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TRENTE-CINQUIEME ASSEMBLEE MONDIALE DE LA SANTE

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SEVENTH PLENARY MEETING
6 May 1982, at 14h40
Palais des Nations, Geneva

Acting President: Dr N. JOGEZAI (Pakistan)

COMPTE RENDU IN EXTENSO PROVISOIRE
DE LA SEPTIEME SEANCE PLENIERE
6 mai 1982, 14h40
Palais des Nations, Genève

Président par interim: Dr N. JOGEZAI (Pakistan)

ПРЕДВАРИТЕЛЬНАЯ СТЕНОГРАММА
СЕДЬМОГО ПЛЕНАРНОГО ЗАСЕДАНИЯ
6 мая 1982 г., 14 ч. 40 м.
Дворец Наций, Женева

И.О. Председателя: Д-р N. JOGEZAI (Пакистан)

ACTA TAQUIGRAFICA PROVISIONAL
DE LA SEPTIMA SESION PLENARIA
6 de mayo de 1982, a las 14.40 horas
Palais des Nations, Ginebra

Presidente interino: Dr. N. JOGEZAI (Paquistán)

محضر حرفي مؤقت
للجلسة العامة السابعة

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第七次全体会议

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1982年5月6日下午2时40分

日内瓦 万国宫

代主席: N若杰热博士(巴基斯坦)



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The ACTING PRESIDENT:

Before the general discussion starts, I would like to say some words. Dr Mahler, distinguished delegates, ladies and gentlemen, I feel it a great honour to have been given this opportunity to preside over this plenary session. This is an honour not only to me personally but to my country as well. I wish to express my personal gratitude and the sincere thanks of my delegation to all of the Members which have elected me to the post of Vice-President, by virtue of which I am addressing you today from this Chair. Kindly accept my heartfelt thanks and gratitude. And now the general discussion resumes. I call upon two delegates, those of Romania and Somalia, the delegate of Romania to address the Assembly and the delegate of Somalia to come to the rostrum.

Professor PROCA (ROMANIA):

Mr President, Director-General, distinguished delegates and colleagues, ladies and gentlemen, it is with the greatest interest that I attend this outstanding gathering of world health leaders, whose determination will give, I sincerely hope, a new impetus to the overall progress of our main objective of "Health for all by the year 2000", derived from the principles laid down in the Declaration of Alma-Ata. I believe that our work towards international cooperation in health will succeed in bringing about a fresh outlook and stimulating perspectives to combat the adverse effects of a serious international situation. Mr President, in congratulating you and the Vice-Presidents on your election to your respective high offices, I give recognition to the importance of your responsibilities in leading the work of the Thirty-fifth World Health Assembly to a successful conclusion, in a true spirit of international unity and frank dialogue.

With your permission, Mr President, I should like to say that the world has arrived at a critical point, when it is imperative that we do our utmost to develop and maintain a peaceful existence, without nuclear or other threats preventing our achievement of the goal of economic, social and health equity for all nations for which we are striving.

The President of the Socialist Republic of Romania, Nicolae Ceauşescu, has many times stated that: "Solving the complex economic problems of the present day calls for the abolition of obsolete relationships, based on exploitation and domination, as well as for setting up a new international economic order, established on full equality and equity between states, on principles and relationships that allow the rapid development of all countries - first of all, the least developed countries - and to favour wide-scale and unrestricted collaboration among them, with free access of all nations to the achievements of science and technology and to the highest developments of our civilization".

Coming to the Director-General's report, I should like to express my warmest appreciation and to stress that Dr Mahler's presentation, unequalled in clearness and precision, is an enlightening response to the call from the last World Health Assemblies for intensive organizational support to the Global Strategy.

It is encouraging that this Strategy is now perceived as a major new dimension in most of the Member States. In my country, for instance, our health system has been committed for many years to the principles of primary health care. In an open spirit of sharing acquired experience, may I draw your attention to our present concern of further strengthening the delivery of primary health care through the development of more adequate and integrated referral facilities. The main direction in which we are currently moving is towards an increasingly coordinated multidisciplinary approach, covering such complex health activities as environmental protection, maternal and child health, workers' health, social and health care of the elderly, control of chronic diseases and the overall health education of the entire population. With this aim, we are now increasing health promotion activities, placing greater emphasis on ambulatory services, and the development of medium-term health programmes for cancer, cardiovascular diseases, tuberculosis, mental health, and oral health.

Since 1978, we have greatly benefited from health legislation assisting the mobilization of multisectoral contributions and the sharing of human and material resources. In recognition of the fact that health is an interface between various economic, social and cultural factors, several national coordinating bodies are currently giving support to enable the medical sector to discharge the role assigned to it. Thus, the High Council of Health and the National Council for Environmental Protection are channelling various health-related activities into one integrated national health policy.

I cannot emphasize enough that at this particular stage of development our collaboration with UNDP/WHO has had valuable results in important sectors, such as the rehabilitation of handicapped children, occupational health, ophthalmology and oral health, and I should like to express my country's great appreciation of this collaboration.

I should now like to concentrate on some general aspects of the Organization's activities. I believe that two particular aspects should be mentioned: the challenge of immediate applicability, and the future prospects of the Global Strategy. While the economic crisis will have considerable influence on programme development, the difficulties encountered during the Sixth General Plan of Work, if left unresolved, will profoundly affect the organization and efficiency of the Seventh General Plan of Work and probably also the next two decades.

There is, of course, no single model to be offered to solve current economic difficulties. However, it is self-evident that under such conditions, priorities must be redefined and activities promoted which are able to make a major impact on the health status of the population. Preference should be given to the allocation of resources for developing primary health care facilities and to decisions on how best to organize and staff both primary and secondary health services. The vision of primary health care as a development programme, rather than a health programme, should lead to a reallocation of resources at both the national and the international levels.

For the Seventh General Plan of Work we should take to heart the lessons learned from the difficulties encountered during the application of the Sixth General Plan of Work. It is, for example, essential that medium-term programmes be applicable within the primary health care system and that global and regional criteria be applicable to the local conditions in such areas, in which our knowledge is still rather limited.

The difficulties of developing appropriate technology and the need for scientific support and for the promotion of programme-oriented training of personnel need to be realistically faced and taken into account.

It is essential that the newly emerging primary health care have a sound basic structure. Scientific scrutiny and health services research are prerequisites for the final formulation of the Seventh General Plan of Work. In this connexion, may I take this opportunity to congratulate the Regional Director for Europe, Dr Kaprio, on his efforts to ensure the wide-scale and comprehensive consultation of Member States.

As this year is devoted to "Old age", I should like to point out that this problem is already of major concern in most parts of the world. In my country, for instance, rooted in scientific achievements and the national health structure, geriatrics and gerontology are closely interwoven, and represent a powerful tool for health improvement and the prevention of premature aging.

Finally, Mr President, I feel compelled to emphasize once again the need for a new impetus to enhance and widen international collaboration. For many years my country has been dedicated to the principle and practice of collaboration with many nations from all continents. It is fully and wholeheartedly engaged in the ever increasing struggle of peace-conscious nations for the common goal of the health and welfare of mankind. We are willing and we are ready to

increase our contribution to a truly global partnership for health, development, independence and peace, within the New International Economic Order, which represents a source of great expectation for all nations of the world.

Mr. MOHAMED (Somalia)

معالي السيد / محمد (الصومال)

بسم الله الرحمن الرحيم
السيد الرئيس ، السيد المدير العام ، السادة نواب الرئيس ، السادة رؤساء وأعضاء الوفود
بأسم وفد جمهورية الصومال الديمقراطية يسعدني أن أنقل خالص التهاني للسيد الرئيس لانتخابه لهذا
المنصب الرفيع متمنيا له التوفيق والنجاح في مهمته خلال اجتماعات الدورة وبعدها ، كما ويسعدني أن نهنيء
نواب الرئيس ورئيسا اللجنة أ و ب متمنيا للجميع التوفيق والنجاح .
السيد الرئيس

لقد استمعنا كما درس وفدنا التقرير الشامل والكامل الذي قدمه السيد الدكتور ماهر المدير العام في
المنظمة في أعمال المنظمة للعامين ١٩٨٠ و ١٩٨١ ، ونود أن نقدم له خالص التهاني على هذا العرض
القيم والجهود المتواصلة التي قامت بها المنظمة في الفترة المذكورة لتعزيز التعاون مع الدول الأعضاء ، كما
ونأمل أن يذهب التعاون والتنسيق في الفترة المقبلة لما يعود بالمزيد من النجاحات لأهدافنا المشتركة لتعزيز
الخدمات الصحية وامتدادها الى المحرومين والمحتاجين في كل مكان .

السيد الرئيس
اننا نؤكد أن هدف تحقيق مستوى من الصحة لجميع المواطنين في جمهورية الصومال الديمقراطية بحلول
عام ٢٠٠٠ هو هدف قومي وأساسي نتمسك به ونعمل جاهدين لتحقيقه . ولقد أكد الدستور حق كل
مواطن بالتمتع بالصحة وواجب الدولة لتتقدم الرعاية الصحية لكل مواطن ، وشملت فلسفة حزبنا هذا الهدف
والترمت به جمهورية الصومال الديمقراطية منذ القرار التاريخي لجمعية الصحة العالمية عام ١٩٧٧ . كما وأننا
نؤكد ايماننا وتمسكنا بأن الرعاية الصحية الأولية بعناصرها الأساسية الثانية كما أقرها مؤتمر ألما آتا الدولي عام
١٩٧٨ هي السبيل لبلوغ هدف الصحة للجميع بحلول عام ٢٠٠٠ . ومن أجل هذا عنيت الخطة الخماسية
الصحية الأولى ١٩٨٥/٨٠ بتنفيذ برامج الرعاية الصحية الأولية في أربعة أقاليم من الصومال في فترة الخطة
وصولا الى تحقيق الصحة للجميع بحلول عام ٢٠٠٠ . وقد قامت جمهورية الصومال الديمقراطية في أبريل ١٩٨٠
بصياغة الأطار العام للاستراتيجية الصحية للجميع بحلول عام ٢٠٠٠ والتي تعتمد على تطبيق الرعاية الصحية
الأولية لعناصرها الأساسية الثانية ، وسيجرى العمل على ضوء الخبرة والدراسات المكتبية في هذا المجال
بوضع تفاصيل استراتيجية وخطط العمل اللازمة للمشاريع الصحية .

وقامت جمهورية الصومال الديمقراطية في أواخر ١٩٨١ بوضع الاستراتيجية العامة لتنفيذ الرعاية الصحية
الأولية مبتدئين بتطوير الهيكل الأساسي للنظام الصحي لتنفيذ برامج صحة شاملة للنهوض بالصحة والوقاية من
الأمراض والتشخيص والعلاج والتأهيل لتصل الى كافة السكان ومشاركتهم جميعا . وتجاوزنا طموحاتنا كما
جاءت في الخطة الخماسية الصحية الأولى ، وأمتد البدء في تطبيق برامج الرعاية الصحية الأولية الى نحو
ثمانية من الأقاليم الصومالية بالتعاون التام مع منظمة الصحة العالمية ومشروع المساعدات للولايات المتحدة
الأمريكية ومنظمة اليونيسيف وبعض المنظمات الأخرى مثل كازكاس الألمانية .

