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FORTIETH WORLD HEALTH ASSEMBLY — 7 May 1987

QUARANTIEME ASSEMBLEE MONDIALE DE LA SANTE — 7 mai 1987

СОРОКОВАЯ СЕССИЯ ВСЕМИРНОЙ АССАМБЛЕИ ЗДРАВООХРАНЕНИЯ — 7 мая 1987 г.

40ª ASAMBLEA MUNDIAL DE LA SALUD — 7 de mayo de 1987

جمعية الصحة العالمية الأربعون — ٧ أيار/ مايو ١٩٨٧

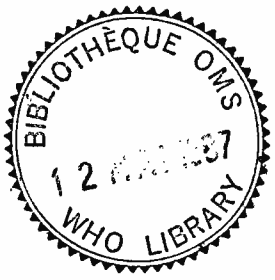
第四十届世界卫生大会 — 1987年5月7日

PROVISIONAL VERBATIM RECORD OF THE
SEVENTH PLENARY MEETING
Thursday, 7 May 1987, at 9h05
Palais des Nations, Geneva
President: Dr J. VAN LONDEN (Netherlands)
later Acting President: Mr T. BENCHEIKH (Morocco)

COMPTE RENDU IN EXTENSO PROVISOIRE
DE LA SEPTIEME SEANCE PLENIERE
Jeudi, 7 mai 1987, 9h05
Palais des Nations, Genève
Président : Dr J. VAN LONDEN (Pays-Bas)
puis Président par intérim : M. T. BENCHEIKH (Maroc)

ПРЕДВАРИТЕЛЬНАЯ СТЕНОГРАММА СЕДЬМОГО
ПЛЕНАРНОГО ЗАСЕДАНИЯ
Четверг, 7 мая 1987 г., 9 ч. 05 м.
Дворец Наций, Женева
Председатель: д-р J. van LONDEN (Нидерланды)
позднее и.о. Председателя : г-н T. BENCHEIKH (Марокко)

ACTA TAQUIGRAFICA PROVISIONAL
DE LA SEPTIMA SESION PLENARIA
Jueves, 7 de mayo de 1987 a las 9.05 horas
Palais des Nations, Ginebra
Presidente: Dr J. VAN LONDEN (Países Bajos)
después, Presidente interino: Sr. T. BENCHEIKH (Marruecos)




محضر حرفي موقت

للجلسة العامة السابعة

الخميس ٧ أيار/مايو ١٩٨٧ ، الساعة ٩٫٠٥ صباحا

قصر الأمم ، جنيف

الرئيس : الدكتور ج. فان لوندن (هولندا)

ثم فيما بعد نائب الرئيس السيد الطيب بن الشيخ (المغرب)

第七次全体会议

发言临时逐字记录

1987年5月7日(星期四)9:05时

日内瓦 万国宫

主席：J·范·朗登博士(荷兰)

尔后，代理主席：T·本切奇先生(摩洛哥)

Note: In this provisional verbatim record speeches delivered in Arabic, Chinese, English, French, Russian or Spanish are reproduced in the language used by the speaker; speeches delivered in other languages are given in the English or French interpretation. The final verbatim records will subsequently be issued in separate English, French, Russian and Spanish versions.

This record is regarded as provisional because the texts of speeches have not yet been approved by the speakers. Corrections for inclusion in the final version should be handed in to the Conference Officer or sent to the Records Service (Room 4013, WHO headquarters), in writing, before the end of the session. Alternatively, they may be forwarded to Chief, Office of Publications, World Health Organization, 1211 Geneva 27, Switzerland before 1 July 1987.

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ملاحظة : في هذا المحضر الحرفي المؤقت تسجل الكلمات التي تلقى بالأسبانية أو الانجليزية أو الروسية أو الصينية أو العربية أو الفرنسية بنفس اللغة التي يستخدمها المتحدث • أما الكلمات التي تلقى بلغات أخرى فان هذا المحضر يورد ترجمتها الانجليزية أو الفرنسية • وسوف تصدر المحاضر الحرفية النهائية فيما بعد باللغات الأسبانية والانجليزية والروسية والفرنسية كل على حدة •

ويعتبر هذا المحضر مؤقتا نظرا لأن نصوص الكلمات لم تعتمد بعد من السادة المتحدثين• وتسلّم التصويبات المراد ادخالها في النص النهائي الى المسؤول عن خدمة المؤتمر أو ترسل كتابة الى دائرة المحاضر ( الغرفة ٤٠١٣ بالمقر الرئيسي للمنظمة ) قبل نهاية الدورة • وفي الامكان أيضا أن ترسل الى رئيس قسم المنشورات ، بمنظمة الصحة العالمية ، ١٢١١ جنيف ٢٧ ، سويسرا ، وذلك قبل ١ تموز/يوليو ١٩٨٧•

说明：

凡是阿拉伯文、中文、英文、法文、俄文或西班牙文的发言，将以发言人所用的语种在本临时逐字记录中刊印；其他语种的发言，将以其英文或法文的译文刊印。最后的逐字记录将随后分别用英文、法文、俄文和西班牙文出版。

本记录属临时性质，因为发言稿的文本未经发言人审阅。需要列入最后文本的修改，应在本届会议结束以前书面提交会务官员或送记录办公室（世界卫生组织总部*4013*室），或者在一九八七年七月一日以前寄给瑞士*1211*日内瓦*27*，世界卫生组织出版办公室负责人。

## CONTENTS



## SOMMAIRE



## СОДЕРЖАНИЕ



## INDICE

## المحتويات

الصفحة



## 目　　录

页　数

1. ANNOUNCEMENT
COMMUNICATION
ОБЪЯВЛЕНИЕ
COMUNICACION
تبليغ

通知

The PRESIDENT:

The Assembly is called to order.

I wish first to make an important announcement concerning the annual election of Members entitled to designate a person to serve on the Executive Board. Rule 101 of the Rules of Procedure reads:

> At the commencement of each regular session of the Health Assembly the President shall request Members desirous of putting forward suggestions regarding the annual election of those Members to be entitled to designate a person to serve on the Board to place their suggestions before the General committee. Such suggestions shall reach the Chairman of the General Committee not later than forty-eight hours after the President has made the announcement in accordance with this Rule.

I therefore invite delegates wishing to put forward suggestions concerning these elections to do so not later than Monday morning, 11 May, at 10h00, in order to enable the General Committee to meet the same day, at 17h00, to draw up its recommendations to the Assembly regarding these elections. Suggestions should be handed to the Assistant to the Secretary of the Assembly.

2. DEBATE ON THE REPORTS OF THE EXECUTIVE BOARD ON ITS SEVENTY-EIGHTH AND SEVENTY-NINTH SESSIONS AND ON THE REPORT OF THE DIRECTOR-GENERAL ON THE WORK OF WHO IN 1986
DEBAT SUR LES RAPPORTS DU CONSEIL EXECUTIF SUR SES SOIXANTE-DIX-HUITIEME ET SOIXANTE-DIX-NEUVIEME SESSIONS ET SUR LE RAPPORT DU DIRECTEUR GENERAL SUR L'ACTIVITE DE L'OMS EN 1986
ПРЕНИЯ ПО ДОКЛАДУ ИСПОЛНИТЕЛЬНОГО КОМИТЕТА О РАБОТ[redacted]ЕСЯТ ВОСЬМОЙ И СЕМЬДЕСЯТ ДЕВЯТОЙ СЕССИЙ И ОТЧЕТУ ГЕНЕРАЛЬНОГО ДИРЕКТОРА О РАБОТЕ ВОЗ [illegible]6 г.
DEBATE ACERCA DE LOS INFORMES DEL CONSEJO EJECUTIVO SOBRE SUS 78[a] Y 79[a] REUNIONES Y DEL INFORME DEL DIRECTOR GENERAL SOBRE LAS ACTIVIDADES DE LA OMS EN 1986
مناقشة حول تقريري المجلس التنفيذي عن دورتيه الثامنة والسبعين والتاسعة والسبعين وحول تقرير المدير العام عن أعمال منظمة الصحة العالمية في عام ١٩٨٦

就执行委员会第七十八届和第七十九届会议的报告及总干事所作世界卫生组织一九八六年工作的报告进行讨论

The PRESIDENT:

As announced yesterday afternoon, I shall now close the list of speakers and I shall ask Dr Lambo, Deputy Director-General, to read out to you the list of the remaining speakers. Dr Lambo, you have the floor, Sir.

