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ORGANISATION MONDIALE DE LA SANTÉ

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THIRTY-SEVENTH WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE ELEVENTH MEETING

Palais des Nations, Geneva
Thursday, 17 May 1984, at 9h00

CHAIRMAN: Dr K. AL-AJLOUNI (Jordan)

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ELEVENTH MEETING

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1. THIRD REPORT OF COMMITTEE A (Document A37/38)

Mrs MAKHWADE (Botswana) Rapporteur, read out the draft third report of the Committee.

The report was adopted.

2. ACTION PROGRAMME ON ESSENTIAL DRUGS AND VACCINES: Item 22 of the Agenda (Resolutions WHA35.27 and EB73.R15; Document EB73/1984/REC/1, Annex 7)(continued)

The DEPUTY DIRECTOR-GENERAL said that the discussions had been comprehensive and active and that most speakers had shown a great deal of concern. The Director-General believed that the Action Programme was one of the cornerstones of health for all by the year 2000 based on primary health care. The debate as the delegates of the Nordic countries had said, concerned everyone, in that essential drugs had to be not only made available, but effectively distributed, to those for whom they were intended. Concern had been expressed at the cost of drugs, and that highly sensitive subject had been objectively and pragmatically handled by most of the speakers. It was clear to all that national political will, education and training of personnel, technical "know-how" and the expression of the interdependency of all nations could be the most productive factors in the Action Programme. In spite of the variety of delegates' responses, attitudes and perceptions of the subject, a trend had run through all the contributions and interventions: the sincerity and general concern which the Director-General and the Secretariat shared.

Dr COHEN (Adviser on Health Policy, Director-General's Office), replying to specific questions, recalled that the delegate of Canada had asked how the proposals in the draft resolution on the rational use of drugs related to the mandate of the Action Programme as well as to that of the Executive Board's Ad Hoc Committee on Drug Policies, and how those proposals would enhance current policies. There were two interrelated proposals in the draft resolution: one related to marketing practices and the other to the proper use of drugs. Both issues were very relevant to the Action Programme. Two years previously the Health Assembly had given indications on the elements of national drug programmes, and they included ensuring the proper use of drugs and ethical standards concerning drugs. Many of those issues were also relevant to the WHO programme of Drug and Vaccine Quality, Safety and Efficacy, commonly called Pharmaceuticals. As for the Executive Board's Ad Hoc Committee, the draft resolution was certainly also relevant to its mandate. One of the major issues identified for study in its report was good prescribing and dispensing practices. In the draft resolution proposed in resolution EB73.R15, which the Committee was about to consider, paragraph 4(2) requested the Board to study major outstanding issues and define principles for resolving them.

As for the more complex issue of how the proposal would enhance current policies, questions had to be asked about urgency and priorities with respect to other parts of the Action Programme. In January 1984, the Director-General had stressed to the Executive Board the urgency of getting essential drugs to those 90% of people in developing countries who were non-consumers and wished to become consumers. It was not even a question of the 200 drugs on the model list; if those non-consumers had even 20 drugs they would be delghted. To attend to that problem solid national programmes were required - the whole range of activities approved two years before by the Health Assembly, which included ensuring that the disadvantaged majority not only had access to essential drugs but could use them properly. The Director-General still hoped that the Organization would be able to build up experience as countries developed and implemented their essential drugs programmes, giving rise to relevant, sensitive, and consistent information, the wide dissemination of which would permit decisions to be taken objectively on all the issues involved. He stressed that he was referring, above all, to decisions taken by countries. Information on decisions within countries could form the basis for concrete factually based proposals for international action in support of national action.

However, marketing and prescribing practices were clearly of particular importance and urgency to quite a number of Member States, who were demanding early international debate on those issues. The Organization would obviously have to act quickly, and in that perspective he evoked the proposed meeting in 1985. He had been told that the meeting should not be too difficult to organize, because it would be similar to the one held some years previously on breast-feeding and breast-milk substitutes. However, he begged to differ: the present issues were infinitely more complicated. The purposes of the meeting had been defined as the exchange of experiences and views, clarifying the position of partners and defusing tension and confrontation; the Director-General was being given a free hand in deciding on the location, the participants and, presumably, the agenda. One of the main aims would have to be to ensure that the meeting produced constructive results and that purposes did not become cross-purposes. Ways would have to be found of defusing confrontations, even though many of the views were polarized.