سيدي الرئيس

اننا نقدم كل التقدير لسخامة المسؤولية المطلقة على عاتقنا لتحقيق مستوى من الصحة لجميع المواطنين
بحلول عام ٢٠٠٠ ، والتي لا تستطيع امكانياتنا المحدودة كدولة نامية بل من الدول الأقل نموا سواء الامكانيات
البشرية أو المادية من الوفاء بكامل الالتزامات نحو هذا الهدف النبيل ، ولو افترضنا تهيئة كل الامكانيات
والاستفادة منها في أحسن الظروف الا أنه في هذا الوقت لا تتوافر أيضا أحسن الظروف للأسباب الآتية :
- الكوارث التي هي من صنع الانسان والتي نتجت عن تشريد أكثر من مليون ونصف مواطنين من الأطفال
والنساء والشيوخ والذين تضمهم الآن معسكرات اللاجئين ، وبعضهم يعيشون مع أهاليهم في مناطق متعددة
من البلاد وتشكل جهودنا لضمانات أبسط الحقوق الانسانية لهؤلاء اللاجئين للوفاء باحتياجاتهم الانسانية
والضرورية ، سكن ، ملابس ، غذاء مياه شرب ، رعاية صحية ، أعباء كبيرة على مواردنا المحدودة . واننا

وان كان الجهد الدولي يساهم معنا في هذه الأعباء الا أننا نهيب بالمنظمة والمنظمات الدولية والاقليمية والرأى العام العالمي لايجاد الحل العادل لهؤلاء اللاجئين وانتشالهم من محتنتهم وعودتهم الى أراضيهم . تعرضت بلادنا في السنوات الأخيرة لكوارث طبيعية قاسية منها جفاف استمر عامين ترك آثاره الواضحة على اقتصادنا وامكانياتنا المحدودة والسيول والفيضانات في العام الماضي والتي دمرت العديد من الأراضي الزراعية والمنشآت الاقتصادية الحيوية وتركت آثارها وستستمر لفترة على خطط التنمية وزيادة الأعباء على امكانياتنا المحدودة. السيد الرئيس ، السيد المدير العام ، السادة رؤساء وأعضاء الوفود ،

في ظل العوامل التي ذكرناها ولتنفيذ طموحنا واستراتيجية الصحة للجميع بحلول عام ٢٠٠٠ وحتى لا تزداد الهوة اتساعا بين من يحصلون على بعض الرعاية ومن هم محرومون منها كليا ، فاننا بحاجة ماسة ودائمة الى الدعم والمساعدة والمساهمة السخية من المنظمة والمنظمات الدولية الأخرى والدول الشقيقة والصديقة حتى تزول العوامل المذكورة أو بعضها .
السيد الرئيس

اننا نفخر ونعتز بتطور ونمو التعاون الوثيق بين بلادنا والمنظمة وخاصة في السنوات الأخيرة والذي يشمل في العديد من المشاريع الصحية التي ننفذها بالتعاون التام والوثيق مع منظمة الصحة العالمية ، ويسعدني بهذه المناسبة أن أذكر خدمات السيد الدكتور عبد الحسين طابا المدير الاقليمي لحوض البحر الأبيض المتوسط . والتي تقترب من نهايتها في أغسطس القادم وأن أقدم لسيادته خالص الشكر والتقدير على جهوده لدعم وتطوير تعاوننا المشترك متمنيا له دوام الصحة والسعادة والتوفيق في حياته المقبلة ، كما يسعدني أن أقدم خالص التهاني وأرحب ترحيبا حارا بمعالي الأخ الدكتور حسين الجزائري وزير الصحة بالمملكة العربية السعودية الشقيقة والذي انتخب مديرا اقليميا خلفا للدكتور طابا متمنيا له التوفيق والنجاح في مهمته ولعلاقاتنا المزيد من النمو والتطور .
والسلام عليكم ورحمة الله ،،،

Dr PELECANOS (Cyprus):

Mr President, I would like on behalf of myself and the other members of the Cyprus delegation to join previous speakers in congratulating you on your election as President of the Thirty-Fifth World Health Assembly. We congratulate also the Vice-Presidents, Chairmen and Rapporteurs of the various committees who have been elected to assist you in your difficult task. May I also congratulate the Executive Board for its commendable work, and especially the Director-General for his excellent report.

With your permission, Mr President, I would like to refer very briefly to some of the health problems faced by Cyprus, some of which may be relevant to other countries. The problems created following the tragic events of 1974 were vast and the number of displaced persons who required assistance, including medical attention, were numerous. Despite the fact that the refugees are still suffering deprivations and difficulties, worthwhile improvement has been achieved in the sphere of medical and care facilities.

Bound by the Declaration of Alma-Ata for "Health for all by the year 2000", we endeavoured to improve further the infrastructure of our health services in order to ensure as much as possible the equitable distribution of health facilities to the people, in both urban and rural areas. To this end we have attempted to expand and upgrade the medical facilities offered to the rural population. In parallel, we have continued our efforts for the introduction of a general scheme of health based on insurance, which we hope may help to meet the needs of the country in a comprehensive and effective way.

The problem of thalassaemia has to a large extent been brought under control through health education and preventive services, such as genetic counselling, amniocentesis, and screening of the population. We are pleased to say that the Thalassaemia Centre, which was established with assistance from WHO, is most successful. This is an example of how small countries like ours can, with the assistance of international organizations, utilize national resources effectively for the combat of disease and the promotion of health.

With the two new hospitals presently under construction (one with UNHCR assistance) and the upgrading of the existing rural health centres, the introduction of modern technology and the use of sophisticated equipment is inevitable. This brings to light the need for the proper use and maintenance of such costly medical equipment and the need for the training of appropriate personnel. Whilst on this point I take the opportunity to underline the

expanding activities of the regional training centre for the training of personnel in the repair and maintenance of electromedical equipment which has been established in Cyprus by the WHO Regional Office, in cooperation with the Cyprus Government. In the revised programme of activities of the centre, training aims to cover both polyvalent and specialized courses.

Although Cyprus is a healthy country, the tourist trade, the new housing estates for the temporary accommodation of displaced persons, and large industrial areas pose problems of environmental hygiene. Special efforts are therefore being made to maintain a healthy environment. Refuse and sewage disposal systems are being introduced and frequent checking and chlorination of drinking-water is carried out, as well as regular inspection of hotels, restaurants, food industries, factories, etc.

Cardiovascular diseases, cancer and accidents are now the main health hazards, possibly due to the modern life-style. It is believed that an effective way to combat these problems is by prevention through health education, which has become one of our major objectives. Referring to last year's resolution on the subject of breast-feeding, I am glad to report that in Cyprus a committee has been established to enlighten the public on the benefits of breast-feeding and that there has been a very favourable response by the mothers.

The increasing cost of drugs, their quality and extensive use has forced upon us the need to reorganize services and expand inspection and control. We have associated this with the introduction of appropriate machinery for control of prices, whereas for the governmental health services we have set up a small laboratory for the packing and ultimate production of drugs which are commonly used. In the field of mental health we are expanding our services with emphasis on outpatient treatment and the establishment of psychiatric wings attached to hospitals. We look forward to improved economic conditions which may permit us to implement programmes of community health and child guidance centres. Dental care services have also been given attention, with increased services to the rural areas and the refugee camps and housing estates. In cooperation with WHO we are now trying to implement pilot projects for the prevention of dental caries within the framework of our school health services.

In conclusion, I would like to emphasize that we have been trying hard, within the limits of our resources, to improve our services. In this connexion I feel obliged to express once again the deep appreciation and gratitude of the Government and the people of Cyprus to WHO for its assistance and continued support, which so greatly contribute towards the improvement of health and the restoration of normal living conditions in my country, and to pledge my country's full support to the Organization's global programme for health. To the Regional Director, Dr Taba, and his staff we are particularly indebted for their invaluable understanding, support and assistance, and on the occasion of his retirement we would like to extend to him our sincere wishes for personal and family happiness. We look forward to continuing our close cooperation with the new Regional Director for the benefit of the health of all the peoples of our Region.

Dr. HOFMAN-BANG (Bolivia):

Señor Presidente y miembros de la Mesa, señor Director General, señores ministros y señores delegados: Como Ministro de Previsión Social y Salud Pública de Bolivia, permítaseme felicitar al señor Presidente y los señores Vicepresidentes de esta 35^a Asamblea Mundial de la Salud y al mismo tiempo expresar nuestra confianza y seguridad en el éxito de esta reunión bajo su digna dirección.

Bolivia se adhiere plenamente a las grandes líneas estratégicas prescritas por la Organización Mundial de la Salud con el fin de alcanzar óptimos indicadores de salud en armonía y equilibrio con los económicos y sociales, en contraposición a una mentalidad persistente de desarrollismo y economismo a expensas de la atención y el bienestar físico, mental y social del hombre. En este sentido, esas líneas estratégicas deben influir en los centros de poder económico y político internacionales y nacionales, en la toma de decisiones favorables para la dignificación del ser humano, que es carne y espíritu y no solo una máquina productora, y mucho menos una máquina de destrucción. El mundo está enfermo y, paradójicamente, el hombre contribuye a hacer más difícil la tarea de lograr su condición de sano. No es mi intención entrar en el terreno político y económico universal en el cual tiene sus puntos de inserción y se desenvuelve la doctrina humanista y técnica de la Organización Mundial de la Salud; pero sí debemos declarar con énfasis que mientras ese terreno continúe siendo accionado por intereses que atentan contra la paz con justicia económica y social, tanto a nivel internacional como

nacional, continuarán las dificultades para encontrar bases firmes de sustentación que faciliten la aplicación exitosa de la resolución sobre "Salud para todos en el año 2000". Permítaseme resumir esta preocupación en una sola frase: paz con justicia ahora para que todos tengan salud el año 2000.

Estimamos que el concepto de salud definido por la OMS no puede estar divorciado del concepto de paz y de convivencia internacional pacífica, sino que por el contrario una estrategia necesita de la otra y viceversa. Sugerimos, por lo tanto, que el Consejo Ejecutivo de la OMS estudie las posibilidades de ejercer acciones en este sentido, de tal manera que con su ejemplo se elimine la camisa de fuerza mental del puro tecnicismo de los, muchas veces sufridos, responsables de la salud y la seguridad social de los países del mundo. Estamos convencidos que el lema "Salud para todos en el año 2000" es una estrategia genial y que por su propia filosofía y naturaleza ya está contribuyendo a la paz mundial. Corresponde a la soberanía de cada país, partiendo de sus propias realidades históricas, económicas y sociales diseñar los pasos tácticos para alcanzar la meta de "salud para todos en el año 2000". Quedan solamente dos cortos decenios, y Bolivia como muchos otros países en desarrollo solicita del Consejo Ejecutivo de la OMS y de los países desarrollados Miembros de la Organización una vigorosa canalización de los recursos en el más amplio sentido de la palabra.

Queremos dejar constancia que el Gobierno de Bolivia, en su difícil tarea de administrar sus limitados recursos económicos y en el marco de su plan trienal de desarrollo económico, ha establecido sus políticas y estrategias de salud que coinciden con las formuladas en el Sexto Programa General de Trabajo de la OMS para el periodo 1982-1983. Y en este sentido deseamos destacar: la legislación sobre estupefacientes y sustancias sicotrópicas; la elaboración de una lista de medicamentos esenciales; el Código de Salud; la legislación sobre los incapacitados; la Ley Orgánica del Ministerio de Salud; la intensificación de los programas contra la fiebre amarilla, malaria, enfermedades diarreicas y otros; el desarrollo del programa de ayuda a la madre y al niño; en la formación de recursos humanos: la creación de la Escuela Técnica de Salud Boliviano-Japonesa de Cooperación Andina, la cual coordinará sus acciones de acuerdo con el Convenio Hipólito Unanue; el estudio-diagnóstico sobre el consumo de alcohol; y otros programas no menos importantes, pero que por razón de la limitación de tiempo me abstengo de mencionar.

Bolivia se adhiere al Séptimo Programa General de Trabajo para el periodo 1984-1989 que el Consejo Ejecutivo de la OMS encargó a su Comité del Programa para su consideración en esta Asamblea Mundial de la Salud. Bolivia agradece a la Organización Mundial de la Salud por intermedio de su Consejo Ejecutivo, a su Director General, así como a la Organización Panamericana de la Salud por el concurso de sus esfuerzos en la solución de nuestros problemas de salud, agradecimiento que extendemos a otros organismos internacionales, a los países amigos y, particularmente, al Gobierno del Japón, con quien nos une un conjunto de programas bilaterales de trascendental importancia para la salud pública de Bolivia.

Professor ORZESZYNA (Poland):

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, first of all I should like to offer my congratulations to the President of the World Health Assembly on the occasion of his election to this honourable and responsible post. I would also like to express my appreciation to the Director-General of the World Health Organization for his excellent report on the work of the Organization during the period 1980-1981.

The need to acknowledge the prime importance and universal nature of health issues, and to develop consistent international cooperation, regardless of existing political, structural and economic differences, is this year more pronounced than ever before. The nations of the world should have the right and the material conditions necessary to attain a level of health which would allow them to lead a productive social and economic life. Such was the objective set by WHO in the well-known policy of "Health for all by the year 2000", which constitutes a milestone in the history of mankind. In Poland we are convinced that this goal can and will be achieved by the whole world, respecting at the same time existing differences in traditions and cultures, and taking into consideration socioeconomic realities. It is clear that this policy can only be implemented if nations of the world live in peace. The establishment of an international system of cooperation and exchange of ideas and experiences is essential for the implementation of this goal. We consider the International Conference on Primary Health Care in Alma-Ata an important event towards furthering these endeavours.