The DEPUTY DIRECTOR-GENERAL:

Thank you very much, Mr President. The list of speakers as of Thursday, 7 May, contains the following names: Maldives, Paraguay, Mongolia, Ethiopia, Yugoslavia, Indonesia, Angola, Uganda, Ecuador, Loa People's Democratic Republic, Ghana, Rwanda, Uruguay, Mozambique, Botswana, France, India, New Zealand, Italy, Democratic Kampuchea, Honduras, Gambia, Zaire, Mauritania, Afghanistan, Holy See, Venezuela, Libyan Arab Jamahiriya, Mauritius, Australia, Albania, Peru, Suriname, Palestine Liberation Organization, Kenya, Malawi, Pakistan, Organization of African Unity, Sierra Leone, Kuwait, Cook Islands, Council for Mutual Economic Assistance, Seychelles, Iceland, Equatorial Guinea, Namibia, United Republic of Tanzania, Jordan, Somalia, Swaziland, Denmark, Lebanon, Saudi Arabia, African National Congress.

The PRESIDENT:

Thank you, Dr Lambo. Are there any additions to this list? If not, with the agreement of this Assembly I shall declare the list of speakers closed.

We shall now continue the debate on items 11 and 12, and I call to the rostrum the first two speakers on my list, the delegates of Maldives and of Paraguay. As you know, we have this debate up till shortly before 11h00; at 11h00 we will have the ceremony, and I hope that you will all be here. I now give the floor to the delegate of Maldives.

Mr JAMEEL (Maldives):

Mr President, Director-General of the World Health Organization, Dr Mahler, Vice-Presidents, distinguished delegates, ladies and gentlemen, permit me first of all to congratulate you, Mr President, on your election to the distinguished office of the President of the Fortieth World Health Assembly and to wish you all success in your efforts to bring the deliberations of the Assembly to a successful end. Also, I convey sincere congratulations to the Vice-Presidents.

I listened to the speech of our Director-General with great interest. Numerous quotations from Shakespeare's "Hamlet" in his speech particularly the quotation "I must be cruel only to be kind", are not to be taken lightly. No doubt, all kinds of warning bells kept on ringing throughout his presentation. I thank the Director-General for his excellent and timely report.

Next year we will be celebrating the fortieth anniversary of WHO, and the tenth anniversary of the historic Alma-Ata Conference. Only 13 years remain before the deadline for health for all. And yet even the very concepts of "primary health care" and "health for all by the year 2000" seem to be not clearly understood by many prominent leaders throughout the world.

It was last year at this rostrum that I spoke at length of a high-level national seminar that we held in the Maldives in April 1986. Today, I am very delighted to say that the achievements of the seminar are sustaining; the new realization by all the sectors that their goals are the same as those of the health sector, namely human development and the improvement of the quality of life, and that by cooperating with each other not only the precious resources could be saved, but the goals could be attained much earlier.

This Fortieth World Health Assembly is a momentous one, which will influence the future of our Organization. In this session we have been dealing with the programme budget for 1988-1989 in the light of the present financial crisis and other crucial subjects considered by the Executive Board. Indeed, financial resources alone are not the only element that makes our progress successful. Besides this, determination is very important.

The Maldives, with all the constraints and limited resources, is making every effort to deliver health services to the population of 189 000 people inhabiting 200 tiny islands scattered over a relatively vast area of the Indian Ocean. It is precisely because of these geographical peculiarities that we have to adopt a mobile team approach as a pilot project with the assistance of UNICEF. The achievements are satisfying, not least of which is the high immunization coverage in the catchment areas: BCG - 98%; diphtheria/pertussis/tetanus, three doses - 70%; poliomyelitis, three doses - 68%; measles - 60%. However, this approach cannot be applied to the entire country, due to the high operational cost of these teams. Neither was this the intention. To improve the quality of life of our people, and to have a productive and healthy population, we started our child-spacing programme about two years ago. The programme is gaining acceptance among the public in general and the policy-makers in particular. It is our desire to improve the welfare of our people.

At the end of this year, Maldives' first three-year national plan for development will be over, and now we are in the process of drafting the second three-year plan. In the new plan we will clearly identify new objectives to intensify health activities to achieve our cherished goal of health for all by the year 2000, and to develop a more self-sustaining health infrastructure with our limited resources. We are studying the possibilities of formulating policies regarding smoking within the premises of government ministries and departments, without provoking the smokers. Health education has been intensified in this line to make the public more aware of the danger of smoking. The Maldives is making the final preparations to proclaim the eradication of malaria from the country. No doubt, all distinctions for this achievement go to WHO. Indeed, it is WHO that supported all our activities in the eradication of malaria. Our process of strengthening the health managerial system and decentralization of health services is gaining momentum. We envisage that we shall be able to achieve our objectives very soon.

There is much to be done and few resources to do it. Being one of the least developed countries, we are faced with several constraints such as shortage of trained manpower, transport and logistic problems and so on. Our efforts to develop manpower, the heart of all our difficulties are exhausting. The demand for human resources from all sectors is increasing day by day. We are extremely grateful to WHO for its constant contributions to our country's health development, both in terms of expertise and material assistance. In our minds there is no question about the usefulness of the role that this noble Organization plays. On the contrary, we would like to pay a glowing tribute to this most democratic and humane institution, which has a long and colourful list of achievements to its credit. I would also like to place on record our deep appreciation of the efforts of our Director-General to make our cherished goal of health for all by the year 2000 a reality and our world a better place to live in for everyone.

Dr. GODOY JIMENEZ (Paraguay):

Señor Presidente, señor Director General, señores Vicepresidentes, señores miembros de la Mesa, excelentísimos señores, señores delegados, señoras y señores. La delegación del Paraguay felicita al señor Presidente de la 40ª Asamblea Mundial de la Salud, por la muy acertada determinación que recayera en su ilustre persona. Igual sentimiento nos embarga y transmito para todos los miembros de la Mesa de esta importante reunión internacional. Señor Director General: Sus expresiones nos han conmovido profundamente, cuando usted en una brillante pieza oratoria se ha dirigido a este cónclave internacional, exponiendo con claridad, con mesura y hasta con valentía, tópicos muy importantes para la vida de este Organismo Internacional. Le felicito por estas expresiones en nombre de la delegación del Paraguay.

Aplicación de la estrategia de salud para todos en el Paraguay y repercusión de la situación económica mundial. Objetivos: el objetivo principal del plan nacional de salud vigente en el Paraguay es extender aceleradamente la cobertura de los servicios de salud hasta alcanzar toda la población en el año 2000, especialmente a las más vulnerables como la subatendida y las de escasos recursos (tales como madres, niños, poblaciones rurales y suburbanas), a fin de que todos los ciudadanos alcancen un grado de salud y bienestar que les permitan llevar una vida social y económicamente productiva.

Para alcanzar el objetivo de salud para todos, la principal estrategia seleccionada es la atención primaria de salud, entendida ésta como cambio significativo de la línea de acción tradicional, incluyendo transformaciones orientadas a movilizar los recursos potenciales y a mejorar su utilización, su eficiencia y su eficacia.

Principales líneas de acción: su objetivo es desarrollar y mantener en funcionamiento una amplia red de servicios de salud, escalonada por niveles de complejidad e interrelacionada funcionalmente, a fin de cubrir todo el territorio nacional y ser accesible a toda la población, especialmente a las más expuestas a los riesgos de enfermar y morir. Para lograr este objetivo se está procediendo a construir, equipar y asignar el personal a los siguientes servicios: hospitales especializados de referencia en el área metropolitana de Asunción y sus alrededores; centros de salud regionales en las cabeceras de las regiones sanitarias, en total doce, que en general tienen poblaciones superiores a 20 000 habitantes; centros de salud departamentales y distritales, en localidades de 2000 a 20 000 habitantes; y puestos de salud en comunidades rurales de menos de 2000 habitantes, alcanzando la cifra un total de 290 unidades. Esta creciente red de establecimientos de salud se complementa con el servicio de promotores de salud y colaboradores voluntarios que prestan sus servicios en pequeñas comunidades periurbanas y rurales de menos de 500 habitantes, como también en las poblaciones rurales dispersas, con el propósito de ampliar la cobertura sanitaria del país.

Desarrollo de los servicios de saneamiento ambiental: su objetivo principal es extender aceleradamente los servicios de saneamiento a la población, especialmente mediante la construcción de sistemas de abastecimiento de agua potable, disposición sanitaria de excretas, recolección de basuras, construcción de núcleos sanitarios con duchas e inodoros, tanques sépticos, lavatorios y piletas para el lavado de ropas. Actualmente 115 localidades cuentan con suministros de agua potable, 41 localidades se hallan con proyectos en ejecución y 130 adicionales próximamente a iniciarse. En cuanto al alcantarillado sanitario, actualmente las principales ciudades cuentan con este servicio y las demás disponen de tanques sépticos y letrinas sanitarias.

