he replied that reimbursable purchases had been made through WHO's procurement services in an amount of some US\$ 1 436 000 in 1980, representing 4.43% of all supplies procured during that year. The information brochure on reimbursable purchases quoting the relevant resolutions of the Health Assembly and the Executive Board and drawing the attention of Member States to the availability of this facility had again been distributed in 1980. The Regional Offices were also calling attention to it and actively following up potential requests. It was difficult for the Secretariat to exercise judgement as to whether these services were adequately used; it was for Members to decide whether they wished to use them. If so, more could be done by WHO.

Dr BARTON (Staff Development and Training), replying to Dr Venediktov, said that, since the introduction of the new programme in 1975, it had been WHO's policy to involve counterpart national staff from Member States in all training workshops, courses and similar activities organized for staff of the Organization whenever possible and appropriate. For the most part national staff had been involved in programmes concerned with training in management for health development. Since 1975 a total of 256 nationals had participated in such programmes. In the future the activity was likely to expand under the programme for health manpower development in line with recommendations made by the Board on the organizational study on the role of WHO in training in public health and health programme management, referred to in document EB67/22.

With respect to Dr Braga's concern for the maintenance of the technical quality of the Organization's staff, he advised that the training and continuing education of specialist staff aimed at providing staff with the opportunity to strengthen professional and technical competence to meet the needs of the technical programmes. Specific activities were designed for professional promotion - to assist staff to obtain a higher academic or technical qualification if that was considered to be directly in the interests of the programme; for conversion training - to meet the needs of a change in emphasis in a new programme objective or to allow staff to enter or transfer to a new type of activity; or for maintenance of professional or technical skills - to ensure that the staff member adjusted to new skills and changes in technology and maintained the required level of proficiency.

Dr REID said that the use made of the procurement services for reimbursable purchases was clearly not proportional to the efforts of providing the services, and urged that they should be more widely publicized as a potentially very valuable asset.

The DIRECTOR-GENERAL agreed with Dr Reid that the services were very well worthwhile, and Member States and others who were entitled to do so were increasingly using the facilities provided by WHO, especially since the Organization made reimbursable purchases available against the very modest charge of 3%. WHO's services would, he believed, emerge very well from any comparison with similar services provided by other organizations. They had, however, added considerably to the workload of the Supply unit at the global level, but he was confident that the Board would support him if he were to propose some staff increase in that area in a future programme budget.

Regional activities (Document PB/82-83, Annex 2)

The CHAIRMAN observed that there was no report of the Regional Committee for the Eastern Mediterranean, which had held no session in 1980, since the majority of Member States in the Region had indicated in reply to the letter of invitation sent in July 1980 that they did not intend to take part. The decision to cancel the session had been communicated to them by letter of 15 September 1980. Members of the Board could be sure that the Director-General and the Regional Director had done their best to keep up the activities of WHO in that Region, on which Dr Taba would report orally.

Africa (Documents EB67/5; and PB/82-83, pages 265-276)

Dr QUENUM (Regional Director for Africa) said that since its sixty-fifth session the Board had been requested (resolution WHA33.17, paragraph 4(4)) to examine how regional committees reflected in their work the policies laid down by the Organization's governing bodies and the manner in which the Secretariat provided support to Member States. To aid the Board in this task, he intended to delineate the efforts made by the Regional Committee for Africa and by its secretariat to implement those directives.

The high-level membership of the delegations to the Committee and Committee's directives themselves clearly showed that the Regional Committee had become and would remain an important political forum as regards health. It was to be hoped that this tendency, along with the growing coordination of representation in the Committee and Health Assembly, would henceforth permit national health policies to become more oriented along the lines of the Organization's collective health policy.

To ensure that health policies at the national, regional, and global levels would be properly reflected in regional programmes, the Regional Committee's agenda had been structured along three main axes: (i) regional WHO activities; (ii) relationships between the work of the Committee, the Executive Board, and the Health Assembly; (iii) study of the report of the Programme Sub-Committee as regards the proposed programme budget for 1982-1983, the regional strategy for health/2000, the Seventh General Programme of Work, the report of the Standing Committee on TCDC, the monitoring of the implementation of the programme budget policy and strategy, and the strategy for malaria control.

After examination of the Regional Director's brief report for 1979, the Committee had given specific directives which had been summarized in the plan of action for the implementation of decisions (document AFR/EXM/2), which would be one of the tools for the future monitoring and evaluation of progress towards health for all.

With regard to the development and coordination of research, the necessary steps would be taken for the establishment of appropriate structures, for drawing up training and service plans for research workers, more effective use of TCDC mechanisms, the establishment or strengthening of national research committees, and the creation of an African Index Medicus.

The Regional Director's report had been structured differently from in the past, stressing concrete proposals for implementing the resolutions of the Health Assembly and Executive Board, whose regional implications were thus classified. The proposals approved by the Committee had been incorporated in the plan of action mentioned earlier.