The picture of the health status of the Polish population is a complex one. The average life expectancy has considerably increased, the infant mortality rate continues to drop, health indicators of child and adolescent populations have significantly improved, and several serious communicable diseases are now fully under control. However, despite these favourable developments, the ecological hazards make the health needs of society grow - as in other countries - much faster than the capabilities of satisfying these needs. That is why, despite our very difficult economic situation, our Government recognizes the provision of health services for all as one of its basic tasks. We cannot possibly solve all the problems simultaneously. Therefore, on 18 December 1981 our Government decided that primary health care in Poland would be the priority objective. The above decision means, in practice, adherence to the following three principles: a considerable increase in material and human resources allocated to primary health care; better integration of primary health care with the overall system of health services; and a considerably increased community participation in activities aimed at improving its own health.

This comprehensive programme is implemented under government supervision and societal control. I would like to cite a few examples of its activities. In 1982, the budget for health care, which is mainly used to support primary health care, considerably increased as compared with the previous year. Every year more than 1000 physicians and 3000 nurses join the primary health care personnel, with a significant increase in their salary.

Sanitation procedures in urban and rural areas, voluntary contributions to the National Health Fund, and appointment of national health councils at various organizational levels are but a few practical examples of community participation. In particular, the national health councils, consisting of community representatives, are not only consultative/advisory bodies, but also provide a mechanism for transmission of intersectoral health policies and represent a form of societal control over how the health goals are being achieved.

At present Poland is - and in the next few years will be - implementing its health policy under difficult economic conditions. These difficulties are further amplified by some countries which, by imposing upon us unfounded economic sanctions, hurt painfully first of all those in greatest need. Our attention is thus focused on areas where health hazards are the greatest. This is also where we channel the humanitarian help which we received from many countries and organizations. May I take this opportunity to express my gratitude to the governments of many countries and, in particular, to the socialist countries, the organizations and societies which provided us with this humanitarian help. We greatly appreciate this assistance and we intend to consider it as a loan to be repaid - after our country has recovered from its present severe crisis - to those who are in need.

At the same time, we would like to assure all the members of the international community involved in the problem of health who are today present here that independent and sovereign Poland will cooperate with all countries to achieve the common goals resulting from the joint efforts of the great family of Member States of the World Health Organization, and particularly to attain the noble goal of "Health for all by the year 2000".

M. BOUSSOUKOU-BOUMBA (Congo) :

Monsieur le Président, honorables délégués des Etats Membres de l'OMS, Mesdames, Messieurs, je voudrais m'associer aux orateurs qui m'ont précédé pour vous féliciter de votre élection à la présidence de la Trente-Cinquième Assemblée mondiale de la Santé. La République populaire du Congo, par ma voix, consciente des hautes et lourdes responsabilités qui incombent au Président de l'Assemblée de la Santé et aux membres du bureau, marque sa satisfaction pour cette élection qui honore l'Afrique et témoigne, si besoin en est, la volonté maintes fois manifestée, ici et là, de la participation effective de notre continent à l'action et aux décisions de la communauté internationale.

C'est pourquoi nous vous souhaitons, à vous-même et aux membres désignés de votre bureau, un plein succès au travail accaparant certes, mais assurément exaltant, quoique peut-être aussi délicat, qui va être le vôtre durant cette session.

Notre session actuelle nous donne une fois de plus l'occasion de réaffirmer notre adhésion et notre foi au concept social de la santé pour tous d'ici l'an 2000 et de la nécessité du développement des soins de santé communautaires avec la participation effective des populations concernées elles-mêmes à l'élaboration des systèmes de santé appropriés et à leur application.

Dans cette perspective, nous avons lu et apprécié avec un intérêt particulier le rapport du Directeur général de l'OMS, le Dr Mahler, rapport très fouillé qui permet à tous de mieux se pénétrer des activités de notre Organisation, tout comme de l'appui technique qu'elle ne cesse

d'apporter aux Etats Membres en vue de les aider, dans le cadre de leurs stratégies nationales respectives, à instaurer la santé pour tous.

Auparavant le problème de fond reste effectivement celui de savoir si les Etats Membres, et notamment ceux de l'hémisphère sud, auront les moyens nécessaires pour mener à bon terme la politique sanitaire qu'ils auront librement arrêtée. Il n'est un secret pour personne que nos ressources nationales sont trop modestes pour y parvenir et que des concours extérieurs seront nécessaires au niveau tant bilatéral qu'international. Aussi nous nous réjouissons de constater que les difficultés que connaissent actuellement les pays Membres de l'OMS et, singulièrement, ceux en développement, pour l'application de leurs stratégies nationales de soins de santé communautaires préoccupent le Conseil exécutif de l'OMS qui a élaboré récemment de nombreuses recommandations en direction du Directeur général de l'OMS, des comités régionaux et des Etats Membres eux-mêmes pour la promotion et le soutien des stratégies nationales de soins de santé primaires.

Au Congo, notre stratégie nationale tient largement compte des aspects développés plus haut. Nous avons voulu à cet égard, à partir de l'expérience de deux centres de santé pilotes (Kinkala et Owando) étendre à d'autres régions sanitaires une activité intégrée de soins de santé primaires, curatifs, préventifs et promotionnels au niveau des communautés rurales, en choisissant chaque année un district par région administrative. Cette approche du problème nous a conduits lors de l'élaboration de notre programme de santé, dans le cadre du plan quinquennal de développement socio-économique 1982-1986 et ainsi que vous l'avait promis notre Chef de l'Etat, Monsieur le Directeur général, à retenir 158 villages-centres dans l'ensemble du pays, villages où il est envisagé de promouvoir et de développer des activités communautaires dans les domaines de l'agriculture, de la santé, de l'éducation, des travaux publics, des transports et des communications ainsi que de l'information.

Ainsi donc, nous avons défini et inventorié les cibles nationales en direction desquelles doivent porter les efforts entrepris et à poursuivre résolument. Ce sont notamment : la lutte contre les maladies et spécialement les endémo-épidémies qui sont la cause de nombreux décès, je veux parler des broncho-pneumopathies, de la rougeole, du tétanos, de la malnutrition, des maladies diarrhéiques, du diabète et des maladies cardio-vasculaires; l'approvisionnement en eau saine des populations les plus déshéritées, surtout à la périphérie des villes et dans les zones rurales; et troisièmement, l'assainissement du milieu par l'amélioration des conditions d'hygiène générale et l'environnement au niveau des collectivités regroupées et organisées.

Concernant ces deux derniers points, il nous faut souligner ici l'importance qu'ils revêtent à nos yeux, ceci nonobstant les grands moyens que ces programmes exigent.

Au Congo, nous avons décidé de recourir à des techniques simples associant une participation effective des collectivités et une aide gouvernementale, voire bilatérale. C'est ainsi qu'un programme de latrines dans les villages-centres ou villages communautaires est en train d'être élaboré, de même que celui des puits à forer dans les zones où manque l'eau potable, en plus des efforts nécessaires à faire pour améliorer l'environnement des sources naturelles et autres points d'eau qui alimentent les villages qui en sont pourvus. La réalisation de ce programme, nul n'en doute, améliorera sensiblement le niveau de vie de nos populations.

Cet effort mérite d'être encouragé par la communauté internationale, car la difficulté majeure consiste à trouver les fonds et les personnels qualifiés nécessaires. Cette volonté de compter d'abord sur nos propres forces, puis sur la coopération technique constitue présentement l'élément moteur de notre action, sur le plan tant sous-régional qu'international.

Nous retirons effectivement des bienfaits de l'action commune menée depuis des années au sein de l'Organisation de Lutte contre les Endémies en Afrique centrale (OCEAC) et des échanges qui sont intervenus et s'intensifient au niveau de la Région africaine, dans le cadre de la CTPD, échanges particulièrement axés sur l'approche des soins de santé primaires.

Parallèlement, nous poursuivrons la formation des cadres de la santé à divers niveaux, ainsi que leur spécialisation, en vue d'obtenir les gestionnaires de qualité des services sanitaires dont nous avons le plus grand besoin et dont la pénurie est trop ressentie en ce moment.

Le programme élargi de vaccination (PEV) a bénéficié de la part du Gouvernement de crédits substantiels et également d'un apport extérieur, grâce à la coopération avec les Etats-Unis d'Amérique. L'objectif pour ce programme est, à l'horizon 1987, de vacciner 80 % des enfants âgés de moins de 3 ans contre les six maladies cibles. Le quadrillage du pays est en voie de réalisation progressive avec la mise à la disposition des structures sanitaires fixes et mobiles de moyens logistiques et de la chaîne du froid.

Monsieur le Président, distingués délégués, l'examen du projet de plan d'action pour la mise en oeuvre du programme d'action concernant les médicaments essentiels nous intéresse au plus haut point, et nous faisons nôtre la déclaration du Directeur général de notre Organisation relative à l'offre de la Fédération internationale de l'Industrie du Médicament.

Il s'agit là en effet d'une bouffée d'oxygène qui revivifie notre foi et notre confiance en l'avenir. Nous sommes donc heureux de trouver des interlocuteurs sensibles à nos multiples problèmes sur le sujet.

En République populaire du Congo, nous avons arrêté, voici deux ans, la liste des médicaments essentiels à cent vingt-six. Ce chiffre a été jugé trop élevé par certains praticiens, alors que d'autres, le jugeant dérisoire, n'ont pas voulu s'y conformer. La première révision de ladite liste interviendra le mois prochain, et nous bénéficions au cours de ces travaux d'un appui technique appréciable de la part de certains organismes, dont l'Organisation mondiale de la Santé.

Tenant compte de nos moyens, notre politique en la matière vise essentiellement la satisfaction des besoins de la majorité de la population, surtout en milieu hospitalier.

Voilà pourquoi s'approvisionner à des conditions favorables est pour nos jeunes économies la bataille que nous livrons depuis des années et qui pourrait demain connaître un terme, grâce à l'appui et aux négociations qui s'annoncent. Nous avons suivi à cet effet avec un intérêt certain l'intervention du Ministre français de la Santé, tout comme celle du représentant de la République fédérale d'Allemagne.

Aujourd'hui mon département fait l'objet, grâce à la sollicitude bienveillante du camarade Denis Sasson-Nguesso, Président de la République, d'une attitude nouvelle de la part du Gouvernement, et qui explique en partie ce que nous avons appelé chez nous "l'opération coup de poing-santé". Lancée en 1981, cette opération a eu pour conséquence première d'éliminer les pénuries les plus graves en équipement médical, en literie, en médicaments et de procéder à la restauration et la construction de certains bâtiments d'hospitalisation.

Cette initiative a donc besoin d'être poursuivie, approfondie et soutenue : poursuivie, afin de lui permettre d'avoir un contenu réel dans la perspective "santé pour tous"; approfondie, non seulement pour qu'elle prenne racine, mais aussi pour qu'elle serve de tremplin à d'autres réalisations, voire de modèle à d'autres secteurs économiques; soutenue, enfin, car les efforts du Gouvernement ont besoin d'être effectivement encouragés par les apports extérieurs. Ce soutien touche aussi bien les finances et le personnel d'appui que le matériel, en un mot toutes ressources dont nous ne pouvons encore disposer.

Monsieur le Président, honorables délégués, Mesdames, Messieurs, puisse la volonté politique collective des Etats dans leur souci d'élever le niveau de santé de leurs populations pour plus de justice sociale, aidée en cela par la coopération bilatérale et internationale, contribuer à atteindre l'objectif social de la santé pour tous, en vue du bien-être et de la paix dans le monde.

M. DJERMAKOYE (Niger) :

Monsieur le Président, honorables délégués, permettez-moi au nom de ma délégation, de vous présenter mes sincères félicitations et de vous assurer de notre soutien total pour le succès de nos travaux.

Monsieur le Président, durant trois années successives du haut de cette même tribune, nous avons largement souligné la volonté politique et efforts déployés par le Conseil militaire suprême et le Gouvernement de mon pays dans de multiples secteurs en vue de la promotion de la santé de l'homme nigérien. Cette année, qui constitue l'étape ultime de l'exécution du plan quinquennal 1979-1983, m'amène à axer mon intervention sur les trois points suivants : soins de santé primaires, voie d'accès à l'objectif social "santé pour tous d'ici l'an 2000", la société de développement, et la formation des personnels sanitaires.

S'agissant des soins de santé primaires, rappelons pour mémoire que l'expérience éloquente et efficiente du Niger en la matière est l'une des plus anciennes de la Région africaine. Cette expérience, nous l'avons entamée à un moment où elle nous paraissait susceptible de corriger rapidement le flagrant déséquilibre entre les populations rurales (à 90 %) et les populations urbaines (à 10 %). S'il nous reste encore beaucoup à faire, nous pouvons néanmoins nous féliciter des succès déjà enregistrés.