Desarrollo de los recursos humanos: el objetivo es capacitar y actualizar el personal requerido para hacer funcionar eficientemente la red de servicios de salud y del saneamiento ambiental, que se halla en proceso acelerado de expansión. Entre los principales logros se pueden mencionar la realización del Centro Nacional de Recursos Humanos en Salud, el establecimiento de un sistema de registro de profesionales y técnicos en el campo de la salud, el inicio de la construcción del Centro de Capacitación de Personal Técnico y Auxiliar en Salud, la puesta en marcha de un Centro de Documentación Científica y Tecnológica para la actualización de personal, y otros importantes aspectos.

El desarrollo institucional y aumento de la capacidad operativa: el objetivo ha sido mejorar la eficiencia, la eficacia, la equidad y la utilización de la red de servicios de salud, mediante el mejoramiento de los sistemas y procedimientos técnicos y administrativos. Entre las principales acciones realizadas para los propósitos enunciados, se menciona lo siguiente: formulación de un plan nacional de salud; formulación de programas y normas técnicas que sirven para transformar las orientaciones del plan de acciones concretas; diseño y establecimiento de un sistema de supervisión dirigido a motivar, a orientar y a capacitar al personal para mejorar el desarrollo del plan; mejoramiento progresivo del sistema de información; mejoramiento del sistema de abastecimiento de medicamentos básicos; y mantenimiento de edificaciones, instalaciones y equipos.

Movilización de los recursos potenciales. Coordinación sectorial e intersectorial: el objetivo fundamental es aumentar la utilización de todos los recursos del sector salud, tanto públicos como privados, y ampliar el alcance de las acciones de salud, mediante el trabajo conjunto, con otras instituciones sectoriales y extrasectoriales, especialmente de aquellas que tengan mayor impacto en el mejoramiento del nivel de la salud.

Educación y participación de la comunidad: el objetivo es enriquecer el sistema institucional de servicios de salud mediante el aporte de ideas, recursos y esfuerzos de organismos no gubernamentales y de la comunidad en general tales como la Asociación Rotaria del Paraguay, la Pastoral Social de la Iglesia, las organizaciones de beneficencia, los medios de comunicación colectiva, el Radio Club del Paraguay, los clubes de servicios, las organizaciones políticas, las asociaciones estudiantiles, las comisiones de salud, las juntas de saneamiento, el personal voluntario, las madres de familia y la comunidad en general. Las principales metas de este componente son promover e incrementar la participación activa de la comunidad en el estudio, prevención y solución de los problemas de salud. Entre los principales logros se destaca la amplia movilización de recursos comunitarios que se realiza en todo el país mediante las campañas nacionales de inmunización, a través de la organización de comisiones interinstitucionales a todos los niveles, responsables de la programación, organización, desarrollo y evaluación de las campañas en sus respectivas áreas geográficas. Este modelo de organización que ha permitido coberturas cercanas al 100%, será evaluado e incentivado con la finalidad de extenderlo para la atención de otros programas de salud.

Promoción y coordinación de la cooperación externa: el propósito es complementar y potenciar los recursos nacionales mediante el incremento y la coordinación de la cooperación técnica y económica externa, especialmente la obtenida en condiciones favorables de fuentes, como las agencias de crédito, como el Banco Interamericano de Desarrollo, el Banco Mundial, la Cacex del Brasil, Fomplata, las Agencias Bilaterales de Cooperación de países desarrollados como la Agencia Internacional de Cooperación Japonesa, la Sociedad de Cooperación Técnica Alemana, la Agencia Internacional para el Desarrollo, la Agencia Canadiense para el Desarrollo Internacional, los organismos internacionales del sistema de las Naciones Unidas, como la OPS, el UNICEF, el FNUAP, el PMA, la FAO, la UNCTAD, la UNDRO, el PNUD y organismos no gubernamentales como la Fundación Kellogg, la Asociación Rotaria Internacional, los Amigos de las Américas, la DAHW de Alemania, la Fundación de Servicios de Salud Pública del Brasil, y los países en desarrollo, especialmente del cono sur de América. Los logros alcanzados han sido numerosos, destacándose la construcción de varios establecimientos de salud, la capacitación de personal, la introducción de nuevas tecnologías, suministros de equipo e insumos importantes. Además debe mencionarse que se ha iniciado un proceso de cooperación entre los países del cono sur dentro de un marco de fraternidad y solidaridad, el cual ofrece grandes perspectivas. Gracias a las estrategias mencionadas anteriormente, se están fortaleciendo los servicios para cumplir en forma más adecuada con los programas de atención a las personas, especialmente a las madres y a los niños, así como también con los de prevención y control de enfermedades y de saneamiento ambiental.

Repercusiones de la crisis económica en el desarrollo de los servicios de salud: durante la década de los setenta el comportamiento de la economía se caracterizó por una etapa de auge y la tasa de crecimiento del producto interno bruto se elevó al 10,7% en 1979 y al 11,4% en 1980, siendo el principal factor dinamizador las inversiones de la hidroeléctrica de Itaipú y en menor grado de Yacyretá. El país formuló un ambicioso plan nacional de salud para el periodo 1976 a 1980, el cual ha servido de marco de referencia para numerosos programas y proyectos de desarrollo de la salud. El Gobierno se vio obligado a introducir algunas medidas de ajustes económicos, que dieron prioridad a las inversiones productivas, a costa de los recursos que quedaron disponibles para los programas del sector salud. Como resultado de lo expuesto anteriormente, la crisis económica repercutió desfavorablemente en el presupuesto del Ministerio de Salud Pública y Bienestar Social. A partir del año 1984, se ha iniciado la repercusión económica, obligando al sector salud a movilizar todos los recursos potenciales institucionales, sectoriales, extrasectoriales, no gubernamentales, comunitarios y externos como fue mencionado anteriormente.

Г-н ЦЭРЭННАДМИД (Монголия):
Mr TSERENNADMID (Mongolia):

Г-н Председатель, уважаемые делегаты, дамы и господа, разрешите, прежде всего, поздравить Вас с избранием на почетный пост Председателя Сороковой сессии Всемирной ассамблеи здравоохранения и выразить уверенность в том, что Ваш опыт, знания и активные усилия внесут большой вклад в успешное решение задач, поставленных перед этой сессией. Позвольте также поздравить заместителей Председателя и пожелать им успеха.

Г-н Председатель, Сороковая сессия Всемирной ассамблеи здравоохранения проходит в период активизации борьбы за мир, выдвижения принципиально новых мирных инициатив и атмосфере нового политического мышления.

На повестку дня этой сессии вносится доклад Генерального директора ВОЗ о вкладе Организации в проведение Международного года мира, а также доклад "Последствия ядерной войны для здоровья населения и служб здравоохранения". Эти документы представляют собой ценный вклад нашей Организации в борьбу за укрепление мира и устранение угрозы ядерной войны. Они вновь свидетельствуют о том, что борьба за обеспечение здоровья является неотъемлемой частью борьбы за мир, за разоружение. В этой связи следует отметить, что Советская программа поэтапной полной ликвидации ядерного и других видов оружия массового уничтожения до конца нынешнего столетия, совместное предложение социалистических стран о создании всеобъемлющей системы международного мира и безопасности, выдвинутое на Сорок первой сессии Генеральной Ассамблеи ООН, ставят в практическую плоскость проблему избавления человечества от ядерной угрозы, обеспечения равной для всех безопасности и тем самым задачу достижения здоровья для всех к 2000 году.

Г-н Председатель, за прошедший год наша страна достигла определенных успехов в укреплении здоровья и повышения уровня благосостояния народа. Охват диспансеризацией увеличился на 5% по сравнению с прошлым годом, и на сегодняшний день 60% всего населения прошли профилактический осмотр, включая необходимые лабораторные исследования. В начале нынешнего года было проведено широкое обсуждение на тему: здоровье - общественное богатство, с привлечением представителей различных секторов народного хозяйства. Также совместно с государственными, общественными, кооперативными организациями была разработана интегрированная программа по улучшению здоровья населения и профилактике болезней. Наряду с этим, в сотрудничестве с соответствующими медицинскими институтами Советского Союза разрабатывается комплексная целевая программа охраны материнства и детства до 2000 года. Монголия также успешно сотрудничает в области охраны здоровья с другими социалистическими странами в рамках Совета Экономической Взаимопомощи. Эти долгосрочные программы являются важными мероприятиями по достижению цели "здоровье для всех к 2000 году" и по определению уровня здоровья будущего поколения.