As regards the study of WHO's structures in the light of its functions, the Committee had invited the Regional Director, in cooperation with Member countries, to: (i) reinforce health management machinery at national and regional levels for the effective implementation of the strategy for health/2000; (ii) utilize an integrated approach to achieve suitable interrelations at all levels so as to maintain the unity of conception and of action necessary in an essentially pluralistic Organization; (iii) use the provisional evaluation guideline and the selective list of indicators to monitor progress towards health/2000; (iv) in each programme develop the regional strategy on the basis of national strategies; (v) help Member States to reinforce their ministries of health by improving the management skills of all health workers through the creation of a regional network of national health development centres; (vi) promote the development of multisectoral national health councils and of TCDC mechanisms. To provide the necessary support for such actions, the three basic functions of the Regional Office would be reinforced (implementation of the policies of health development, technical cooperation, and coordination of international health work) and the management machinery and capabilities of the Office would be reinforced largely through national expertise.

In response to the Health Assembly's invitation to regional committees to submit to the Board recommendations and concrete proposals on matters of regional and global interest (resolution WHA33.17, paragraph 3(i), the Committee was submitting to the Executive Board a draft resolution entitled "Liberation struggle and health development in southern Africa" (annexed to document EB67/5).

The Regional Director further wished to draw the Board's attention to two other resolutions (AFR/RC30/R3 and AFR/RC30/R19) concerning special cooperation programmes with the Republic of Equatorial Guinea and the Republic of Chad. On a recent visit to Equatorial Guinea, he had personally been unpleasantly surprised by the disastrous health situation of the country. Some parts of the health infrastructure were no longer operating and those still functioning were seriously handicapped by critical shortages of qualified staff, equipment, supplies, and essential drugs. Both in the two main cities and in the rural areas most health centres and units lacked water and electricity. He considered that the international community would be remiss in its sacred duty of solidarity if it were to take no concrete action regarding the emergency needs of the country for reconstruction and health development in keeping with United Nations General Assembly resolution 34/123. The approximate costs would be US\$ 1 720 000 for emergency humanitarian cooperation, US\$ 4 720 000 for urgent reconstruction and rebuilding measures, and US\$ 4 360 000 for medium- and long-term projects. Turning to the problem of Chad, it was to be regretted that the absurd war in that country had destroyed in such a short time the health infrastructure that had taken years to build up. He hoped that peace would soon be restored in that war-ravaged country and that the international community would examine sympathetically the possibility of a special cooperation programme with Chad, although for the moment no firm funding estimates were available.

The Regional Committee had endorsed the conclusions and recommendations of the Programme Sub-Committee on the programme budget for 1982-1983, recognizing the relevance of the planned activities. The regional health strategy for attaining the target of health/2000 was a synthesis of the national strategies that had been examined by the African Advisory Committee for Health Development (AACHD). The Regional Committee after approving that strategy had invited Member States to formulate detailed national plans of action stressing primary health care, managerial machinery for development, and the reorientation of present services towards true health systems in support of primary health care. It had also requested the Secretary-General of the Organization of African Unity to place the subject of health/2000 on the agenda of a forthcoming summit meeting with reference to the African Health Development Charter and the regional strategy for health development.

The Committee had approved the global presentation of the Seventh General Programme of Work, on the recommendation of the AACHD and the Programme Sub-Committee, and had invited the Regional Director to help in the progressive reorientation of activities in conformity with the triangular structure of programmes made up of the interacting elements of unified health systems, science and technology, and promotion and support.

The importance had been repeatedly stressed of the action/reflection dialectic in health work. In that context the Committee had reflected again on the meaning of technical cooperation in WHO and had reaffirmed the definition formulated in 1977. It had been particularly gratified by the avant-garde role played by the African Region in this area.

After thorough study of the Programme Sub-Committee's report on the monitoring of the implementation of the programme budget policy and strategy, the Committee had been pleased that that was consistent with the directives of the governing bodies. It had invited the Regional Director to prepare, every odd-numbered year preceding the preparation of the proposed programme budget, a biennial report on the subject. The Programme Sub-Committee could then evaluate on the basis of that report the relevance and suitability of implementation of the current programme budget, thus enabling the Regional Committee to give appropriate directives for formulating the next proposed programme budget.

The Regional Director concluded by saying that he had drawn special attention to the matters examined by the Regional Committee that were relevant to resolution WHA33.17 and that required the attention of the Executive Board, deliberately leaving aside secondary questions, some of which would be examined by the Board under other items of its agenda. It was evident that the Regional Committee for Africa was a forum where serious efforts were made to translate the political directives of WHO's governing bodies into concrete health development activities in a particularly difficult context. It would naturally be preferable if there were not such a gap between words and deeds, but there was great hope for the future provided the efforts at rationalization were pursued in this irrational world.