Au 31 décembre 1981, un peu plus de 4000 villages parmi les 9000 que compte le Niger sont dotés d'équipes de santé, avec 4404 secouristes et 4323 matrones. Cela démontre la progression soutenue, méthodique et méticuleuse de l'action du Ministère de la Santé publique et des

Affaires sociales en la matière. Toutes les populations desservies par ces équipes appliquent les règles de l'hygiène corporelle, vestimentaire, alimentaire, de l'habitat et de l'environnement. Elles prennent conscience de l'utilité des vaccinations, connaissent les causes d'au moins une dizaine de maladies, et sont largement pénétrées de l'idée de primauté de la médecine préventive sur les soins curatifs. Une telle attitude résulte d'une éducation pour la santé régulièrement développée et diffusée par les agents communautaires, soutenus par les cadres de santé.

La promotion de bonnes conditions alimentaires et nutritionnelles, deuxième composante des soins de santé primaires, a constitué depuis toujours une des préoccupations de notre gouvernement. En effet, au Niger, la problématique nutritionnelle se présente sous deux aspects principaux : la sous-alimentation des adultes, qui en période de soudure affecte la force du travail; la malnutrition infantile (4,2 % des décès des enfants de moins de 9 ans) qui a un caractère permanent et est en grande partie responsable de la forte mortalité infantile, et dont le point critique se situe au moment du sevrage. C'est pourquoi est menée sans relâche depuis plusieurs années une campagne en faveur de la sauvegarde, de la promotion de l'allaitement maternel et du respect du sevrage progressif. En effet, l'éducation sanitaire et nutritionnelle devra être à la fois un moyen privilégié et la finalité de toutes nos actions. C'est ce à quoi nos formations sanitaires et sociales s'attellent avec détermination pour faire apprendre aux mères comment nourrir leurs enfants. Un aliment de sevrage essentiellement à base de produits locaux a été expérimenté depuis plusieurs années et a donné de bons résultats, mais malheureusement sa vulgarisation n'a pu être effectuée à cause de son coût élevé.

A l'Assemblée mondiale de la Santé, en 1980, le Niger avait appuyé l'élaboration d'un projet de Code international de commercialisation des substituts du lait maternel et il a participé, toujours à Genève, en septembre de la même année, à la consultation OMS/FISE sur ledit projet. Enfin à la Trente-Quatrième Assemblée mondiale de la Santé, il a adopté le Code international de commercialisation des substituts du lait maternel.

Le Niger participe à l'action entreprise à l'occasion de la Décennie internationale de l'eau, et à ce sujet mon pays a fait de cette question de l'approvisionnement en eau une priorité vitale, et la création d'un département ministériel de l'hydraulique consacre la volonté de mon gouvernement dans ce domaine.

Monsieur le Président, je voudrais avec votre permission aborder le problème des immunisations. Certes, le Niger n'a pas élaboré encore un programme élargi de vaccination; cependant, l'intervention financière de l'Etat pour cette activité est très appréciable. Depuis 1977, l'Etat en effet consacre annuellement 200 000 000 de francs CFA à l'acquisition de vaccins contre la diphtérie, le tétanos, la coqueluche, la rougeole, la tuberculose, la poliomyélite, et la méningite, enfin la rubéole, à compter de 1982. D'autres fonds, non moins consistants, sont consacrés à la consolidation d'une chaîne de froid appropriée à l'acquisition des matériels d'injection, à la mise à la disposition de moyens logistiques suffisants et à la formation de personnels motivés et adaptés. Malgré tout, force nous est de constater que le résultat obtenu s'écarte largement des sommes injectées. J'en veux pour preuve le ravage que continue de faire la rougeole dans notre pays. La révision de notre stratégie d'immunisation s'impose.

Avant de clore le chapitre de lutte contre les maladies transmissibles, nous tenons à évoquer plus particulièrement le problème des maladies diarrhéiques. Présentement, elles constituent avec le paludisme et la rougeole les principales causes de mortalité infantile de notre pays. Si la gravité de ces maladies diarrhéiques s'accroît de jour en jour, c'est bien à cause de l'état du terrain, qui est souvent affaibli par la faim et entouré par un environnement hostile - entendez environnement dans son sens le plus large - et nous avons essayé de faire ressortir plus haut ce problème nutritionnel. Toute lutte contre ces maladies doit obligatoirement passer par la résolution totale de ce problème cuisant, résolution soutenue par l'approvisionnement en eau potable de l'hygiène de l'environnement. Il est évident que cette solution idéale ne s'obtiendrait pas à court ou à moyen terme; alors, il faudrait envisager une solution immédiate qui consisterait à améliorer le traitement clinique de la diarrhée aiguë par la réhydratation orale. Le Niger, par le biais de l'Office national des Produits pharmaceutiques et chimiques (ONPPC), montera très prochainement une unité de production de sels de réhydratation orale. J'ose espérer que la coopération internationale apportera son précieux concours afin que l'unité de l'Office puisse satisfaire non seulement les besoins du Niger, mais aussi, comme nous le souhaitons, ceux de la sous-région.

Enfin, Monsieur le Président, l'ONPPC, de nos jours, est chargé de mettre en place un certain nombre de médicaments essentiels ainsi que les dix sérums et vaccins dans toutes nos formations sanitaires, et d'étendre au niveau des équipes de santé villageoises la liste des

quarante médicaments essentiels d'ici 1990. La récente création d'un laboratoire de toxicologie, bromatologie et d'expertise nous permet de prospecter les marchés et d'obtenir les meilleures conditions de prix, et de garantir la qualité des produits importés. Ce laboratoire reste à la disposition des pays de la sous-région.

Dans le secteur du développement des personnels de santé, les trois niveaux de formation existent au Niger et à ce sujet, au niveau supérieur, l'Ecole des sciences et de la santé de Niamey, ouverte en 1974 avec nos moyens propres conjugués avec ceux de l'Organisation mondiale de la Santé, a sorti sa première promotion de sept médecins nigériens en décembre 1981. Les cérémonies de soutenance de thèses ont été parrainées par le Professeur Alfred Quenum, Directeur régional de l'OMS pour l'Afrique. Nous saisissons cette occasion pour exprimer sincèrement au Directeur régional toute notre gratitude et lui renouveler notre soutien à l'action inlassable qu'il mène pour atteindre l'objectif social santé pour tous d'ici l'an 2000.

Monsieur le Président, à ce stade de mon intervention, je voudrais vous faire part d'une expérience nouvelle, d'une voie nouvelle de développement dans mon pays : il s'agit de la mise en place de la Société de développement. C'est une approche authentiquement nigérienne du développement. Trois piliers sous-tendent cette vision réaliste et populaire du développement : il s'agit de la concertation, de la consultation et de la participation. Ainsi organisées au sein de cellules villageoises de développement, les populations prendront désormais en charge les opérations locales de développement quant à leur définition et à leur réalisation. Véritable école de responsabilisation et de participation pour la construction nationale, l'expérience poursuit son chemin. Elle a créé une dynamique réelle de développement, un enthousiasme populaire sans égal. Les problèmes de santé primaire trouveront sans nul doute une solution adéquate dans le cadre de ces structures de participation.

Monsieur le Président, je voudrais pour terminer remercier Son Altesse Tallal Abdul Aziz El Saoud, conseiller spécial auprès du FISE, de l'intérêt manifesté pour la réalisation d'un centre de santé familiale dans notre pays.

Je ne peux insister sur l'effort que nous attendons de la communauté internationale, sans remercier également la République populaire de Chine, le Maroc, l'Union soviétique, la France, les Etats-Unis, la Belgique, la Communauté européenne, les fondations Raoul Follereau, pour l'aide combien précieuse que ces pays amis et organismes nous apportent dans le secteur de la santé. C'est l'occasion aussi de souligner l'intérêt manifesté pour les projets sanitaires par le Président de la Banque mondiale au cours de sa récente visite dans mon pays. Ce sont là des motifs d'encouragement pour le représentant d'un pays en développement que je suis de constater que la santé est enfin considérée par tous comme étant en amont et en aval du développement. Qu'il me soit enfin permis, au terme de mon intervention, de saluer les efforts inlassables déployés par le Directeur général de l'OMS, le Dr Mahler, qui nous convainc chaque jour de sa foi contagieuse par sa sincérité, par son souci d'aller toujours de l'avant.

Voici donc, Mesdames, Messieurs, la contribution de mon pays qui se bat difficilement mais courageusement pour le triomphe de l'autosuffisance sanitaire en vue de la santé pour tous d'ici l'an 2000.

Dr BRATHWAITE (Barbados):

Mr President, on behalf of the Government of Barbados, my delegation wishes to express most cordial congratulations to you on your election to the highest office of this Assembly, and to all the other newly elected officers. We also extend our deepest thanks to the retiring officers for the efficient manner in which they have discharged their duties during their term of office.

I am pleased also to tender my Government's sincere appreciation of the Director-General's report, and of the prominent leadership role he has played in working towards the attainment of a better standard of health care, in keeping with the goal and objectives of health for all by the year 2000.

In striving to attain these goals, we have to be ever mindful of the international economic disorder which is a legacy left to us by the decade of the 1970s. Inflation, a troubling sign of the times, erodes the economic systems of our countries. Foreign exchange problems, and recession with its attendant unemployment problems, obstruct our expectations of collective well-being. This international situation reduces the possibility of closing the wide gap which separates the developing countries from the industrialized countries, the "haves" from the "have-nots".

The Government of Barbados understands the difficulties of the moment but, despite these difficulties we remain deeply committed to the goal of health for all by the year 2000. In

my country, political commitment has already been achieved because my Government already has accepted certain plans which will enable the goal to be realized, and has included them in its development plan for 1979-1983.

My Government is committed to the establishment of a National Health Service, within the framework of the National Insurance Scheme, and designed to remove the heavy financial burden that now prevents people from some classes in the community from having easy access to the best health care services available. In this connexion, I am happy to report that a different type of drug service - the Barbados Drug Service - came into operation in April 1980. The goal of the Barbados Drug Service is to provide Barbadians with the drugs they need, at an affordable price. The service consists of three components, the National Drug Formulary, the Supply Services and the Special Benefit Service. The first two components were introduced in April 1980 while the Special Benefit Service was started in April 1981. The aim of the Special Benefit Service - which is in addition to the reduction in price generally - is to provide drugs, either free of cost or at a reduced price, to certain sections of the population, namely, those 65 years of age and over, those under 6 years old, those suffering from chronic illnesses such as diabetes, hypertension and cancer, and indigent persons.

It is noteworthy that under the new service Barbadians now receive formulary drugs at an average reduction in price of 45%, to which the Government has contributed by the removal of 15% duty. The Government and the pharmacists in the private sector work closely together in this venture. So far, participation in the programme has been encouraging. Over 10 000 people are benefiting from the Special Benefit Service.

In addition to the Barbados Drug Service, which is the first phase of the Barbados National Health Service, my Ministry proposes to introduce a clinical service whose basic tenet is that every citizen of Barbados will have the service of a general practitioner of his choice without payment at the time of delivery of the service. This second phase of the National Health Service will provide primary health care for persons aged 65 years and over, and for the indigent. The next phase will be the service for children under 6 years of age, followed by service to the rest of the population.

In the area of environmental health my Government is committed to the goal of providing water to every house in Barbados by the year 1983 by means of house connexions. At present approximately 85% of the population has house connexions and the remainder has access to piped water within a quarter-mile of their residences. The high quality of the water supply is maintained by a comprehensive zoning policy which restricts development in the water aquifer areas. Periodic bacteriological testing is presently done and an expanded monitoring programme is being planned for the near future.

My Ministry is committed to the provision of a safe and healthy environment. Operative programmes in the areas of general sanitation, sewage disposal, pollution monitoring and control, as well as food quality control, Aedes aegypti eradication, rodent and stray dog control, are all well-established. Considerable attention is given to the control of chemical and physical pollution, with emphasis placed on the protection of the drinking-water resources and the coastal waters. National contingency plans have been developed for the prevention, control and clean-up of oil spills, and certain international conventions have been ratified in this regard.

I am happy to report that work on the construction of a central sewerage system for the capital city, Bridgetown, has almost been completed and the facilities are expected to be operational by the middle of this year. Also, plans are being finalized to conduct feasibility studies for the sewerage of the south and west coasts, as well as the greater Bridgetown area where high-density development hampers effective wastewater disposal. I must take this opportunity to extend the appreciation of the Government to the Inter-American Development Bank, which provided assistance for these projects, and the Pan American Health Organization, which provided consultancy services.