На сегодняшний день прирост населения МНР составляет 3%. На 10 000 человек приходится 25 врачей, 79 - среднего медицинского персонала, 111 больничных коек. Неуклонно снижается смертность и заболеваемость. За прошедший год общая заболеваемость инфекционными болезнями снизилась на 10,1%, в частности заболевание коклюшем на 84,4%, корью на 78,6%, вирусным гепатитом на 12,2%, а полиомиелит, в принципе, можно считать ликвидированным.

Смертность детей до трех лет снизилась на 31%. Эти достижения стали возможными благодаря осуществлению политики развития первичной медико-санитарной помощи, мероприятий, предпринятых по обеспечению всего населения необходимой медицинской помощью и службами здравоохранения. В связи с этим мне приятно отметить, что проекты ВОЗ, в частности проект первичной медико-санитарной помощи, реализуемый в Хубсугульском аймаке нашей страны, сыграли немаловажную роль.

Г-н Председатель, Всемирная организация здравоохранения за отчетный период провела многостороннюю активную работу, которая внесла определенный вклад в развитие служб здравоохранения стран - членов Организации, в укрепление медицинской помощи, предоставляемой населению, в осуществление задач стратегии "здоровье для всех к 2000 г." Роль этой Организации в решении актуальных проблем, стоящих перед государствами-членами, и, в частности, перед развивающимися странами, велика. Однако компетентность , потенциал Организации во многом зависят от того, как государства-члены относятся к ней и, в частности, как они принимают и осуществляют решения Организации, принятые коллективно. Некоторые очень важные мероприятия, намеченные на 1986-1987 гг и одобренные Ассамблеей, не были реализованы из-за финансовых трудностей. В связи с этим интересы стран - членов ВОЗ требуют, чтобы государства, в частности страны с наиболее высоким процентом задолженности в бюджете ВОЗ, являющейся основной причиной финансового кризиса Организации, должны сделать соответствующие выводы.

Г-н Председатель, в XX веке в нашем распоряжении имеется огромный потенциал для борьбы с любой болезнью. Также постоянно увеличивается возможность коллективных действий на основе согласованных решений и творческого использования достижений современной науки и техники. Одной из наболевших проблем, решение которой требует безотлагательной мобилизации имеющихся у нас возможностей и объединения наших усилий, является СПИД. Делегация МНР с удовлетворением отмечает

и одобряет все меры, предпринятые ВОЗ по борьбе со СПИД. С учетом угрожающего характера этой болезни в настоящее время возникает острая необходимость создания определенного механизма по борьбе со СПИД как в штаб-квартире, так и в региональных бюро ВОЗ, дальнейшей мобилизации ресурсов, активизации предпринимаемых шагов и срочного проведения координации всех необходимых организационных мер. Наша делегация считает, что при необходимости нужно финансировать мероприятия по решению этой проблемы из фондов, предназначенных для осуществления других проектов, которые длятся много лет без ощутимых результатов. Требуется также серьезное внимание уделить со стороны ВОЗ тому факту, что в ряде стран, в особенности в странах Азии и Африки, остро ощущается недостаток в контроле, диагностике и эпидемиологическом изучении СПИД.

Из докладов и информации, представленных делегациям, видно, что Генеральный директор провел глубокий анализ деятельности Организации, предпринял немало усилий в стремлении реалистично оценить достижения и трудности в работе ВОЗ. В связи с этим обращает на себя внимание тот факт, что резолюция WHA 33/17, постановляющая, что мероприятия, финансируемые ВОЗ, должны соответствовать политике Организаций, реализуется далеко не полностью. Хотя общая политика ВОЗ не в состоянии отразить в себе все национальные стратегии здравоохранения, содержащие все особенности социально-экономического развития государств-членов, в том числе и здравоохранения, однако, национальные стратегии развития здравоохранения не должны оставаться вне общих целей стратегии "здоровье для всех к 2000 г." и основных принципов ее осуществления. Поэтому чрезвычайно важно, чтобы со стороны ВОЗ, а также со стороны государств-членов уделялось еще больше внимания этому вопросу и предпринимались совместные усилия.

Г-н Председатель, 2000 г. постепенно, но неуклонно приближается. Сокращается срок, к которому ВОЗ, страны-члены должны отчитаться перед поколением XXI века об осуществлении колективно принятых решений по обеспечению "здоровья для всех к 2000 г." Этот сравнительно небольшой срок требует, чтобы мы еще больше сблизились, объединили свои усилия, лучше поняли друг друга и направили все свои действия и ресурсы, а также использовали научно-технические достижения именно на меры по улучшению здоровья и повышению уровня благосостояния народа. И самым необходимым и чрезвычайно важным условием для достижения намеченной к 2000 г. цели является стабильный мир на земле. Поэтому ВОЗ, мы, врачи и работники здравоохранения - представители самой гуманной профессии, должны полностью осознать, что борьба за мир - это неотъемлемая составная часть борьбы за жизнь, за здоровье.

Mr T. Bencheikh (Morocco), Vice-President, took the presidential chair.
M. T. Bencheikh (Maroc), Vice-Président, assume la présidence.
Г-н T. Bencheikh (Марокко), заместитель Председателя, занимает председательское место.
El Sr. T. Bencheikh (Marruecos), Vicepresidente, asume la presidencia.
السيد الطيب بن الشيخ ( المغرب ) ، نائب الرئيس يتولى الرئاسة .

付主席 T·本切奇先生代行主席职位。

Dr TSEHAI (Ethiopia):

On behalf of the Ethiopian delegation to the Fortieth World Health Assembly and on my own behalf I sincerely congratulate the President, the Vice-Presidents and other officers on their election to the high offices of this Assembly. It is also my pleasure to congratulate the Director-General on his most remarkable and informative report on the work of WHO in 1986, and progress report on the Global Strategy for Health for All by the Year 2000.

Mr President, the adverse effect of the widespread economic crisis on socioeconomic development prospects in a large majority of developing countries is still a matter of great concern to all of us, and calls for intensifying looking for new ways to mobilize resources for health, including more active involvement of communities and nongovernmental organizations, as clearly indicated in the Director-General's report.

Although it is very gratifying to see Member countries including my own country taking full advantage of the evaluation results of the health-for-all strategy undertaken in 1985-1986 in the pursuit of reorientation and strengthening their health development efforts, it is also discouraging to see that the economic issues have continued to command most of the attention of Member countries. This situation, indeed, has affected the health budgets of many countries at a crucial time when additional resources are required to build and sustain national health systems to meet the priority needs of all people and eventually reach the social goal of health for all by the year 2000.

However, it is encouraging to note that the subject for the Technical Discussions at the Fortieth World Health Assembly is "Economic support for national health-for-all strategies". The obvious sources for resources, government, community and foreign assistance, for health development are to be looked at very carefully. The problem is not only the non-availability

of economic resources, but the lack of a proper approach to mobilize available resources coupled with inappropriate management in the utilization of those resources. Such and other problems should be discussed thoroughly during the Technical Discussions to come up with workable recommendations. Otherwise, no matter how good the strategies we formulate to implement health for all by the year 2000, it will remain a plan on paper.

One other important issue to be discussed during this Assembly is the proposed programme budget for 1988-1989. I believe that the overall distribution of funds between the various programmes was not made arbitrarily but based on the priorities indicated by the Member countries. However, it is not difficult to observe that certain programmes have suffered a decrease and this must alert Member countries and the World Health Organization to increase their efforts to solicit more extrabudgetary resources.

I will now briefly share my country's experience in the implementation of primary health care. In Ethiopia, strengthening management at the district level has become one of the preoccupations to pave the way for the successful implementation of primary health care. It is believed that district health systems can provide a good opportunity for people to become actively and genuinely involved in managing their own health, because the size of the system is within their reach and they can monitor for themselves what is going as expected and what is not and they are close enough to those who provide them with technical assistance to influence their decisions. With this background as a take-off point Ethiopia has started to train physician district managers for two years. The trainees have already completed their theoretical training and are now assigned to various districts to do their field practice. It is planned that the trainees will go back to the same districts after completion of their training.

It is to be recalled that Ethiopia was hit by recurrent drought and famine which cost the country human lives, livestock and other resources. In order not to undergo a similar experience, the Ethiopian Workers Party and the Government have taken serious steps to aggressively implement development programmes in the rural areas.

Agricultural development as a spearhead, with irrigation schemes, construction of small dams, resettlement and villagization programmes are being implemented. Such development programmes have obviously positive necessary preventive, promotive and rehabilitative health measures that are instituted as part and parcel of the development programmes. Cognizant of this situation, the Party and the Government assure that health is one of the components of these development schemes. For example, one community health service for about 500 households (or 2000 population); one health station for 10 000 population; and one health centre for 100 000 population, supported by rural hospitals.