As the delegate of the Netherlands had pointed out, the marketing issues were more commercial and political than they were technical; similarly, it was doubtful that prescribing practices were simply a technical matter depending on improved clinical pharmacology. There were many other factors, such as: access to information on the large numbers of drugs on the market, if those drugs were not limited by an essential drugs policy; the questions of drug economics and drug ethics; and the influence of promotional activities on drug prescription. Another intangible but important factor was the facit mutual identity of interest between patients and doctors. Patients expected drugs; doctors expected to have drugs expected of them, and a vicious circle continued, particularly in the more affluent countries. As the delegate of the Gambia had demonstrated the situation in primary health care in the developing countries was vastly different.

The delegate of Switzerland had suggested that the Director-General limit the meeting to a reasonable level; however, since health systems based on primary health care emanated from the social and economic systems of each country, there was bound to be wide national variation. The conditions in the developing countries, including the disadvantaged majority of non-consumers, would have to be taken properly into account at the meeting. Those conditions should not be eclipsed by the situation prevailing in the more affluent countries. There were also great differences between countries with market economies and those with centrally planned economies. All those factors would influence the agenda as well as the choice of the participants.

With regard to participants, the draft resolution recommendead the Director-General to consult all parties concerned. The parties were very many, including about 70 national regulatory agencies and even State financial auditors or comptrollers. There were economists, political scientists, the International Federation of Pharmaceutical Manufacturers Associations (IFPMA), as well as other pharmaceutical industries, wholesale and retail distributors, pharmacists, prescribers, professional advertisers and experts in marketing legislation. He wondered who represented the non-consuming majority in the developing countries. If the proper use of drugs were to be considered, more participants would have to be added: general practitioners, nonprofessional community health workers, clinical specialists and pharmacologists, social and behavioural scientists to deal with the identity of interest between patients and doctors, and health educators and patients themselves. He had already arrived at a list of around 150 participants. A rough estimate of the cost of the meeting would be US$ 250 000. The Director-General had no budget line for that amount for 1985 and would have to solicit extrabudgetary funds; he (Dr Cohen) already appealed to those delegations that were able to do so to help provide the Director-General with the wherewithal to hold the meeting.

As regards the implementation of current policies, the Director-General would try to organize the meeting so as not to interfere with ongoing activities just when the Action Programme was gathering momentum and showing real progress in implementing national drug policies based on the principles of essential drugs. If there was any doubt of that, the reports of the developing countries at the present Health Assembly should be compared with those of any previous Health Assembly: there had never been such encouraging reports of real progress. Such progress had been achieved through hard work and, as far as possible, the keeping out of polemic. To maintain the momentum of national drug programmes, it would be necessary to devote the time of the entire staff of both programmes - the Action Programme and the programme on Pharmaceuticals - to supporting countries.

The Director-General would therefore have to find additional human resources, quite apart from financial ones, to ensure the optimal preparation of the meeting. One of the Director-General's intentions was to convene the Executive Board's Ad Hoc Committee on Drug Policies as soon as possible to decide on the venue and date, prepare a specific agenda, decide on the list of participants, make more precise costing and identify possible sources of funding.

Finally, the Director-General would at the same time intensify ongoing activities, in particular those aimed at supporting developing countries in setting up and implementing national drug policies along the lines adopted by the Health Assembly two years previously, as well as those aimed at mobilizing enlightened bilateral and multilateral support for those countries. The Director-General would thereby do his best to accelerate the implementation of the Action Programme which, to judge from the presentations at the current Health Assembly, nothing could now stop.

Dr LAURIDSEN (Programme Manager, Action Programme on Essential Drugs and Vaccines), dealing with the more specific issues which had been raised, assured delegates that the Action Programme was a high priority for the Organization. It was, for the time being, in the Director-General's Office and, in the opinion of the Secretariat, that constituted an attempt to pool all the existing resources of the Organization to achieve the objective of the Programme. The global, regional and country budgets had doubled for the 1984-1985 period, and that in a period of zero-growth budgets. The extrabudgetary resources received and sought would be used to further the objectives of the Programme.

The accounts from many developing countries of their increasing efforts to improve the supply of essential drugs and vaccines not only illustrated the fact that activities were now too numerous to be fully accounted for in one progress report, but also indicated that the concept of essential drugs was gaining widespread acceptance and that countries were facing the problems and showing a definite political commitment to solving them. That was illustrated by the interventions by the delegates of Mexico, Nigeria, China, Malaysia, Ghana and several other countries.