Dr VENEDIKTOV viewed the African Region as an important one and was gratified by the extremely clear programme for it beginning on page 265 of the proposed programme budget (document PB/82-83). That programme statement, document EB67/5, and the Regional Director's own clear introduction all reflected the more active role that the Region was taking, which was in the interests of the whole world. He personally was interested in the African Health Development Charter now being signed, particularly in how it would be implemented. The strengthening of the programme and the reorientation of health care with a view to achieving health for all by the year 2000 were taking place more rapidly in the African Region than elsewhere. The work on development and coordination of scientific research was especially welcome.

The difficulties being experienced in the African Region were the consequences of colonialism. He supported the proposed international conference on "Apartheid and Health". As for the draft resolution on the liberation struggle and health development in southern Africa, which the Regional Committee for Africa in its resolution AFR/RC30/R14 had proposed for adoption by the Executive Board, he was in full sympathy with it and urged the Board to adopt it.

Dr HIDDLESTONE said that the proposed programme budget and document EB67/5 reflected the significant achievements of the Region. It was particularly true of the African Region that "Programming guidelines have never been so clear and precise in the history of the Organization as they are today" (PB/82-83, page 268, paragraph 20).

He asked for further information on the experiment with national coordinators, an important development.

Dr CARDORELLE expressed his support for the programme of the African Region and his appreciation of the oral and written reports thereon. He joined the Regional Director in asking for extra aid for Equatorial Guinea and Chad.

Dr LISBOA RAMOS associated himself fully with the remarks of the preceding speaker and expressed support for the draft resolution proposed by the Regional Committee for Africa.

Dr ORADEAN thanked the Regional Director for the clear delineation of key regional problems that would serve as the basis for striving toward health for all by the year 2000. She felt that a conference on "Apartheid and health" would be important for the world and for WHO's objectives. Finally, she supported the draft resolution under discussion.

Dr ADANDE MENEST said that, while the problems of the Region were known to all, they needed repetition in the Executive Board. It was important to remember that the many problems, for instance, those concerning technical cooperation and managerial processes, were of concern to everyone but most of all to Africans themselves. There were many gaps - research centres were still lacking and even demographically the Region had a long way to go - but he hoped that before the decade was out only more limited programmes would be needed.

It was perhaps regrettable to have to mention problems of war and revolution in a health meeting but, as had been stressed many times, health could be achieved only through peace.

Dr PATTERSON offered her congratulations on the masterful direction of the African Region and on the reports presented. She supported the draft resolution as well as assistance to Chad and Equatorial Guinea.

Professor XUE said that it was clear from the oral and written reports that the Regional Office and the Member States of the Region had done a great deal of work in the past year. He was sure that the new consciousness gained in the Region would enable the correct road to be taken and still greater successes to be achieved. Nevertheless, for historical reasons, there were still some unfavourable external factors interfering with health work, such as apartheid, and he therefore urged the Board to support the proposed conference on that subject. He also supported the draft resolution.

Dr BROYELLE said that the dynamism of the African Region was evident from the oral and written reports. She fully supported aid to Chad and Equatorial Guinea.

As for the draft resolution, she suggested that the Board should simply take note of it and transmit it to the forthcoming World Health Assembly. The Health Assembly, where delegates represented their countries officially, would be a more appropriate body for such a resolution than the Executive Board, whose members served in their individual capacities only.

Dr OLDFIELD said that he had personally been present in Brazzaville when the Regional Director had given his report, which had visibly touched the Regional Committee members. He supported the draft resolution under discussion.

Dr TOURE expressed his gratitude for all that was being done for Chad. Though there was at present no government, he was sure that any future government would be able to count fully on the Regional Director.

Dr CHEIKH ABBAS agreed with Dr Broyelle that the Executive Board should take note of the draft resolution and transmit it to the World Health Assembly as the more appropriate body for dealing with such a matter.

Dr LISBOA RAMOS reiterated his conviction that the draft resolution should be adopted by the Board.

The CHAIRMAN said that it was clear that the African Region and the Regional Committee were tackling their problems with dignity and determination. Africa was not just a "problem continent" but equally a "work continent". He particularly appreciated the fact that the programme was such that follow-up to all decisions would be clear and readily evaluated.

As regards the draft resolution, the proposal of the Regional Committee that the Executive Board adopt it was perfectly consistent with the new line laid down in resolution WHA33.17.

As to Chad and Equatorial Guinea there was a genuine emergency, and both countries were in urgent need of cooperation from the international community to restore their health services.

Another innovation, as Dr Hiddlestone had pointed out, was the use of national coordinators, begun by the Regional Director for Africa. It was encouraging to read the conclusions of the experiment, which should be pursued.

Dr QUENUM (Regional Director for Africa) thanked Board members for their encouraging words concerning the Regional Committee and the Regional Secretariat.

The initiative of the Regional Committee in presenting a draft resolution to the Board was strictly in keeping with paragraph 3(1) of resolution WHA33.17.

Replying to Dr Hiddlestone, he said that the experiment of using national coordinators was very encouraging as shown by the fact that an increasing number of countries in the Region were going over to the system and that the Regional Committee itself had directed that the experiment be pursued. Cooperation would continue with countries to improve the effectiveness of the national coordinators.

The meeting rose at 22h40.