In the area of solid waste disposal, our main problems are the inadequacy of the collection fleet of vehicles and its maintenance. This deficiency is compounded by the tendency of people to litter and indulge in illicit dumping of refuse. A refuse education programme has been developed to make the public aware of its responsibilities in assisting with the solid waste problem. Barbados is a small country and consequently, land is a very scarce resource. In order therefore to make maximum use of available land for the final disposal of solid waste, the Government has installed a pulverization plant which is capable of pulverizing approximately 400 tons of refuse daily. Consideration is being given to using the pulverized refuse as a compost and general soil developer.

My Government has recently recruited a medical officer whose specialty is occupational health, and is seeking to define the situation in this field so that appropriate programmes and legislation may be introduced in the interest of the well-being of workers. A new Factories Bill has recently been passed by Parliament but has not yet become effective. Much more will be done to increase freedom from disease and disability, and it is hoped that through an intensive health education programme the importance of paying careful attention to such matters as diet, drug abuse, and the proper utilization of health care facilities can be impressed upon the minds of our citizens. Despite all the efforts we exercise to improve our health care, however, they may be in vain unless there is an adequate complement of appropriately trained persons to work together in executing our policies.

Mr President, I have given a brief statement on some of our achievements in the development of our health services. We anticipate with confidence that the Assembly, under your guidance, will continue to contribute significantly towards the improvement of health and well-being of people throughout the world.

Д-р НИАМДОРЖ (Монголия):
Dr. NYAMDORJ (Mongolia):

Господин Председатель, уважаемые делегаты. Прежде всего, разрешите мне поздравить Вас, господин Председатель, по случаю Вашего избрания на этот высокий пост. Разрешите мне также поздравить уважаемого Генерального директора д-ра Малера и Председателя Исполнительного комитета д-ра Хиддлстоуна за содержательные доклады. Эти доклады полностью отражают всю многогранную работу нашей Организации за два года, начиная с вопросов, касающихся отдельных государств, и кончая деятельностью глобального значения. В своем докладе наш уважаемый Генеральный директор стремился подчеркнуть деловую тенденцию в деле улучшения здоровья народов, залогом чего является практическая деятельность органов здравоохранения отдельных государств - членов нашей Организации.

В настоящее время ВОЗ имеет четкую цель на будущее - достижение здоровья для всех к 2000 г., а также глобальную стратегию для ее реализации. Алма-Атинская конференция по первичной медико-санитарной помощи определила путь достижения этой благородной цели. Эту цель и эту стратегию мы разработали и утвердили на предыдущих сессиях Ассамблеи, а нынешней, Тридцать пятой сессии предстоит утвердить план действий по реализации этой стратегии. Таким образом, в последующем нам предстоит выполнить эту совместно разработанную задачу. Для этого необходимы большие усилия со стороны всех государств - членов ВОЗ. По мнению нашей делегации, каждое государство-член должно внести свой вклад в реализацию этой задачи и оказать всемерную поддержку Организации для успешного достижения этой цели. Мы надеемся, что общая программа работы на период 1984-1989 гг. явится первым крупным шагом в направлении достижения цели здоровья для всех. Здесь уместно отметить ту большую работу, которая была проделана Исполнительным комитетом по разработке Седьмой общей программы работы - первой из трех общих программ, которые Организации предстоит осуществить в ходе реализации Глобальной стратегии. Я хотел бы также отметить активную деятельность Регионального комитета для Юго-Восточной Азии, и особенно деятельность многоуважаемого директора регионального бюро, направленную на обеспечение поддержки всех наших стараний и стремления достичь цели - здоровья для всех.

Теперь разрешите мне вкратце коснуться положения дел в национальном здравоохранении нашей страны. За 60 лет своего существования народное здравоохранение Монгольской Народной Республики достигло определенных успехов. За годы народной власти общая численность населения МНР почти утроилась. Средняя продолжительность жизни увеличилась больше чем в 2 раза. Изменилась структура заболеваемости населения. Если до революции (1921 г.) основными причинами заболеваемости и смертности населения были инфекционные заболевания, то в настоящее время в структуре заболеваемости населения доминирует патология неинфекционного характера. Обеспечение населения общедоступной бесплатной первичной медицинской помощью у нас в стране уже достигнуто. Кроме того, детям младшего возраста предоставляются дополнительные льготы, внимание общественности концентрируется на укреплении и развитии учреждений охраны материнства и детства. Наряду с этим встречаются трудности, например трудности, связанные с большим радиусом обслуживания, осуществляемого на огромной территории страны с еще относительно малой плотностью населения. Поэтому остаются важные проблемы еще в связи с необходимостью усовершенствовать сельские службы здравоохранения. Наша страна разрабатывает национальную стратегию и план действий по достижению здоровья для всех; эта деятельность охватывает не только сектор здравоохранения, но и другие секторы народного хозяйства. В дальнейшем нам предстоит еще усовершенствовать систему здравоохранения, мобилизовать все ресурсы. В этом деле мы получаем большую помощь и поддержку со стороны социалистических стран и ВОЗ.

Господин Председатель, уважаемые делегаты, дамы и господа. Мы живем в очень сложное время. Растущая угроза термоядерной войны, накопление и совершенствование ядерного оружия грозит всему миру и вынуждает нас, врачей, представителей самой гуманной профессии, во имя жизни людей активизировать борьбу против угрозы термоядерной катастрофы. Я горячо надеюсь, что присутствующие здесь представители всех государств-членов, собравшиеся на Тридцать пятую сессию Ассамблеи, заинтересованы в этом. Наша Организация не может быть в стороне, когда становится ясно, насколько велика опасность, нависшая над человечеством, насколько она противоречит целям и принципам нашей Организации. Мы все хорошо помним содержание резолюции WHA34.38 о роли врачей и других работников здравоохранения в сохранении и укреплении мира как важнейшего условия достижения здоровья для всех. Нельзя допустить, чтобы резолюции Всемирной ассамблеи здравоохранения не выполнялись. Хочется выразить надежду, что уже в самое ближайшее время Ассамблее будет представлен доклад Генерального директора о ходе выполнения данной резолюции.

Наша делегация полностью разделяет беспокойство врачей мира и поддерживает инициативу состоявшегося в Кембридже 2-го Международного конгресса врачей за предотвращение ядерной войны, а также его обращение к ВОЗ. Мы поддерживаем также новые мирные инициативы Советского Союза, его твердое стремление идти путем переговоров в деле решения международных проблем и добиваться становления активного диалога с США во имя интересов мира и безопасности народов. Монгольская Народная Республика делает все от нее зависящее, чтобы способствовать делу укрепления мира в Азии и во всем мире. Предложение о заключении конвенции о взаимном ненападении и неприменении силы в отношениях между странами Азии и Тихого океана находит широкую поддержку и понимание у тех, кто искренне заинтересован в сохранении мира и международной безопасности. Мы преследуем цель содействовать укреплению взаимопонимания и доверия между государствами Азии и Тихоокеанского бассейна и развитию отношений добрососедства и мирного сотрудничества между ними. Господин Председатель, я надеюсь, что Тридцать пятая сессия Ассамблеи здравоохранения сделает ощутимый вклад в дело претворения в жизнь мирных ожиданий и надежд человечества.

M. SAMBAT (Gabon) :

Monsieur le Président, Monsieur le Directeur général, honorables délégués, Mesdames et Messieurs, permettez-moi, au nom de la délégation gabonaise que j'ai l'honneur de conduire, de féliciter notre ami et collègue, le Ministre Diop, pour son élection au poste prestigieux de Président de la Trente-Cinquième Assemblée mondiale de la Santé. Cette élection, cher collègue, est le témoignage de la dimension qu'a su prendre votre personnalité au sein de notre Organisation. Nous en sommes tous fiers. Mes félicitations vont également à l'endroit des Vice-Présidents de l'Assemblée et des présidents des commissions principales.

Nous avons écouté avec intérêt la déclaration du Dr Hiddlestone, représentant du Conseil exécutif, et lu avec une attention toute particulière le rapport du Dr Mahler, sur l'activité de l'OMS au cours de la période 1980-1981. Il m'est particulièrement agréable de relever que le processus de démocratisation de notre Organisation s'est poursuivi, en dépit des hostilités de première heure. Notre Organisation, en renonçant à une simple assistance technique aux pays, a résolument opté pour une coopération avec les Etats Membres en véritable partenaire, renforçant ainsi le principe de l'autoresponsabilité dans l'action sanitaire.

Le Conseil exécutif et l'Assemblée de la Santé jouent, au plan global, un rôle capital en même temps que les comités régionaux prennent une part de plus en plus active dans la vie de notre Organisation.

L'OMS a pu ainsi définir des politiques sanitaires cohérentes et des stratégies nationales et internationales se renforçant mutuellement.

Notre Organisation s'est dotée d'un arsenal impressionnant de concepts, d'une méthodologie gestionnaire adaptée pour les appliquer et des principes directeurs pour contrôler en permanence et évaluer nos stratégies grâce à l'utilisation des indicateurs appropriés. Cette tâche considérable qui est conduite avec imagination, décision et engagement sous le contrôle du Dr Mahler, notre Directeur général, à qui nous adressons en passant un hommage mérité, constitue pour nous la garantie nécessaire à la réalisation de cet objectif que tout le monde attend et dont le compte à rebours a vraiment commencé; la santé pour tous d'ici l'an 2000.

Mesdames et Messieurs, je voudrais aussi profiter de cette occasion pour adresser un hommage tout particulier à notre Directeur régional pour l'Afrique, le Dr Quenum, dont le dynamisme et la compétence nous donnent une telle garantie pour la réalisation de ce même programme en Afrique au Sud du Sahara.

Le plan d'action élaboré par le Conseil exécutif et soumis à notre examen à la présente session constituera un pas de plus dans la voie de la santé pour tous. Il s'agit d'un engagement qui lie à la fois l'OMS, les peuples, et les gouvernements. Notre Organisation a clairement défini ses responsabilités dans cet engagement. La constante disponibilité à nos sollicitations, dont elle a toujours fait preuve, en est le signe concret. Nos gouvernements, quant à eux, ne se dérobent pas de leurs responsabilités.

Le gouvernement de mon pays, le Gabon, sous l'action éclairée du Président El Hadj Omar Bongo, s'est engagé solennellement et concrètement à assurer à tous les Gabonais un niveau de santé satisfaisant, eu égard aux ressources humaines, matérielles et financières dont il peut disposer.

Ainsi que cela apparaît dans le rapport du Directeur général, il appartient en effet aux différents ministères de la santé, d'élaborer la stratégie de la santé et d'en assurer la coordination. Au Gabon, le Ministère de la Santé, que j'ai l'honneur de diriger, joue pleinement ce rôle. Comme dans la plupart des pays Membres, beaucoup d'efforts certes restent encore à faire, en ce qui concerne une plus grande participation de la communauté à l'action de santé.

Nous sommes conscients aussi dans mon pays du hiatus qui existe, dans la plupart des cas, entre le formation des personnels de la santé et les tâches qui leur incombent, eu égard à la nouvelle stratégie de développement sanitaire. Les efforts d'intégration sont en train d'être faits dans ce sens, en vue de convaincre les universités et écoles de médecine et de sciences sanitaires du rôle majeur qui leur incombe. Nous pensons que toute formation dans le domaine sanitaire doit tenir compte des principes de la stratégie mondiale. Le gouvernement de mon pays en a très tôt pris conscience.

C'est dans ce sens qu'il veille à ce que la formation de nos médecins et paramédicaux soit réellement intégrée et soit en corrélation avec les besoins réels des populations gabonaises, en matière de santé.

Monsieur le Président, honorables délégués, Mesdames et Messieurs, notre expérience dans le domaine de soins de santé primaires est relativement récente, cependant les résultats déjà acquis permettent d'augurer de meilleures perspectives. En effet, différentes activités sont actuellement menées avec succès dans les domaines suivants : formation des agents de santé périphériques; fourniture des médicaments essentiels et d'autres moyens logistiques, hydraulique villageoise et assainissement rural, programme élargi de vaccination, éducation sanitaire et nutritionnelle.

Enfin, avant de terminer mon propos, vous me permettrez de formuler le vœu que nos efforts se conjuguent, pour assurer enfin le succès de l'importante mission que nous devons réaliser d'ici l'an 2000, pour que se concrétise l'espoir d'une vraie justice sociale. Vive la Trente-Cinquième Assemblée mondiale de la Santé !

Mrs BELLEH (Liberia):

Mr President, Director-General, distinguished delegates, I bring you warmest greetings on behalf of the Commander-in-Chief and Chairman of the People's Redemption Council, Samuel Kanyan Doe, and the people of Liberia. I would like to reaffirm my Government's support for the activities of the World Health Organization and the United Nations in general. Permit me, Mr President, to join previous speakers in congratulating you on your election as President of this Assembly. We have no doubt that you will efficiently conduct the affairs of this Assembly.