The implementation of the essential elements of primary health are also very strictly observed. At the village level there are health committees responsible for mobilization and proper management for health care and implementation of the programmes. Of course, there are committees at the various levels of the administrative structure of the country that are charged with the responsibility of the villagization programme. Similar undertakings are being observed in all agricultural development work including the control of malaria and schistosomiasis.

The year 1986 was declared as African Immunization Year. In Ethiopia, special efforts have been made since then and in 1986 the Government of Socialist Ethiopia organized an event whereby representatives of governmental, nongovernmental and international organizations took part. One other step taken to improve the coverage of the Expanded Programme on Immunization (EPI) is the launching of immunization in 23 districts in 10 administrative regions of the country. EPI, however, is one component of the Accelerated Child Health Programme. The programme is supported by the Italian Government and executed by UNICEF and the Ethiopian Government. This programme is well under way in its implementation. However, the intended acceleration, the desired result, has not been achieved because of low capability and low health conciousness of the people. Despite existing problems, we have intensified our efforts to meet our goals. In view of this the Government of Ethiopia has taken full advantage of this year's World Health Day, the theme of which is "Immunization: a chance for every child". The occasion was celebrated in the presence of the Head of State, Comrade Mengistu Haile Mariam, as well as representatives of international organizations.

Therefore, to confirm the continuity of the programme and to reinitiate the immunization activities, the Revolutionary Leader vaccinated one male and female on this occasion. This, of course, was a strong sign of commitment on the part of the Government, which will ensure the continuity of the programme.

When primary health care was designed the fact recognized was that health resources were accumulated in few urban areas and the need to use these resources optimally was one of the steps to be taken. Such an undertaking would allow technologically and highly organized health facilities to receive referred and serious cases for care. In view of this, in the city of Addis Ababa, health centres were established and strengthened with delineated

catchment areas. The reason for establishing these health centres is to decrease the load on the hospital and at the same time to promote the promotive and rehabilitative function of the health centres.

I am very happy to inform this Assembly that the above important steps are being taken on the eve of the establishment of the Peoples' Democratic Republic of Ethiopia. At this juncture, I would like to extend our appreciation to friendly countries, international agencies and nongovernmental organizations who have still continued to assist us in our combat against the remnant of the devastating drought and famine in our country.

Finally, I would like to conclude my intervention by expressing my gratitude and appreciation for the continuous support given by WHO both at the headquarters and regional level, and other international agencies and Member States to the health service delivery of our country. I would specially like to add our acknowledgement to WHO for their valuable support in the development of district management by participating in the training of district managers and for collaborating in the establishment of the facilities for learning material production for strengthening information, education and communication in our country.

DR OBOCKI (Yugoslavia):

Distinguished delegates, it is indeed a great pleasure for me to congratulate the President and the Vice-Presidents on their election. I am confident that under the President's able chairmanship and with our full support this Assembly will be successful.

The pursuit of solutions to world health problems is a shared responsibility and our common goal, as disease recognizes no boundaries. The results achieved by our Organization so far in promoting health care are encouraging. Nevertheless, we are aware that the implementation of the health-for-all strategy is threatened under the present international political and economic conditions. The economic crisis affecting in particular the developing countries has a negative impact on the social sphere and the implementation of health programmes. In spite of the difficulties faced in this area, the WHO Member States are implementing the agreed programmes with full support of our Organization.

At the same time, the World Health Organization itself faces serious financial difficulties and external pressures in the realization of its programmes. It is precisely in such a situation that we strongly support the efforts of our Organization and of its Director-General to maintain the required level of programmes to the benefit of developing countries. Besides rendering political support to the programmes and activities of the WHO, it is essential that all Member States, and especially most developed ones, should fulfil their financial commitments towards the Organization. Yugoslavia, although experiencing serious economic problems itself, has fully met its financial obligations for the year 1987.

This session of the World Health Assembly is specially important since we are to adopt the proposed programme budget for the period 1988-1989. We endorse the proposals contained in it, and in particular the activities related to health infrastructure development at the district level, the build-up of critical masses of health-for-all leadership, and technical cooperation activities focused on the implementation of national strategies for health for all.

At the same time, we support the Eighth General Programme of Work as a concrete basis for our future activities in the attainment of our goal of health-for-all.

Promotion of technical cooperation among Member States is one of the vital elements for the implementation of the health-for-all strategy, as the Director-General, Dr Mahler, underlined in his address to the Assembly. In this field, Yugoslavia has made its contribution. Over thirty high-level Yugoslav medical institutions and their counterparts both in developed and especially developing countries have established mutual cooperation in different fields. This cooperation is carried out through special projects in the field of health, medical sciences and pharmacy. It is equally developed in primary health care, preventive medicine, treatment of mass noncommunicable diseases, health tourism, medical equipment supply, pharmaceuticals, health planning and economics.

Furthermore, Yugoslavia participates in one of the priority WHO programmes related to the development of health-for-all leadership. In cooperation with the WHO, we have so far organized three international colloquia in Brioni devoted to this important subject. This activity initiated by non-aligned countries and subsequently supported by the Thirty-seventh World Health Assembly has met with a large response worldwide.

All this only reflects the special importance that my country attaches to its cooperation with WHO as a whole and also with the Regional Office for Europe within the medium-term programme for the implementation of regional and national strategies for health for all.

The economic difficulties faced by my country, due to both internal and external circumstances, have not prevented us from pursuing our health development priorities,

especially in the field of primary health care and preventive medicine, health planning and economics, as well as in health system infrastructure development. In this, our main achievement is that the health care system covers the entire population. At the same time, we are directing our efforts at maintaining the achieved level of health care. In addition, new efforts are being made to protect our population against ionizing radiation, acquired immunodeficiency syndrome, drug dependency and other diseases emerging at present. In cooperation with WHO, we have worked out our national programme of measles control and eradication of diarrhoea-related diseases.

In concluding, we would like to point to the importance of marking the fortieth anniversary of our Organization and the tenth anniversary of the Alma-Ata Declaration in the period to come. It will provide us with a valuable opportunity to give a new impetus to activities both within the WHO and at the national level aimed at achieving health for all by the year 2000.

Dr SURJANINGRAT (Indonesia):

Mr President, Mr Director-General, Excellencies, distinguished ladies and gentlemen, on behalf of the Indonesian delegation, I would like to congratulate the President on his election to this exalted post. I would also like to convey my appreciation to the outgoing President and Vice-Presidents of the previous Assembly for conducting the Thirty-ninth World Health Assembly so well. The congratulations and best wishes of the Indonesian delegation go also to the elected Vice-Presidents and the Chairmen, Vice-Chairmen and Rapporteurs of the Committees.

I am particularly pleased with the comprehensive report prepared by the Director-General which is undeniably important to us to take stock of the progress, as well as the constraints, of last year's activities in the health sector, both in our Organization and in the Member Countries. His report's conclusion is indeed exact and convincing, although we have to admit that most of its elements are really disheartening, especially for a large number of developing countries whose financial capabilities in the health sector have severely suffered from the adverse economic situation in the world.

Ten years ago, we committed ourselves collectively to achieving health for all by the year 2000. We are convinced that health is a powerful lever for socioeconomic development. We must make concerted efforts to achieve health for all by the year 2000 through the primary health care approach. Health development must encompass all people, all of us, and it must "reach all of the unreached". We do recognize the important role of community participation as a fundamental element of primary health care. This is particularly true with regard to developing countries, as the appropriate way to accelerate the process of learning, to make the villagers better understand their day-to-day health problems, is to let them play an active role in health and other social welfare activities.

The Indonesian experience of involving the Family Welfare Movement, known in the country as "PKK", a volunteer organization of village women to execute family health package programmes and other related educational activities, has demonstrated its usefulness in bringing down infant mortality and fertility rates. This approach, known as "POSYANDU" or integrated family health-package service post, has obtained recognition not only at a national level but also in WHO and UNICEF circles. "POSYANDU" should be viewed as a platform for the village community to communicate and discuss their health and other related social welfare issues under the technical guidance and supervision of the existing health centres. Its activities are confined mainly to information, education and communication programmes related to immunization, growth monitoring, oral rehydration, maternal and child care and family planning. This is also meant to create self-reliance and self-help with regard to health promotion and simple measures of health prevention, nutrition improvement and health environment. In the field of health manpower development, intensive efforts must be continued to mobilize commitment and support for achieving health for all by the year 2000, especially from various health professionals. Primary health care should not be confined to merely providing health facilities such as health centres and hospitals, but it should also be seen in its broader aspects of economic life of the individual family and the entire community to ensure its commitment to attaining health for all by the year 2000.