As the delegate of the Netherlands had correctly pointed out, there was a discrepancy in the report between the priorities of the Action Programme and the actual achievements. The report attempted to recount progress as well as problems and constraints, but delegates would appreciate that the Programme was young and complex and had had some initial difficulties in determining priorities, approaches and activities. The Action Programme now operated on the basis of a well-defined medium-term programme in close collaboration with other related WHO programmes, in particular those on Diagnostic, Therapeutic and Rehabilitative Technology, Diarrhoeal Diseases Control and the Expanded Programme on Immunization.

Major attention was being and would continue to be given to the normative aspects of drug supply systems such as quality control, the WHO Certification Scheme, safety and efficacy, provision of unbiased information on drugs and their side-effects, in addition to the issues of procurement, storage, distribution and utilization of drugs. The Action Programme, however, must occasionally work in other problem areas identified by individual Member countries.

A pragmatic, down-to-earth approach, as mentioned by the Nordic countries, could not always be reconciled with an orthodox priority approach, and the Secretariat had perhaps been too rigid in that respect. It was essential to attack the worst bottlenecks first, but without losing sight of the overall objective; it was perhaps not too important where a country started provided it ended up with a comprehensive drug programme which regularly delivered a limited number of essential drugs and vaccines of good quality and acceptable prices to its population.

Several delegations had requested clarification on the division of labour within the United Nations system. The role of WHO as the lead agency was fully recognized, and the role of the various organizations of the United Nations was well understood. Collaborative efforts were being made at the country level. UNIDO and UNCTAD had already reported on their collaboration with the Action Programme. UNICEF was the Organization's closest collaborating partner, and the UNICEF representative would give the Health Assembly a brief account of its activities on essential drugs and vaccines including the proposed procurement scheme. UNDP had been less active in the field owing to its financial situation but, among other activities, it was supporting the Association of South East Asian Nations TCDC project mentioned in the Ad Hoc Committee's report. Apart from resource constraints, there were no structural obstacles known to the Secretariat preventing collaboration between the specialized agencies.

With regard to division of labour within WHO, following the reorganization of the Action Programme on 1 May 1983 and the comments by the Executive Board in January 1984, the division of labour between the Action Programme and the Pharmaceuticals unit in the Division of Diagnostic, Therapeutic and Rehabilitative Technology had been the subject of detailed discussions in the Director-General's Office. The Pharmaceuticals unit dealt with all the normative aspects of drugs, vaccines and biologicals; and the Action Programme was the operational and managerial arm in support of country activities on essential drugs and vaccines. A short paper on the subject would be presented by the Director-General to the Executive Board at its session in January 1985.

As suggested by the delegate from Sri Lanka, various procurement schemes would be reviewed in the process of establishing a new procurement scheme and the UNICEF representative would comment on that issue.

Several delegates had mentioned manpower and training. That was a very high programme priority. Teaching and training material, already field tested, was being developed for national adaptation. Rational prescribing and drug use was a key element in manpower training.

The delegate of Cuba had asked for clarification on paragraph 63 of the Ad Hoc Committee's report. There was possibly some editorial misunderstanding, but that paragraph was a preamble to the activities in the African Region specified in paragraphs 64-91.

Many delegates had mentioned the importance of good prescribing practices and the need for rational use of drugs. The Action Programme had addressed itself to those issues recently when a working group in Kenya had reviewed training material for essential drugs programmes. The main recommendation had called for improvement in drug utilization and the development of appropriate training/educational material for health workers and consumers, and that was now under way. Numerous academic institutions had been contacted to solicit comments on approaches to introducing curricula on the essential drug concept and rational drug use. Prescribing habits and rational use of drugs were, however, broad and complex issues which required concerted efforts by present and future health workers and consumers.

The delegate of Chile and others had emphasized the importance of TCDC and the subject had been dealt with in the Ad Hoc Committee's report. TCDC activities had also been mentioned by India, Kenya and Lesotho. The subject was an obvious area for increased activities and he assured the Health Assembly that such activities would continue to be supported as required.

The delegates of the Union of Soviet Socialist Republics, Algeria and others had raised the question of financing of drug procurement and dependence on foreign aid. That area was receiving increased attention under the Action Programme and attempts were being made to devise financing schemes at the national, regional and global levels.