We are pleased to report to this august body that out of genuine concern for the health and well-being of its citizens, and in keeping with WHO's goal of "Health for all by the year 2000", the Liberian Government has taken a number of steps towards the achievement of this goal.

In our efforts to provide health services for a majority of our population who live in the rural areas, and in an attempt to involve the people in their health planning and implementation, we have inaugurated the primary health care programme in three of our nine countries, using the village health workers as a base. The present health services are reaching about 35% of the total population, mostly those living in the urban and periurban areas. With assistance from friendly governments we will in the near future launch a national primary health care programme which will enable us to reach the remaining 65% of the population.

Our immunization programme is making satisfactory progress. The programme was evaluated by an external team headed by WHO in April 1982. Efforts to provide safe water for our

population are continuing. More standpipes are being provided in Monrovia and the rural well programme is under way. Maternal and child health services are being strengthened in all our clinics. The Ministry of Health and Social Welfare has undertaken to promote breast-feeding through mass media and health education at the peripheral level.

Because we view health as being more than the mere absence of disease, we have embarked on strengthening our social welfare services so that we can reach out to the underprivileged sector of our society. In September 1981, we declared a Decade of Disabled Persons so that we can more adequately seek solutions to the plight of the disabled in our society. The Head of State has also approved our participation in the World Assembly on Aging. The problem of health delivery and the improvement of the standard of life of our people is an expensive undertaking. In view of the difficult financial situation in which we find ourselves, we have applied for reclassification as a least developed country. A United Nations inter-agency mission visited Liberia in March 1982 to study the matter. We appeal to all our friends to cooperate with us during these difficult times so that the progress already made will not be lost.

Finally, on behalf of the Government of Liberia, we congratulate WHO on its sustained role in the promotion of international health and we express our sincerest appreciation to the United Nations agencies and government and nongovernmental organizations that have assisted and continue to assist us in the achievement of health for all by the year 2000. We trust that other agencies and governments will emulate their humanitarian efforts in assisting the less developed nations of the world.

M. MOUSTAKIM (Comores) :

Monsieur le Président, Monsieur le Directeur général de l'OMS, honorables délégués, la délégation comorienne, que j'ai l'honneur de conduire, se joint à ceux qui m'ont précédé à cette tribune pour féliciter le Ministre de la Santé publique du Sénégal de sa brillante élection à la présidence de la Trente-Cinquième Assemblée mondiale de la Santé, et pour remercier le Président sortant, qui a su mener avec satisfaction la lourde tâche qui lui a été confiée. Mes félicitations s'adressent également aux Vice-Présidents et à tous les membres du nouveau bureau.

Monsieur le Président, dans son rapport biennal, le Directeur général retrace de façon claire et concise les activités sanitaires entreprises dans les différentes Régions. Nous l'en félicitons très sincèrement et lui rendons hommage.

Le Gouvernement de la République fédérale islamique des Comores a révisé et orienté sa politique sanitaire afin de permettre à la population d'accéder à un niveau de santé acceptable dans les meilleurs délais. Pour atteindre ce but, nous avons mis en place une infrastructure permettant d'assurer à la population les prestations sanitaires nécessaires, sans que celle-ci se déplace loin de son lieu d'habitation. Ainsi, il existe, à l'échelon le plus périphérique, des postes de santé tenus par un infirmier et, à l'échelon intermédiaire, des centres de santé sous la responsabilité d'un ou de deux médecins, ces deux structures étant en relation avec les hôpitaux centraux.

Dans le contexte de la santé pour tous d'ici l'an 2000, nous voudrions vous parler brièvement du programme élargi de vaccination, des soins maternels et infantiles, de la lutte contre les grandes endémies en insistant sur l'éradication du paludisme, de la Décennie internationale de l'eau potable et de l'assainissement, et enfin de la formation du personnel et de la politique des médicaments essentiels.

Le programme élargi de vaccination, qui a débuté lentement en 1979, demande à être soutenu de façon active. Néanmoins, on peut déjà noter qu'en 1981, 40 % des enfants ont été vaccinés contre la tuberculose, 42 % contre la rougeole et environ 30 % contre la diphtérie, la coqueluche et le tétanos. Dans ce même programme, l'accent est mis sur la vaccination anti-tétanique chez les femmes enceintes afin de réduire l'incidence du tétanos néonatal.

La santé maternelle et infantile, de son côté, ne se développe que lentement à cause du manque de personnel qualifié et de support logistique. Mais certaines actions sont en cours de réalisation :

- des fiches de croissance sont attribuées à chaque enfant lors de sa première visite auprès des services de santé. Actuellement, 80 % des enfants comoriens possèdent cette fiche qui nous renseigne, entre autres, sur leur état nutritionnel;
- l'éducation nutritionnelle se fait, d'une part, par la radio et, d'autre part, par la constitution des listes d'aliments locaux remises au personnel de santé de tous les niveaux;

- enfin, plusieurs approches multidisciplinaires en matière de nutrition se dessinent avec la participation des Ministères de l'Education et de l'Agriculture. Malheureusement, la coordination avec le Ministère de la Santé est encore loin d'être parfaite.

Pour lutter contre les grandes endémies, le Ministère de la Santé publique est en train de mettre sur pied un service d'hygiène et d'assainissement qui agira en étroite collaboration avec le service s'occupant du projet d'éradication du paludisme. Ce projet a fait l'objet d'une étude de faisabilité en 1980, avec le concours de l'OMS, mais il ne peut être réalisé qu'avec l'aide de la communauté internationale.

Par ailleurs, le Gouvernement de la République fédérale islamique des Comores attache une importance capitale à la Décennie internationale de l'Eau potable et de l'Assainissement. Un grand programme d'adduction d'eau et de forage est en cours d'exécution. Ce programme permettra à une grande partie des populations rurales d'avoir de l'eau potable à des endroits proches de leur habitat.

Monsieur le Président, je ne voudrais pas terminer mon intervention sans parler de la formation du personnel et de la politique en matière de médicaments essentiels.

Une école nationale de santé existe depuis deux ans et forme, avec l'appui de l'OMS et du FISE, le personnel indispensable au bon fonctionnement de nos services sanitaires. Cette école se charge également du perfectionnement du personnel déjà en place et de l'organisation des stages destinés aux matrones traditionnelles.

Quant à la politique des médicaments, une pharmacie centrale d'approvisionnement est mise en place. Celle-ci a le monopole des commandes des médicaments jugés utiles pour le pays, du stockage et de la distribution à tous les établissements publics de santé. En accord avec le personnel médical exerçant sur le territoire national et compte tenu du niveau des agents de santé, ainsi que de la pathologie locale, une liste provisoire de médicaments a été établie et peut être modifiée suivant les circonstances.

Nous voudrions remercier ici la République fédérale d'Allemagne qui va très prochainement prêter son concours pour l'installation d'une unité de fabrication de solutés physiologiques. Nos remerciements s'adressent également au Koweït, aux Etats arabes du Golfe, à la France, ainsi qu'à tous les autres pays amis de l'aide précieuse qu'ils nous ont apportée pour l'amélioration de nos structures sanitaires.

Le Gouvernement de la République fédérale islamique des Comores est convaincu que, pour atteindre l'objectif de la santé pour tous d'ici l'an 2000, la solidarité de toutes les forces vives de notre planète s'impose.

Dr. NDONG MBA OBONO (Guinea Ecuatorial):

Señor Presidente, señor Director General, honorables delegados, señoras y señores: Es para mí un gran honor y motivo de viva satisfacción tomar la palabra en este acto para reiterate a través de esta Asamblea Mundial el agradecimiento del pueblo y Gobierno de Guinea Ecuatorial a los países y organizaciones que han asistido con diversas contribuciones a mi país, y en particular a la reconstrucción del sector sanitario, desde agosto de 1979. Como ustedes saben, Guinea Ecuatorial fue admitida como Miembro de la OMS en mayo de 1980, respondiendo a la petición formulada por mi Gobierno en agosto de 1979 sobre la que el Secretario General de la ONU hizo un llamamiento a la comunidad internacional, la OMS reaccionó favorablemente a través de sus órganos y el Comité Regional para Africa, el Consejo Ejecutivo y la propia Asamblea Mundial de la Salud aprobaron una resolución sobre cooperación especial con Guinea Ecuatorial, dada la gravedad de la situación sanitaria que prevalece en nuestro país. Por este motivo transmitimos también nuestro agradecimiento a todos los Miembros de la Organización y hacemos extensivo este reconocimiento a otras agencias especializadas de las Naciones Unidas, a organizaciones gubernamentales y no gubernamentales que nos han asistido hasta la fecha.

En diciembre de 1980, el Dr. Comlan A. A. Quenum, Director Regional de la OMS para Africa, efectuó una visita oficial a Guinea Ecuatorial, comprobando sobre el terreno la amplitud de nuestros problemas sociosanitarios. Como resultado de la decisión de la correspondiente sesión de la Asamblea Mundial de la Salud, una oficina de la OMS ha sido abierta en Malabo hace un año aproximadamente, habilitándose provisionalmente en un inmueble del Gobierno. Para que dicha oficina dispusiera de locales propios, el Gobierno de mi país ha puesto a su disposición un terreno de una extensión de 6000 m², con el fin de que se construya dicha oficina y tres viviendas para el personal relacionado con ella. A causa de la amplitud de las tareas de reconstrucción nacional mi país acaba de beneficiarse de una Conferencia Internacional de Donantes para la Reactivación Económica y Desarrollo de Guinea Ecuatorial, celebrada en Ginebra del 19 al 23 de abril último bajo los auspicios del programa de las Naciones Unidas para el desa-

rollo. Los proyectos prioritarios presentados por el sector de la salud se elaboraron con la colaboración de la Oficina Regional de la OMS para Africa. Mi Gobierno expresa aquí toda su gratitud por dicho gesto de solidaridad que proporcionará una situación más comfortable a Guinea Ecuatorial en el seno de la gran familia de los Estados Miembros.

Desde la instauración del nuevo régimen el 3 de agosto de 1979, Guinea Ecuatorial ha realizado con el apoyo de la cooperación de países amigos de la OMS, del UNICEF y otras organizaciones internacionales grandes esfuerzos encaminados a poner en marcha los servicios de salud nacionales, los cuales se encontraban hasta entonces en un estado de abandono y de paralización total. Al principio, estos esfuerzos se orientaron hacia unas acciones de urgencia destinadas a satisfacer las necesidades más apremiantes del sector sociosanitario. Entramos ahora en una segunda fase, la rehabilitación y reconstrucción del total de la infraestructura sanitaria que exige también una reorganización de todo el sector de salud nacional. Por ello, Guinea Ecuatorial de acuerdo con todos los Estados Miembros ha optado en reorientar el sistema de salud hacia la meta de salud para todos en el año 2000. Para lograr dicho objetivo, mi Gobierno ha adoptado el programa de atención primaria de salud como una de las principales estrategias. Entre los ocho componentes de este programa, se dará una atención particular a los problemas de abastecimiento de agua potable y del saneamiento del medio ambiente, tanto en las ciudades como en las zonas rurales. Una planificación a medio y largo plazo en el cuadro del Decenio Internacional de Agua Potable y del Saneamiento Ambiental nos permitirá abordar de forma racional este gran programa concerniente a la promoción de la salubridad del medio ambiente. En relación con la lucha contra las enfermedades transmisibles, se ha comenzado un programa de vacunación al que el Gobierno de España, la OMS y la URSS han proporcionado vacunas, mientras que el UNICEF y la OMS han enviado equipos para la cadena de refrigeración, y aunque el Gobierno de mi país se enfrenta con graves problemas logísticos ya que los medios disponibles son aún muy limitados, es verdad que estos equipos nos han permitido empezar un programa de inmunización local limitado. No obstante, el Gobierno desea que este programa sea sostenido por personal cualificado y material adecuado durante 4 ó 5 años. Unos estudios epidemiológicos sistemáticos serán emprendidos a corto plazo, con vistas a la organización de la lucha contra las grandes endemias tales como la lepra, el paludismo, las treponemosis y las tripanosomiasis humana. Esta lucha podría coordinarse con los trabajos de la OCEAC, una organización subregional de los Estados del Africa Central. Por otra parte, se han realizado unos estudios epidemiológicos sobre la situación del paludismo y se ha preparado un plan nacional de lucha. Una atención particular se dará igualmente a la formación del personal de salud de diversas categorías. En este aspecto se ha abierto la Escuela Nacional de Salud en Bata, gracias a la colaboración de la OMS y del UNICEF, pero las necesidades siguen siendo enormes.