The world economic crisis has aggravated national economies of developing countries, draining their limited resources for health and social welfare. This had made us look at our available resources more closely with a view to using them more efficiently and effectively. It requires improvement in health management at the intermediate and lower levels with regard to more effective health planning and supervision of programme implementation. Let me also, at this juncture, comment on the financial problems faced by our Organization. In the view of my delegation, such problems should be tackled by focusing on priority programmes whose

financing must take into account the financial capabilities of Member countries. If not, we will be threateneed by dramas such as have been experienced by other organizations which are unable to function properly in implementing their mandate.

Since the adoption of primary health care as a key approach to the attainment of the goal of health for all by the year 2000, as advocated by WHO, Member countries have been able to devise and implement national health policies to meet this goal. With this objective in view, Member countries are required to display a strong political will and to take firm political action, both individually and collectively. Worldwide cooperation among Member States to ensure the attainment of health for all by the year 2000 at this crucial period is not only important but also indispensable. In this respect, I would like to refer to the Buenos Aires conference on technical cooperation among developing countries in 1978 which emphasized the importance of pooling knowledge and experiences for mutual benefit and for achieving national and collective self-reliance which are essential in the broader context of social and economic development. We have to be aware that the problems we are facing are different in the various countries and regions, as the sociocultural and socioeconomic settings affecting their health and development problems vary in nature and intensity. I am convinced, however, that in its diversity there is one common point, and that is the responsibility we are sharing towards the health, the well-being and prosperity of man all over the world.

Technical cooperation in health matters has been developed in the various regions of the world. None the less, I must confess that this cooperation, especially among the developing countries, is still limited to exchanges of experiences and information. The limited resources in the health sector in most of these developing countries do not permit them to embark on technical cooperation on a broader scope of sophisticated medical and pharmaceutical technology. However, we must pledge ourselves towards it. Referring to cooperation between developed and developing countries in the health sector, there is an urgent need for the transfer of appropriate technology from the industrial world to the developing countries with respect to information technology, biotechnology, in particular for the production of raw materials for essential drugs and vaccines, and health system research. Quite a number of developing countries have now reached such a stage of development and are ready to embark on such cooperation. This is, I believe, an area to be explored by WHO in association with the World Bank and other financial agencies within the United Nations system, to facilitate this kind of cooperation between developed and developing Member countries.

Allow me to touch on issues of importance with regard to our mutual concern. While developing countries are still struggling to fight communicable diseases, the main cause of death of our children in particular, we are facing other threats such as narcotics, drug abuse and illicit trafficking. Narcotic problems in my country and other members of the ASEAN region do not produce large numbers of drug abusers. This should however not be viewed from its narrow aspect, nor from the statistical data indicating an increasing number of drug abusers, but should be regarded as a threat to the nation. ASEAN has taken a firm stand on illicit trafficking and this is categorized as a crime under threat of the highest penalty.

WHO recognizes that AIDS is a global problem causing people grave fears, and I believe that without appropriate preventive action the disease will spread quickly through larger groups of the community. AIDS virus respects no national boundaries; it spreads to any part of the world through rapid international travel. Although my country and the region appear to be still relatively unaffected by the virus, collective collaboration to limit its spread should be placed on a high level of priority by WHO and the Member countries. I would like to convey my appreciation to WHO for taking steps to cope with this alarming problem through appropriate planning and collaboration of all Member countries.

A review of the Organization's structure and method of work of the Assembly is sometimes needed in order to keep abreast of new developments. However, this should be conducted in a prudent manner and should be based on an in-depth analysis. Since this review may entail possible amendments to the Constitution, as well as the management of our Organization, it is important therefore that guidelines from the Assembly are seriously required in order to prevent any possible controversies which weaken our unity and solidarity.

With regard to the Technical Discussions during this Assembly, my delegation supports the expectations expressed by the Director-General on the positive results of this meeting. We also hope that the Technical Discussions could help us contribute in seeking a comprehensive solution to our problems, taking into account both economic considerations as well as the importance of humanitarian values.

In conclusion, learning from the experiences of the last ten years since Alma-Ata, I have the courage to say that our goal is clear, the primary health care approach is firm and we are determined to continue implementing our collective policies and strategies, even at a crucial time where all of us have been seriously plagued by the negative effects of the economic crisis.

Le Dr FERREIRA NETO (Angola) :

Monsieur le Président, Monsieur le Directeur général, distingués délégués, Mesdames, Messieurs, au nom de la délégation de la République populaire d'Angola qui m'accompagne et en mon nom personnel, faisant écho aux orateurs qui m'ont précédé, j'aimerais féliciter le Président ainsi que tous les membres du bureau pour leur élection. Nous formulons pour tous nos meilleurs voeux pour la conduite des travaux de cette Quarantième Assemblée mondiale de la Santé. Nos félicitations s'adressent également au Conseil exécutif et à M. le Directeur général pour la qualité des documents présentés, lesquels témoignent des efforts déployés par l'Organisation mondiale de la Santé en vue d'atteindre l'objectif commun de santé pour tous d'ici l'an 2000.

La politique sanitaire définie par le MPLA-Parti du Travail pour la République populaire d'Angola a pour base le libre accès des citoyens aux services de santé ainsi que sa gratuité et la distribution égalitaire des ressources, de manière à rendre possible l'accès de l'ensemble de la population aux soins de santé primaires et aux autres niveaux du système de santé. La réalisation de ces objectifs qui s'intègrent au développement socio-économique passe par la responsabilisation et la participation des populations, la collaboration intersectorielle et la coopération internationale.

Monsieur le Président, au moment où toutes nos énergies devraient être concentrées sur l'amélioration de l'état de santé de notre population, la République populaire d'Angola se voit contrainte d'affronter un ensemble de facteurs adverses. La persistance d'un climat déstabilisateur et d'agressions provoquées par le régime raciste d'Afrique du Sud ainsi que les implications de l'aggravation de la situation économique et financière compromettent sérieusement le développement des actions de santé. De plus, la chute des prix du pétrole, associée à la dévaluation du dollar américain, a déterminé une réduction sensible des disponibilités financières du secteur de la santé en 1986. Dans cette conjoncture, le grand défi que nous devons affronter consiste fondamentalement à assurer le fonctionnement normal du Service national de Santé dans une situation sociale, économique et financière extrêmement défavorable, ainsi qu'à réajuster les interventions sanitaires de façon à améliorer les indicateurs sanitaires actuels. L'expérience nous a déjà conduits à une amélioration progressive au niveau de l'organisation et de la gestion des ressources disponibles, par un meilleur emploi des capacités internes, une plus grande coparticipation de la communauté et une plus étroite coordination des organisations non gouvernementales et humanitaires.

Sur le plan extérieur, les liens avec les pays africains de langue officielle portugaise sont renforcés, et nous avons, dans le cadre de la coopération technique entre pays en développement, enregistré un accroissement des rapports de coopération dans la Région avec d'autres membres de la communauté internationale sur une base de complémentarité, d'échanges d'informations, d'expériences et de technologies dans le domaine de la santé. L'apport de l'OMS, de l'Agence suédoise pour le Développement international et du FISE s'est avéré inestimable, tout comme celui des pays amis. De nouveaux partenaires pour le développement ont été trouvés au moment où se sont resserrés les rapports avec les organisations du système des Nations Unies, les organismes gouvernementaux, intergouvernementaux, non gouvernementaux et humanitaires. Cependant, et en dépit des progrès enregistrés, la mobilisation de ces ressources extérieures rencontre quelques difficultés pour parvenir à une plus parfaite coordination et intégration de ces actions.

Dans le cadre du renforcement de la gestion du système national de santé, une activité importante en 1986 a été la conclusion du travail de redéfinition des indicateurs sanitaires nationaux et, par voie de conséquence, le réajustement du système national d'information qui est en ce moment en phase d'application expérimentale. Parallèlement, le recensement des unités sanitaires s'est fait, ne se bornant pas uniquement à l'inventaire et à l'enregistrement de l'infrastructure au niveau national; il constitue une importante source d'informations pour la planification à long et à moyen terme comme pour l'amélioration de l'organisation et du fonctionnement du secteur sanitaire.

Face au manque de personnel, la formation constitue une des bases fondamentales de notre stratégie de développement. Ainsi, parallèlement à la formation massive de techniciens de santé aux différents niveaux du système, avec priorité pour les travailleurs de santé communautaires, nous avons initié un processus de formation centré sur la qualité, concernant les infirmiers et techniciens, à cause du rôle clé qu'ils jouent en cette phase dans l'application de la stratégie de la santé pour tous.