Many countries were already addressing the question of cost recovery to ensure continued financing of regular supplies of drugs and vaccines. The Secretariat was encouraging that effort and was willing, together with the World Bank, to give technical assistance for the development of such schemes. The issue of long-term contracts for the procurement of drugs had also been raised, and the delegate of the Gambia had made a very relevant point when he had asked how a poor country could enter into long-term agreements, when it could hardly be assured of foreign exchange for the next quarter's procurement. Long-term contracts, however, could bring drug prices down and the proposed drug procurement fund was intended to address that issue. The proposed capitalization was modest, as pointed out by the delegate of Chile, but he hoped that in the not too distant future it would be possible to establish a much larger credit facility.

Dependence on foreign aid was, regrettably, not unique to drug supplies. An action programme did not require massive capital investment and all developing countries were already used to financing the recurrent drug budget, but many did not get full value for their money. The cost per person per year for essential drugs in primary health care was quite small and savings through improved procurement, reduced wastage and better drug utilization could be translated into savings in the national drug budget or could make more drugs available to more people. One country had demonstrated that a well managed drug supply system was more cost-effective than the system it was replacing. In the long run, countries must pay for their drugs and when foreign exchange problems became a major constraint to ministries of health it was hard to find alternatives to relying on international support.

The Secretariat had been surprised that so few speakers had mentioned the problem of estimating future drug requirements, a question which had been raised continuously over the preceding years. He was pleased to report that field tests had been conducted in a number of countries and WHO was now working with the Ross Institute and the Health Management Institutes in Geneva (Switzerland) and Boston (United States of America) to develop a more precise methodology in that very complicated but important area. He anticipated that that activity would receive funding from the Swiss Development Agency and a group of Swiss pharmaceutical industries.

In conclusion, he said that the Secretariat much appreciated the positive comments which had been made and looked forward to studying them in greater detail. The work of the Action Programme would be actively pursued and he hoped that further resources would be made available. Whatever credit was given to the Action Programme must be shared with all its collaborating partners - country officials, regional advisers, other United Nations agencies, the pharmaceutical industries, consumer groups, nongovernmental agencies, institutions, universities and individuals.

The CHAIRMAN invited the Committee to consider the draft resolution contained in Executive Board resolution EB73.R15.

The draft resolution proposed by the Executive Board in resolution EB73.R15 was approved.

Dr WESTERHOLM (Sweden) introduced a draft resolution on the rational use of drugs, which was a revised version of the draft resolution submitted earlier in the discussion drawn up by the working group set up at the ninth meeting. The revised text took account of amendments proposed by the delegation of India as well as the proposal by the delegation of the Netherlands concerning the review and improvement of machinery within WHO for the dissemination of information on the appropriate use of essential and other drugs. The new text, which was proposed by the delegations of Algeria, Australia, Belgium, Botswana, Denmark, Finland, Ghana, Iceland, India, Kuwait, Mexico, New Zealand, Nigeria, Norway, Panama and Sweden read as follows:

The Thirty-seventh World Health Assembly,

Recalling resolutions WHA24.56 and WHA31.32;

Recognizing the progress achieved in the development of the WHO Action Programme on Essential Drugs, the Organization's programme on drug information and other WHO activities in this field;

Concerned by the high proportion of health budgets spent on drugs in many countries, particularly in developing countries, thereby limiting the remaining funds available for the provision of adequate health care to the whole population through primary health care;

Realizing the problems of inappropriate and excessive prescription and use of drugs;

Aware of the need for further studies, inter alia, in clinical pharmacology, to facilitate the improvement of prescription practices, with regard to effects, adverse reactions and the possible interaction of drugs;

Realizing the need for better knowledge of actual drug consumption and prescription practices;

Aware of the importance of training of health personnel to ensure the appropriate use and prescription of drugs;

Recognizing the importance of unbiased and complete information about drugs to health authorities, physicians, pharmacy staff, other health workers and the general public;

Aware of the need for better information on drug marketing procedures and practices;

Recognizing the achievement of local drug and therapeutic committees established in several Member States;

Noting with satisfaction the growing interest shown by governments, registration authorities, the pharmaceutical industry, patients' and consumers' organizations and health workers in information about and the marketing of drugs;