No pretendo, señor Presidente, honorables delegados de los Estados Miembros, presentarles un balance exhaustivo de nuestros problemas. Mi objetivo es el de informarles muy brevemente sobre la situación sociosanitaria de mi país, que entra en la fase de reconstrucción nacional. Y, sobre todo, tratar también de expresar la voluntad política de mi Gobierno de caminar hacia el progreso y contribuir a la mejora de la situación sanitaria del mundo. En el discurso pronunciado por Su Excelencia el Presidente del Consejo Militar Supremo el 19 de abril último, en Ginebra, en la inauguración de la Conferencia Internacional de Donantes para la Reactivación Económica y Desarrollo de Guinea Ecuatorial y en la presentación del programa de nuestro Gobierno en la misma Conferencia, informé ampliamente sobre el sector de la salud y las necesidades que dentro del programa global tiene este sector. Estos y otros documentos, además de haberse dirigido a muchos países amigos y organizaciones internacionales, se hallan en la sede de nuestra Organización, cuya difusión también agradeceríamos.

Por ello, reconociendo la contribución dada a mi país hasta el momento, solicitamos una vez más a los países amigos, en el plano bilateral, a organizaciones gubernamentales y no gubernamentales y particularmente a esta Asamblea Mundial de la Salud que apoyen la rehabilitación sanitaria de mi país, con el objeto de que se materialicen las resoluciones ya antes adoptadas por nuestra Organización, dado que aún prevalece en Guinea Ecuatorial una grave situación sanitaria. Por otra parte, pedimos al Director General que utilice los medios disponibles y a los órganos competentes de la OMS que pongan a disposición de Guinea Ecuatorial fondos extrapresupuestarios para poder seguir contribuyendo en las peticiones hechas por mi Gobierno a esta Organización, así como con carácter particular pedimos que se suministre a nuestro servicio de salud el mayor volumen de información posible, teniendo en cuenta que nuestro idioma es el español, y fortalecer la Oficina de coordinación en Malabo. ¡Viva la cooperación internacional! ¡Viva la Organización Mundial de la Salud!

Professor MALLA (Nepal):¹

Mr President, Director-General, distinguished delegates, ladies and gentlemen, it gives me great pleasure to extend to Mr Diop my heartfelt congratulations and warmest felicitations on his election as President of this World Health Assembly. May I also hasten to take this opportunity to congratulate the Vice-Presidents and the other office bearers as well. I would also like to convey the cordial greetings of His Majesty's Government of Nepal, along with the best wishes for the success of this Assembly.

I should also like to congratulate the Director-General, Dr Mahler, for the excellent, comprehensive and concise report on the work of WHO for the biennium 1980-1981. The report clearly shows that, under the inspiring leadership of the Director-General and his dedicated group of colleagues in the Secretariat and at the country level, the Organization has made a very effective contribution in helping the Member countries in the stupendous task of solving the multifarious health problems confronting them. We are fully confident that the Director-General will continue to inspire the countries to voluntarily adopt a new approach to health care based on equitable distribution of health resources so that underserved or unserved people living in such countries as Nepal can look forward to leading a healthy and happy life in the not too distant future. It is particularly satisfying to note the wide-ranging activities under way towards the implementation of the Global Strategy for the attainment of the social goal of "Health for all by the year 2000" through primary health care. I must thank the Director-General for mentioning Nepal's effort to this effect, but since he had to cover the entire globe adequate space could not perhaps be given to it in the report.

Nepal fully supports the concept of primary health care being pivotal to the achievement of health for all. One of the three objectives of the current sixth plan is to meet the basic minimum needs of the people, and the principal health objectives include the delivery of basic health services to the maximum number of people, although the greatest practical problem facing the country is the critical economy as well as the remoteness of the mountains and the hilly regions where the majority of the people live at a subsistence level.

In order to integrate all essentials of primary health care in a way that will have a lasting effect and be accessible to all the people, even in the remotest rural areas, His Majesty's Government has taken a fundamental policy decision to develop an integrated community health services approach, with preventive, general curative and basic health services delivered at village level through the health posts, making full use of the services of village health workers and ward-level volunteers.

Since this approach requires concerted, coordinated intersectoral action, a steering committee, including the ministries concerned, was established under the leadership of the National Planning Commission to initiate, guide and sustain intersectoral planning. It felt the need to undertake a series of studies in the basis of which the already prepared and revised intersectoral planning document will be further revised and updated so as to provide valuable guidelines to all sectors concerned in their march towards the achievement of the goal of health for all by the year 2000. Thus Dr Mahler should be happy to note that the parents - the Ministry and the Department of Health - are being helped by the National Planning Commission in the difficult task of bringing up the baby at the crucial period of its infancy.

The concept of primary health care has also been reflected in the integrated rural development strategy which, along with its built-in health component and integrated community health programme, was initiated in Nepal much earlier. Viewed against the background of Nepal being a predominantly agricultural country and the bulk of the population living in villages and depending on agriculture for their livelihood, a greater emphasis is given to rural development, which we believe can be achieved better through an integrated approach, since the synergistic effect in such an approach is definitely more than the sum total of the sectoral approaches undertaken in an isolated manner.

Primarily the health services are being delivered to the rural population of Nepal through the integrated community health services development project. As a complementary effort in this direction another approach which is currently under consideration is the

¹ The following is the full text of the speech delivered by Professor Malla in shortened form.

delivery of primary health care through the village panchayats. Since the village panchayat has already established itself as an integral part of the local social structure and as the only institution at the local level which is vested with the statutory power to generate resources through several sources and appropriate them locally for different activities, it is believed that progressive community participation can be achieved. Under the community health leadership programme, the ward-level volunteers who are selected by the people of the village panchayat are trained in the provision of basic minimum health care to their own communities. The nongovernmental organizations are also playing an important role in primary health care in the country. The Social Services National Coordination Council, headed by Her Majesty The Queen, is rendering yeoman services to the people of the nation.

I should like to mention here the inspiring letter addressed to the Right Honourable Prime Minister of Nepal by the Director-General of WHO and the Executive Director of UNICEF, in which they jointly expressed their awareness of the dynamic leadership of His Majesty The King in the overall socioeconomic development of the country. Referring to the historic keynote address delivered by His Majesty to the United Nations Conference on the Least Developed Countries, held in Paris (September 1981), they stated that they were moved by the Royal concern over the welfare of the population living in the least developed countries in general and the citizens of Nepal in particular. We are very much touched by their kind sentiments. It is gratifying to note that Nepal has been selected as one of the countries for a study on implementation of primary health care. Although the proposed study is going to be a national endeavour and responsibility, the participation of UNICEF and WHO in this undertaking will lead to a better understanding of the country's needs and help to identify the respective roles of each organization, to pinpoint the areas of joint contribution, and to seek practical ways of mobilizing other sources of external support. The Health Resources Group for Primary Health Care has recently conducted a country resource utilization review for Nepal. It has identified the main and supporting programmes, their projected resource requirements up to the year 1990, and the estimated gap in resource mobilization.

Plans are afoot also for the utilization of Ayurvedic practitioners for the delivery of primary health care. Recently a separate department of Ayurved has been established to develop the practice of this traditional system in an effective manner, since it has a greater popularity among the rural population of Nepal. Efforts are being made in the production of Ayurvedic drugs and also in the training of Ayurvedic medical practitioners.

While efforts are being made for economic development of the country, we are very much alarmed by the annual population growth rate of 2.6%, which has been recently revealed by the 1981 census. You will agree that for the least developed countries the population explosion is a major constraint to their economic growth, and this alarming situation has caused His Majesty's Government a great deal of concern. We strongly feel that if we fail to arrest the growth in time our effort for the national development will be fruitless. Hence the family planning programme, with special emphasis on child health care, is going to be effectively improved and strengthened and a greater stress is being laid on community participation through the village panchayats.

Mr President, may I say a few words on how at present Nepal has engaged itself in fruitful regional cooperation as well. Foreign secretaries of the South Asian nations (Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) met in Colombo in April 1981, and for health and population Nepal was designated the coordinator. The Health and Population Group met in Kathmandu in October 1981 and came to the conclusion that cooperation could commence immediately in the areas of diarrhoeal diseases, malaria, tuberculosis, leprosy and rabies control. The group is scheduled to meet in June 1982 to further review the areas of collaboration among these countries. Another approach for regional cooperation was the follow-up activities arising out of the health ministers' meeting at Jakarta in September 1981. Senior government officials of Nepal will also be visiting some of the countries in the Region soon to exchange views in health development and to enlist possible mutual support in the spirit of TCDC.

I wish to utilize the forum of this Assembly to publicly acknowledge the valuable support provided by WHO and other multilateral and bilateral agencies in our effort towards implementing our health programmes. May I also avail myself of the opportunity to appeal to the affluent nations and the more developed of the developing countries to generously assist the landlocked and least developed countries such as my own which are confronted with various health problems that cannot be properly tackled with their own resources and manpower

alone. Under the enlightened leadership of His Majesty The King, the Government of Nepal is fully committed to the all-round development of the country but, unfortunately, we are handicapped due to an ever-widening resource gap to carry out this mandate. We have viable plans and what we need is more and more resources to implement them.

Before I conclude, I would like to add that we feel that we benefit very much from the mutual exchange of views and experiences with colleagues from different parts of the world on matters of primary health care and related topics of common interest and concern. Since it is through such interactions that real progress can be achieved, we want to express our keen interest in availing ourselves of any opportunity to participate in seminars and conferences on health matters.

We feel very much encouraged to hear the optimistic tone as well as a strong determination in the words of the Director-General, as shown in the last lines of his introduction to the Report. "Where there is a will, there is a way", they say. Therefore, I also hope that the battle for health for all by 2000 will definitely be won and we will be able to make the life of every human being healthy and happy in the near future. As is well expressed in an ancient Nepalese verse, "May all be happy, may all be healthy"; mark the word "all" - not just a few of the urban élite.

In conclusion, Mr President, I would like to pledge our wholehearted support for WHO's programmes and to express once again our sincere appreciation to WHO for effectively focusing attention on the problems faced by the developing countries and for vigorously advocating their cause.

Dr PULO (Albania):

Mr President, allow me to convey to you, in the name of the delegation of the People's Socialist Republic of Albania, my congratulations and wishes for your election to the high post of President of the Thirty-fifth World Health Assembly.

The Albanian delegation has studied with keen interest the report of the Director-General of WHO. I want to congratulate Dr Mahler for his fruitful work in the attainment of the targets set by the Organization concerning the improvement of the health situation in the world and wish him further successes in the important and noble task he is charged with.

The development of the health situation in the world is closely linked also with the international situation in general. We are witness to the fact that the proceedings of this Assembly are being held at a time when the situation in the world has become more dangerous and explosive as a result of the policy of aggression and war pursued by the imperialist powers. The rivalry between the two imperialist superpowers, the United States of America and the Soviet Union, for domination and hegemony in the world has been aggravated still more, thus putting the peace, freedom and independence of the peoples at stake. Hearths of war exist in many regions of the world. The unbridled armament race has assumed unprecedented proportions. The overwhelming majority of scientific forces have been concentrated on the production of new mass extermination weapons. The war budgets swallow up hundreds of billions of dollars a year, and this is done at a time when hundreds of millions of people in the world experience chronic starvation and live in unsuitable hygienic conditions. Under these circumstances, the efforts made for the improvement of the health situation in the world are inseparable from the struggle for the exposure of the policy of aggression and war pursued by the imperialist superpowers.

Each one of us is aware of the great progress made in the field of medical sciences. This has made possible the high-quality application of the new methods and techniques which quickly make diagnoses and ensure reliable treatment of many diseases incurable in the past. But can we accept that the progress made by modern medicine has been put fully at the disposal of all the peoples of the world? Certainly not. Different diseases and epidemics whose frequency is quite high and shocking continue to bring about incalculable damage in many parts of the world. Despite the possibilities modern medicine provides, hundreds upon thousands of people die without receiving even the first medical assistance, at a time when medical service in the industrialized countries has been transformed into an activity which aims at ensuring colossal profits to the detriment of the peoples.

In the gloomy past of the anti-people regimes and fascist occupation the Albanian people experienced all sufferings and privations. Epidemic diseases played havoc. The population of the country never surpassed the figure of one million inhabitants. The average

life expectancy never reached the figure of 38 years. This period now remains only in the reminiscences of our people. Under the leadership of the Party of Labour of Albania they fought heroically, won their freedom, and now self-reliantly are building socialism and their new and happy life with success.