A la suite de l'évaluation internationale du programme élargi de vaccination, ce même programme a été réorienté de façon à obtenir des taux de couverture plus élevés parmi les groupes cibles. Pour ce qui est de ce programme de santé et d'autres considérés comme prioritaires, ils reçoivent un fort appui au plus haut niveau du Parti et du Gouvernement. A l'occasion de la récente visite en République populaire d'Angola de M. Grant, Directeur général du FISE, S.E. le Président de la République populaire d'Angola, le Camarade José Eduardo dos Santos, lui a réaffirmé la volonté politique de renforcer à tous les niveaux les actions pour la santé. Récemment introduit, le programme des municipalités prioritaires permettra de renforcer la capacité d'intervention locale, d'améliorer la coordination intersectorielle et d'assurer un plus grand soutien logistique, administratif et technique au niveau périphérique.

Dans le contexte de guerre non déclarée à laquelle est soumise la République populaire d'Angola, la réadaptation des mutilés de guerre prend une place très importante. Un projet en cours, soutenu par des organisations humanitaires, notamment le Comité international de la Croix-Rouge et la Croix-Rouge suédoise, entre autres, pourra augmenter substantiellement la capacité nationale de production de prothèses et créer les conditions pour la réintégration des mutilés dans la société.

Afin de faire face à la situation d'urgence en République populaire d'Angola, un vaste mouvement de solidarité internationale est né sous les auspices des Nations Unies. Mais tout ce soutien sera vain tant que demeurera la cause principale de cette situation, à savoir les permanentes agressions armées du régime de l'apartheid contre les pays de la ligne de front, car ces actions criminelles causent la mort, la destruction d'infrastructures et de centres économiques, surtout dans les zones rurales. Ces actions s'insèrent dans un cadre plus général d'agressions contre les pays de ce qu'il est convenu d'appeler le tiers monde, créant ainsi un climat d'insécurité. C'est la raison pour laquelle nous appuyons fermement toutes les initiatives pour rétablir la paix et la sécurité mondiale, y compris les récentes discussions en vue de la réduction des armements nucléaires.

Monsieur le Président, en raison de la multiplication des agressions sud-africaines contre les pays de la ligne de front et la répression violente exercée sur les populations de la Namibie et de l'Afrique du Sud, nous réaffirmons, au nom du Gouvernement de la République populaire d'Angola, le besoin d'un plus grand soutien de l'OMS aux pays de la ligne de front et d'un renforcement de l'aide aux représentants légitimes du peuple namibien et du peuple sud-africain, soit, respectivement, l'Organisation du Peuple du Sud-Ouest africain (SWAPO) et le Congrès national africain (ANC), conformément à la résolution 435 du Conseil de Sécurité des Nations Unies sur la Namibie et l'application de mesures énergiques contre le régime de l'apartheid.

Pour terminer, j'aimerais profiter de l'occasion qui nous est accordée par cette Assemblée pour réhausser le rôle moteur joué par l'OMS dans l'application de la stratégie de la santé pour tous en République populaire d'Angola. Nous nous réjouissons de constater les initiatives du Directeur régional pour l'Afrique visant à apporter un soutien plus direct et plus efficace aux Etats de la Région, afin d'accélérer l'instauration de l'objectif de la santé pour tous d'ici l'an 2000.

Pour une santé pour tous d'ici l'an 2000, a luta continua, a victoria é cierta.

Dr RUHAKANA-RUGUNDA (Uganda):

Mr President, Director-General, Distinguished delegates, ladies and gentlemen, I join the previous speakers in congratulating the President on his election to the presidency of the Fortieth World Health Assembly.

At the outset, let me take this opportunity to thank the Executive Board for the comprehensive and lucid analysis of the performance of our Organization. My delegation would also like to record our appreciation to the Director-General for the candid report.

The uncertain financial situation facing our Organization is a cause of concern, especially at this critical stage of our health-for-all crusade.

My delegation believes that the greatest resources any country can have are its people. Indeed this is the basis of primary health care strategy, whose cornerstone is popular community involvement.

We in Uganda have therefore adopted a policy of full community mobilization and participation especially at the grass roots. I am glad to report that our task of democratically organizing communities at the grass roots, through the resistance committees, has now been fully consolidated. As a result of popular community participation, it has been possible to implement more basic health programmes with the limited resources available.

Mr President, our experience of years of tyrannical and dictatorial leadership has taught us that there can never be effective primary health care without democracy, since primary health care must be accessible and acceptable, and entails freewill and purposeful community participation. Thus without justice the attainment of health for all would be difficult. It is for this reason that we must give increasing and sustained support to all those struggling for their freedom and democratic rights, as this will positively contribute to the attainment of the global goal of health for all.

Mr President, one of the main issues being addressed by the Fortieth World Health Assembly is mobilization of resources for the achievement of our collective goal of health for all by the year 2000. This is against a background of rising health costs and severe economic hardships faced by many developing countries, often due to problems beyond their own control.

These economic trends have resulted in adverse impact on some essential health programmes. As a step to break this vicious circle of stagnation, dependency and underdevelopment, the Government of Uganda has concluded barter trade agreements with a number of developed and developing countries. Barter trade has significantly widened our socioeconomic horizon and has assisted us in getting urgently needed inputs in the health sector. Barter trade will also help break the dependence on the traditional export commodities, such as coffee, copper and cocoa, to which Uganda and a number of developing countries have been condemned since the colonial era. Distinguished delegates are clearly aware that the prices of these commodities, that we have been so heavily dependent on, have sharply fallen.

Uganda like a number of developing countries still has a high infant mortality rate, high maternal mortality rate and a low life expectancy. The high childhood morbidity and mortality is basically due to preventable childhood diseases. Sleeping sickness, malaria, and diarrhoeal diseases continue to cause significant loss of life. Uganda with the support of nongovernmental organizations has embarked on a number of active child survival programmes. In this respect an intensified programme to accelerate immunization against the six killer diseases was launched by the President of Uganda in January this year. The target is to cover at least 50% of the children within six months. An international evaluation team is due to assess the progress of this intensified immunization programme in July 1987.

We have also stepped up activities to reduce morbidity and mortality due to diarrhoeal diseases, malnutrition and parasitic diseases, through health education, improving basic environmental sanitation and utilizing improved child feeding practices. We are still, however, grappling with the problem of sleeping sickness and tuberculosis.

Mr President, last year I drew the attention of the Thirty-ninth World Health Assembly to the serious threat to humanity created by the AIDS pandemic. Since then more efforts have been mobilized to contain the further spread of this dreadful disease. We are firmly convinced that AIDS is imminently a preventable disease by behavioural changes and judicious health care. Our main thrust has therefore been a vigorous campaign to prevent the further spread of the disease through sharpening of public awareness by health education. True to our traditional methods of work we have maintained a policy of openness in tackling this disease. I wish to report that, in collaboration with WHO, we have formulated a five-year AIDS action programme. In fulfilment of this programme a meeting of interested participating parties has been organized in collaboration with WHO, and this meeting will take place, in Kampala, on 20 May 1987.

Mr President, from the reports of the Executive Board and the frank exposition of the Director-General, it is evident that our Organization has problems. These problems pose a challenge for all of us to answer individually and collectively. We must not allow our Organization, which has done so much in its forty years of global leadership in the health field, to have its good work threatened. All countries - big or small, rich or poor, developed or developing - collectively need each other in a global struggle against disease and ill health. In this struggle we need WHO leadership more than ever before. WHO in turn needs and definitely deserves our unflinching and unequivocal support.

Mr President, Uganda is determined to play her national and international role in our collective responsibility to achieve health for all by the year 2000.

Dr J. van Londen (Netherlands), President, resumed the presidential chair.
Le Dr J. van Londen (Pays-Bas), Président de l'Assemblée, reprend la présidence.
Д-р J. van Londen (Нидерланды), Председатель, занимает председательское место.
El Dr. J. van Londen (Países Bajos), Presidente, vuelve a ocupar el sillón presidencial.
الدكتور ج. فان لوندن ( هولندا ) ، رئيس الجمعية استأنف الرئاسة .

J·范·郎登博士（荷兰），主席，重行主席职位。

Dr. Bosco MENDOZA (Ecuador)

Señor Presidente, señores Vicepresidentes, señor Director General, señores delegados: Hace nueve años todas las naciones del mundo hicieron la promesa firme y categórica de salud para todos en el año 2000. Fue en Alma-Ata donde, sin la mínima expresión de discrepancia, se lanzó la estrategia de la atención primaria, como el instrumento más valedero para conseguir el bienestar de todos los individuos, sin distinción de su posición social, económica, política, racial o de otra especie. Se hacía hincapié en descartar la retórica fácil para llevar a cabo un plan de acción que signifique el compromiso formal de los pueblos, para alcanzar un nivel de salud que les permita consolidar el desarrollo, la paz y la justicia social.