Convinced of the need for cooperation between all interested parties in order to achieve a more rational use of drugs;

1. URGES Member States:
   (1) to support the development and dissemination of unbiased and complete drug information;
   (2) to collaborate in the exchange of information on the use and marketing of drugs through bilateral or multilateral programmes and WHO;
   (3) to strengthen the national capabilities of developing countries in the selection and proper use of drugs to meet their real needs and in local production and quality control, wherever feasible, of drugs;
   (4) to intensify action to introduce and implement comprehensive and rational drug policies;

2. REQUESTS the Director-General:
   (1) to continue to develop activities at national, regional and global levels aiming at the improvement of use of drugs and of prescription practices and the provision of unbiased and complete information about drugs to the health profession and the public;
   (2) (a) to foster the exchange of information among Member States on drugs including registration and marketing practices;
   (b) to review the machinery within WHO concerning the dissemination of unbiased information relevant to the appropriate use of essential and other drugs; and to introduce appropriate improvements therein;

(3) to convene, in 1985, a meeting of experts of the concerned parties, including governments, pharmaceutical industries, patients' and consumers' organizations to discuss the means and methods to ensure rational use of drugs, in particular through improved knowledge and flow of information and to discuss the role of marketing practices in this respect, especially in developing countries;
(4) to submit a report on the results of the meeting of experts and the implementation of this resolution to the Thirty-ninth World Health Assembly.

Concerning the financial implications of the meeting of experts referred to in operative paragraph 2(3), she repeated the offer made earlier on behalf of the Swedish Government; Sweden would be happy to be one of the co-sponsors of such a meeting.

Mr SAMSON (Netherlands) recalled that his delegation had proposed an amendment involving the deletion of operative paragraph 2(3) of the original draft resolution and its replacement not only by a provision concerning the review of WHO machinery for the dissemination of objective information on the use of essential and other drugs, but also by a request to the Director-General "to arrange, as soon as possible, for the inclusion on the agenda of a forthcoming meeting of the International Conference of Drug Regulatory Authorities of a review of the effectiveness of the IFPMA Code for the marketing of pharmaceutical products and of its application in the Member States, taking into account the views of interested parties, including consumer organizations and the pharmaceutical industry, and to submit a report for consideration by the Executive Board." That proposal had been drawn up in consultation and agreement with the Member States of the European Economic Community and the United States of America. He repeated his earlier comment on the highly sensitive nature of the subject-matter alluded to in operative paragraph 2(3) of the original draft resolution.

The Health Assembly could not avoid facing up to the issue of unethical marketing practices for pharmaceutical products. The Ad Hoc Committee of the Executive Board had discussed that problem in its report, and the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) had explained the steps that it had taken to combat such practices. The problem was a persistent one that needed close attention at both national and international levels. In his opinion, neither the original draft resolution nor the revised text dealt with the issue adequately. Not only was much already known about marketing practices; he would submit that the subject had little to do with the proposed discussion on means and methods for increasing the knowledge of the proper use of drugs, especially in developing countries. He continued to question the need to convene a meeting of experts for that purpose, in the manner proposed. Apart from the fact that it would not address itself properly to the issue of a code of marketing practices, a single meeting that was not at government level - though it might enjoy wide publicity because of its controversial aspects - was unlikely to have any meaningful follow-up.

The delegate of Mali had questioned the proposed amended wording of paragraph 2(3), and had implied that it might be inspired by a wish to protect industry interests. That had certainly not been the case. He wished to make it absolutely clear that the delegation of the Netherlands had no quarrel with the sponsors of the original draft resolution concerning the strategy expressed with regard to the solution of the problem of unethical sales practices for pharmaceutical products. The question was one of tactics. It accepted that the IFPMA Code alone could not solve that problem, and that other measures, at the national and international levels alike, were necessary. It believed that discussion on such measures should be pursued within the WHO framework, together with issues indicated by the Ad Hoc Committee on Drug Policies. The subject matter of the Code was a matter of urgency but the convening of an expert meeting was not the best way to handle that issue. The IFPMA Code should be recognized as a sincere effort on the part of its member industries and, where appropriate, countries should contribute to its implementation. That Code existed already, whereas the WHO code did not. Indeed, it would take many years for a WHO code to be developed and for it to be implemented at national level through appropriate legislation.