During the years of the people's power, radical transformations were made, just as in all the other sectors, in that of the protection of the health of the people. Our health system, a vivid expression of our advanced socialist system, constitutes one of the greatest victories of the social policy of the People's Socialist Republic of Albania. For the strengthening and modernization of the medical service the State makes considerable investments. In 1980 alone, the last year of the sixth five-year plan, as compared with 1975, the budgetary medical expenditures increased by 29%, whereas those for social insurance increased by 69%.

Basing ourselves on the profound study of the phenomena of diseases and the sanitary and epidemiological situation in the country, we have defined also the strategy of attacking with priority the most acute problems dictated by the development in width and depth of our medical service, its extension to the remotest areas of the country and the constant improvement of its quality in compliance with all the demands of advanced medicine. But first of all, we devote the greatest attention to measures of a prophylactic character, and to the cleanliness of the environment in which our people live and work. Through a broad programme of protective measures, and thanks to intense medical propaganda, we have always ensured the participation and collaboration of the broad masses of the working people of the city and countryside. In all the actions and campaigns in regard to the creation of a clean environment throughout the country.

Our country is in the process of vigorous development of chemical, engineering, steel, oil and other industries. Relying on very advanced sanitary legislation, the organs of the health service carry out constant surveys to ensure the environment from industrial pollution. The constant checks on goods and working conditions has made possible the rigid implementation of measures of technical security at work and the prevention of professional diseases at their initial stage.

In the context of prophylactic measures, we devote special attention to mass detection and management of some mostly widespread diseases, also organizing systematic treatment. Our country has a wide network of hospitals equipped with up-to-date apparatus and devices of medical technique and with qualified staffs, capable of implementing also modern methods of medical and surgical investigation and treatment. But alongside the development of medical services at the hospitals, the Government of the People's Socialist Republic of Albania pays special attention to the question of bringing medical services closer to the people. The outpatient medical service and that of first medical assistance on the basis of sectors, territorial units and in families have responded in time and quality to all the demands of the people.

We follow with special attention the protection of the health of mother and child. Mothers are the subject of special and all-round medical and social interest. According to the new legislation in force, approved by the People's Assembly of the People's Socialist Republic of Albania last year, paid pregnancy leave jumped from 85 days to about 130 days. Now all child births are carried out with medical assistance. Even the smallest and remotest village has its midwife-nurse. The network of prophylactic and curative institutions has increased considerably, and meets all the needs for hospitalization and outpatient consultations in families. As a result of protective measures in children, infantile mortality has been reduced in a progressive way. During the last decade alone, it has been reduced by 50%.

Before liberation Albania had no more than 100 physicians. Today there are thousands, or one physician for about 700 inhabitants, distributed throughout the country and in satisfactory proportions to the demands of the city and countryside. Post-university education and the process of qualification of medical cadres has made it possible for research and scientific work to record a great qualitative leap, in conformity with the demands of contemporary medicine. Besides this, we are devoting great importance to the study and mastering of the achievements of world science in the field of medicine.

Our people are healthy, strong and full of energy. In opposition to the concepts which aim at restraining the birth rate, we support and encourage it. We have at present a satisfactory demographic situation, with an annual natural increase of more than 20 per 1000. During the last five-year plan the population of Albania increased by 25%, while from as early as 1944 until now it has increased over 2.5 times. In 1980, as against 1975, social

production increased at a rate 2-3 times faster than the rate of the increase of the population. The young and active ages predominate in the structure of the population. The general mortality rate does not exceed a figure of 6 per 1000. From the average life-expectancy of 38 years before liberation, it has now reached about 70 years.

The successes we have recorded in the field of medical service make an important contribution to the constant improvement of the well-being of our people. They show the boundless care the Party of Labour of Albania takes for man, the builder of socialism and the defender of their victories in the People's Socialist Republic of Albania. The delegation I lead, bringing the greetings of the medical working people of our country to the World Health Assembly, wants to reiterate that the People's Socialist Republic of Albania is for the development on a correct basis of collaboration in the field of medicine. It will not fail to make its friendly contribution during this session as well.

Professor KIVALO (Finland):

Mr President, Director-General, distinguished delegates, it is a great pleasure for me, Mr President, to congratulate you and all the Vice-Presidents on your election. I should also like to express to the Director-General and his staff my delegation's sincere appreciation for the devoted work carried out by the Secretariat in pursuance of our set goal of health for all by the year 2000.

Indeed, during the last few years the governing bodies of WHO have taken several far-reaching decisions. The highest priority has been given to the development of primary health care as the main tool for achieving health for all by the year 2000. Today it is the responsibility and the task of the Member States to implement the decisions that have been made. Concerted action has to be based, on the one hand, on experiences in our respective countries with systems that are functioning already. On the other hand, there is the need for readiness to meet existing or emerging needs.

During the last five to ten years the emphasis has been on the development of health infrastructure, i.e., on the horizontal aspects of health systems development. This is also underlined in the Seventh General Programme of Work. The development of infrastructures grew out of the realization that one must have a functioning system to make services available to the people and the community. Therefore my delegation underlines that the organization of health systems based on primary health care should remain a top priority over many years to come. I should also like to single out another important aspect of health development, which is reflected in the Seventh General Programme of Work as well, namely, health science and technology. We sometimes refer to these as the vertical or technical elements.

We recognize the importance of the technical aspects of health development. This applies both to the content of the services and the activities within the infrastructure. In many countries, including my own, the infrastructure has already been in existence for some time - actually we celebrate the tenth anniversary of the Primary Health Care Act in Finland this year - yet it is still very important to work on the improvement of the relevance and technical content of the programmes delivered. This includes a review of the training programmes for different categories of health workers as part of health manpower development.

Developing relevant forms of health systems research is also essential. In Finland in 1980 we issued directives for research and development as an integral part of the responsibilities of health centres and hospitals. These research and development activities are financed as a part of the running costs of these institutions. Such expenses include appropriate training in research for the staff. The planning, implementation and financing of research is integrated in the overall health system for planning and resource allocation.

When recognizing the need for continuous development of the different technical sectors as an input to the content of the activities of the health infrastructure, it must nevertheless be emphasized that this development should be correctly balanced by a strong emphasis on a functioning health infrastructure, without which there is no basis for intersectoral activities in health development.

I would like to make two final points related to the practical implementation of the primary health care approach and intersectoral action for health; two key elements in the strategy. My first point concerns the issue of resources for primary health care. Let me mention from the Director-General's report two priority programme areas already included as cornerstones in the Alma-Ata Declaration: immunization and safe drinking-water and sanitation. On both fronts sound policies have been laid down to reach well-defined targets by 1990 - a check-point for the overall target a decade later. It may well be that these

targets are seriously jeopardized if the Organization - and that means the Member States - are not ready to face in reality the resource implications of our resolutions. Increased resources for health are a necessity for the health for all strategy to succeed.

My final point, relating to intersectoral collaboration for health, is well exemplified by the subject of this year's Technical Discussions, alcohol-related problems. Modern health issues of this sort are extremely complex to deal with. One essential condition is to strengthen organizational capability in health promotion in general, including the wide variety of measures from education and regulation at the national level on the one hand to international action on the other. The same applies to many comparable problems such as smoking and nutrition. Therefore, my delegation feels that certain organizational units with multidisciplinary expertise to cope with such immensely broad and complicated problems of public health are necessary at both the international and national levels.

Professor TUCHINDA (Thailand):

Mr President, Mr Director-General, excellencies, distinguished delegates, ladies and gentlemen. May I, on behalf of the Thai delegation, extend my warmest felicitations to the President and to the office bearers of this Assembly for their election to such high offices. I would also like to congratulate wholeheartedly Dr Mahler, the Director-General, for his report and for his work, and the Regional Director, Dr U Ko Ko, for what he has already done since his election.

Mr President, I wish to concentrate on some developments which I believe, will be of interest to all the delegations. All through the past 10 years, we in Thailand have tried with determination to progress towards the reduction of poverty for our rural and urban underprivileged. The path towards national economic development is, however, arduous and it may take a long time for this endeavour to reach the villages. We found, of course, that it is somewhat more realistic and more rapid to try to improve the quality of life of the people through a very significant increase in the development of social services and through a major effort towards the equitable distribution of social benefits in the framework of integrated rural development. The challenge for the health sector became clearer and clearer with the adoption of the primary health care approach for the attainment of the social goal of health for all by the year 2000. This social goal is included in our rural poverty eradication programme, which is a very important intersectoral effort.

In this connexion, all through the past years, with our WHO and with the help of other organizations such as UNICEF, UNDP, UNFPA and IBRD and of bilateral aid, we have successfully undertaken a series of highly concerted activities to improve the planning and management of our services and their delivery in quality and quantity so that positive changes would take place in the remotest rural areas. We have concentrated on communicable diseases control and our expanded programme on immunization, family health including family planning, water supply and sanitation, and simple medical care. The guiding principle was community self-help and self-reliance, and intensive work was done in order to involve the communities in primary health care. The results of our developmental efforts were quite satisfactory. As an illustration I would mention the following facts. First, the rate of natural population increase has been reduced from over 3% in 1972 to below 2% in 1981, and this is partly due to the efficiency of our services. Secondly, in accordance with the fourth five-year development plan target, 50% of the 50 000 Thai villages now have primary health care services.

At the beginning of the fifth five-year development plan 1982-1986, we had at the same time a feeling of satisfaction for our achievements and the sentiment that we could do more and better for the development of primary health care. To this end the health sector plan contains what we call "complementary strategies", which are a very innovative set of activities conducive to, let us say, a real community take-over of primary health care development. But it was clear that while the national financial resources could be used to implement classical strategies, it was very difficult to use them for the implementation of the innovative strategies.

At this juncture, in October 1981, an essential development took place. The Director-General, Dr Mahler, and the Regional Director for South-East Asia, Dr U Ko Ko, visited Thailand in order to have intensive discussions with our Government, specifically with the Royal Thai Government/WHO Coordinating Committee, a special body which since 1976 has ensured perfect complementarity of our programmes. These discussions were called the

"Thai programme budgeting exercise". The purpose was to identify how Thailand could make the best use of the WHO resources or of "all that WHO can offer". It was found that both the Thai Government and WHO had reached an appreciable level of maturity in their productive partnership. As a result, it was agreed that on experimental basis Thailand would be granted complete freedom for programme budgeting, all constraining rules and practices being suspended. Consequently, a special managerial mechanism including the Office of the WHO Programme Coordinator and Representative was developed in order to permit decentralized decision-making on matters of programme planning and reprogramming, programme implementation, and related release of funds.

This system has been in operation since February 1982. We constantly improve it according to the experience gained. We are fully aware of our responsibility and accountability in this experiment, which may result in the identification of a new role for the Government and WHO at the country level. This is why, in collaboration with the Regional Office and headquarters, we are carefully working on the development and testing of a financial monitoring system. We are also elaborating evaluation criteria so that, by mid-1983, the first evaluation will permit us to assess our achievements against the expectations of WHO and the Government.

I would like to underline that, although we are not yet fully operational, our exercise has already had some results. We have much more efficient management of the WHO programme, with decisions made rapidly on the spot. We have also achieved something which relates to my comments on the development of primary health care, that is, community involvement and support to our innovative complementary strategies.

Using our freedom for programme budgeting, we have elaborated the 1984-1985 WHO programme in such a way that the community will be responsible for the management of small primary health care projects including our basic components of primary health care, with the required government support. We have planned 40% of the WHO budget for directly financing community activities. Around 30% more is intended for immediate support from districts and provinces to the community in the fields of infrastructure development and technology transfer. We are preparing in the field the implementation of this programme, which recognizes the basic concept of pluralistic village approaches.

We believe that our experiment responds to many studies from the Executive Board. In this connexion, while we are likely to identify a new avenue for WHO and the Government, let me assure you that we are quite aware that WHO must not become a financing agency. In the spirit of the Constitution, we are aiming at further strengthening the role of WHO in technical cooperation involving all levels of our Organization, with the clear understanding that WHO has much more to offer than financial resources. We hope our experiment will be of interest to all Member States. We hope that our results will inspire them as well as all the relevant instances of the Secretariat. Let me, in this connexion, express my thanks and gratitude to Dr Mahler and Dr U Ko Ko, for their courageous and most constructive initiative and for the support they are providing us so that our experiment becomes a success. We intend to demonstrate that there is no management without risk, but that well calculated risks have a high pay-off.

The ACTING PRESIDENT:

Thank you, the delegate of Thailand. The next plenary meeting will be held tomorrow at 9h30. The meeting is adjourned.

The meeting rose at 17h25.

La séance est levée à 17h.25.

Заседание заканчивается в 17 ч. 25 м.

Se levanta la sesión a las 17.25 horas.

رفعت الجلسة في الساعة ١٧ر٢٥

会议于下午5时25分休会