The question was not one of choosing between the IFPMA Code and an eventual WHO Code. What was required was a whole range of measures; he would submit that, for the time being, public interest was best served by monitoring the application of the existing IFPMA Code, by industry, in the Member States. Its introduction would provide an opportunity for exerting formal or informal pressures to apply or improve it. Recognition and evidence of its inadequacies would indicate to the Health Assembly what measures needed to be taken.

The amendment proposed by the delegation of the Netherlands to paragraph 2(3) of the original draft resolution set up machinery for the development of a balanced judgement at the global level. By entrusting that mission to the International Conference of Drug Regulatory

Authorities, the aim was to allow government representatives in the field of drug control to oversee the application of the Code in their own countries and to report their findings to the Conference, thus producing a global and independent assessment of the functioning of the Code. The findings could then be reported by the Director-General to the Executive Board. The Executive Board's Ad Hoc Committee on Drug Policies could review the report and present appropriate recommendations to the Health Assembly for adoption. The Health Assembly could thus keep the matter under continuous review without wasting too much time on the matter. In view of the facts that ICDRA Conferences were organized by WHO, that their agenda was determined by an advisory committee whose composition was controlled by WHO, and that their published proceedings carried the WHO emblem, they could realistically be considered as a WHO activity. They were held on a secure biennial basis and financing was available for their continuation.

That being said, he acknowledged that the replies by the Secretariat to a number of important questions raised during the debate had gone some way to removing his initial concerns. It was his understanding that if the draft resolution before the Committee were adopted by the Health Assembly, the Director-General would ask for guidance from the Executive Board, in particular concerning the organization of the meeting of experts. He trusted that consultation between the Director-General and the Board would also point the way to global approaches to a more structured solution for combating unethical marketing practices, and take account of his own suggestions in that connection. He was content to rely on the wisdom of the Executive Board. He had listened attentively to the comments by the delegate of Sweden at the previous meeting with regard to the various amendments proposed to the original draft resolution, including those by the delegation of the Netherlands, and accepted the revised version of the first part of his proposal. As far as the second part was concerned, the explanations provided by the Swedish delegate, together with those by Dr Cohen with regard to the implementation of operative paragraph 2(3) of the draft resolution as now submitted, did not entirely dispel his misgivings, but they relieved him of the necessity to call for a separate vote, and removed the obstacles to his delegation's support for the text as a whole. It would withdraw its proposals, and vote accordingly in favour of the draft resolution.

The CHAIRMAN said that, since the delegate of the Netherlands had signified the withdrawal of his amendment, the Committee need only consider the revised version of the draft resolution as presented by the delegate of Sweden. He asked whether there was any objection to its adoption.

Dr NIGHTINGALE (United States of America) stated that his delegation, which agreed with many of the comments in the preamble of the draft resolution, and could have supported the compromise text put forward by the Netherlands delegation, regretted that no consensus now appeared possible. Dr Cohen had made it very clear that the convening of a meeting of experts, which the United States delegation saw as the central element of the draft resolution, would be costly, complicated and disruptive of the work of the Action Programme on Essential Drugs and WHO's other activities. For these and other reasons previously expressed, his delegation could not support the convening of that meeting, and would be obliged to vote against the draft resolution.

Dr FLOURY (France) stated that his delegation had supported the amendment submitted by the Netherlands but acknowledged its withdrawal. Furthermore, it entirely shared the concern of the Secretariat regarding the difficulties of convening a meeting of the type proposed. The number of interested parties involved would be considerable, and the question of who would represent the "non-consumers", i.e. those without any access whatever to pharmaceutical products, was indeed most pertinent.

His delegation nevertheless placed its full confidence in the Director-General with regard to the organization of the proposed meeting and believed that the Executive Board Ad Hoc Committee on Drug Policies should meet in order to establish the agenda and list of participants, the aim being to hold its conference within existing frameworks and more specifically under the auspices of the drug regulatory authorities.

The CHAIRMAN put to the vote the revised draft resolution.

The draft resolution was approved by 100 votes to 1, with 2 abstentions.

3. FOURTH REPORT OF COMMITTEE A (Document A36/39)

Mrs MAKHWADE (Botswana), Rapporteur, read out the draft fourth report of the Committee.

The report was adopted.

4. CLOSURE

After the customary exchange of courtesies, the CHAIRMAN declared the work of the Committee completed.

The meeting rose at 10h25.

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