Pero, ¿qué hemos hecho mientras tanto? Podríamos decir que muy poco; los esfuerzos de los países en desarrollo, como el nuestro, se han visto limitados en sus propósitos debido a una serie de dificultades que continuarán agravándose por la crisis económica y financiera que soportan nuestros países. Esto ha dado lugar a que las estructuras sociales se vean constantemente amenazadas y que la salud no haya tenido un desarrollo adecuado y satisfactorio.

A pesar de estos inconvenientes, el Ecuador ha dado pasos muy importantes en el campo de la salud en los últimos años, organizando su estructura técnica y administrativa en forma acorde con las necesidades actuales; racionalizando sus servicios y unidades operativas, sobre todo en el área rural; promoviendo la salud de la madre y el niño; dando énfasis a la prevención de las enfermedades, sobre todo en los niños menores de un año; mejorando el saneamiento básico rural; impulsando los programas de alimentación y nutrición; implantando el Programa de reducción de la morbilidad y muerte infantil (PREMI), con cuatro estrategias básicas y el de Medicamentos gratuitos para todos los niños menores de ocho años atendidos en las unidades operativas del Estado.

Sin embargo falta mucho por hacer ya que la demanda es cada vez mayor, la expectativa de vida ha aumentado y la atención de salud es ahora más accesible a un mayor número de personas, que siguen distribuidas en forma desigual, en perjuicio sobre todo de áreas rurales y urbanas marginales.

Quisiera ahora, si ustedes me permiten, presentarles algunos datos de mi país y de la manera como estamos enfrentando el problema de la salud en el Ecuador. La extensión territorial es de 282 000 $km^2$ y su geografía se divide en cuatro regiones, con características propias a cada una: la región litoral, bañada por el Océano Pacífico tropical y fuertemente poblada; la región de la sierra, ubicada en el Callejón Interandino con tierras altas, de clima frío; la región amazónica, ubicada al oriente, de clima tropical; y la región insular o Galápagos, verdadero laboratorio de biología natural.

El censo de población realizado en 1982, contabilizó un total de 8 606 116 habitantes y según proyecciones del mismo, para el 30 de junio del presente año, la población ascenderá a 9 922 514 habitantes, de los cuales el 53,5% se encuentra en el área rural. Es importante destacar que en el país se ha observado un acelerado proceso de emigración del campo a la ciudad.

La población ha experimentado un crecimiento del 3,6%; este crecimiento se debe principalmente al descenso de la mortalidad bruta, pues la natalidad también experimenta un descenso mantenido desde 1976, en que estuvo en 34,9, hasta llegar en este momento a 28,2 nacidos vivos por 1000 habitantes. En las cifras de mortalidad se observa una tendencia descencente entre 1976 y 1984; así la mortalidad general de 8,4 bajó a 5,8 defunciones por 1000 habitantes. La mortalidad infantil ha descendido de 64,9 a 43,4 defunciones por 1000 nacidos vivos. Dentro de este rubro, la disminución más significativa se encuentra en la mortalidad posnatal, que desciende de 46,2 a 27,5 defunciones por 1000 nacidos vivos y la mortalidad materna desciende de 1,9 a 1,5 defunciones maternas por 1000 nacidos vivos. La mortalidad, tanto general como infantil, muestra una predominancia de causas infecciosas prevenibles con una tecnología sencilla de relativo bajo costo, encabezadas por las enfermedades infecciosas intestinales y respiratorias.

Es evidente la diferencia que existe en la cobertura del servicio de saneamiento básico para las poblaciones de las áreas urbanas y rurales. Así, tenemos que el agua potable es aprovechada por un 56,1% de la población total. En el área urbana este servicio está disponible para el 79,8% y en el área rural para el 30,4%. En relación al alcantarillado la cobertura total es del 36,6% de la población: en el área urbana para el 62,5%, mientras que para el área rural este porcentaje es del orden del 8,5% de la población. El Gobierno actual ha impulsado la creación de un fondo nacional para saneamiento ambientál con un monto inicial de 11 000 millones de sucres, de los cuales 5000 millones corresponden al rubro de dotación de agua y el resto para el control de la contaminación del agua y el aire.

La infraestructura de los servicios de salud se compone de un total de 2618 establecimientos con un total de 17 022 camas, de las cuales el 50% pertenecen al Ministerio de Salud, que es el organismo rector en cuanto se refiere a la elaboración y ejecución de las políticas de salud en el país y, el resto, al Ministerio de Bienestar Social y a otras entidades semipúblicas y

privadas. De los establecimientos del Ministerio de Salud el 9,9% constituyen unidades con internación, el 5,2% centros de salud urbanos, el 60,1% subcentros de salud y el 22,8% puestos de salud. Estos dos últimos grupos son unidades del área rural del nivel primario.

Las principales acciones de salud que se realizan en el país son las de fomento y protección de la salud con sus programas de la madre y el niño y de bienestar familiar; programas de desarrollo y de participación de la comunidad mediante la aplicación de estrategias de atención primaria; programas de control y vigilancia epidemiológica y los programas de atención de recuperación basados en la estructura hospitalaria. El presupuesto del estado asignado para la salud corresponde aproximadamente al 7% de los presupuestos generales del estado.

El Gobierno de nuestro país ha definido la importancia de atender en forma eficiente, eficaz y de acuerdo a un principio de equidad, sobre todo, a la población que se encuentre expuesta a mayor riesgo biológico y social mediante la implementación de tres programas:

1) el PREMI, que es el Plan de la reducción de la morbilidad y muerte infantil, el mismo que ha definido acciones de apoyo a los componentes de vacunación, lucha contra las enfermedades diarreicas, promoción de la lactancia materna y vigilancia del crecimiento y desarrollo infantil. Participan algunas entidades del estado, otras privadas y la comunidad;

2) el MEGRAME, que es el programa de Medicina gratuita para niños menores de ocho años y que es financiado mediante un gravamen de impuesto a ciertos tipos de bebidas alcohólicas, cigarrillos y artículos suntuarios. El programa incluye 39 medicamentos básicos;

3) Medicamentos genéricos, que permite dar accesibilidad a los medicamentos por parte de la población en general, en razón del alto costo que alcanzan los productos farmacéuticos a nivel comercial. La venta de estos productos se hace a través de la farmacia del estado y también se está implementando en las farmacias privadas. Su costo es financiado con un impuesto a la cerveza, siendo de 243 el número de principios activos con 382 presentaciones.

La investigación en nuestro país se realiza a través de dos instituciones: el Instituto Nacional de Investigaciones Nutricionales y Medicosociales y el Instituto Nacional de Higiene y Medicina Tropical.

Señor Presidente, señores delegados: En esta perspectiva la Organización Mundial de la Salud decidió en 1977 que la meta social de los gobiernos en los próximos decenios será alcanzar la Salud para todos en el año 2000. Acogida por los países, sin excepción, aquello no significa solamente un lema, sino por el contrario un reto y un compromiso que nos obliga a trabajar con seriedad y entusiasmo para hacer realidad el futuro de nuestros hijos y nuestras sociedades. Quedan solamente 13 años para este sublime objetivo; aunque resulte difícil lograrlo, debemos hacernos el firme propósito de consolidar todo nuestro esfuerzo para que nuestro ideal no perezca sino que, en base a él, forjemos un nuevo y mejor porvenir para nuestros pueblos.

M. RAJPHO (République démocratique populaire lao) :

Monsieur le Président, Monsieur le Directeur général, Excellences, honorables délégués, Mesdames, Messieurs, au nom de la délégation de la République démocratique populaire lao, je me joins aux éminents orateurs qui m'ont précédé pour présenter mes chaleureuses félicitations à M. le Président et MM. les Vice-Présidents pour leur brillante élection. Je leur souhaite plein succès dans l'accomplissement des lourdes responsabilités qui leur sont confiées.

Nous présentons également nos félicitations à M. le Dr Mahler ainsi qu'à tous ses collaborateurs pour les efforts qu'ils déploient en vue de la promotion et du développement de la santé dans le monde.

Monsieur le Président, honorables délégués, dans cette Assemblée, nous avons à discuter et à évaluer la situation sanitaire dans le monde, et à trouver les meilleures stratégies possibles pour atteindre la santé pour tous d'ici l'an 2000. Mais la route semble encore longue et parsemée d'obstacles. En République démocratique populaire lao, il s'y est ajouté un départ difficile, marqué par des problèmes de toutes sortes.

Concernant les problèmes de santé de mon pays, notre Ministère de la Santé a organisé au début de cette année un deuxième Congrès national réunissant tous les responsables nationaux et provinciaux de la santé pour évaluer les résultats obtenus au cours des dix dernières années et fixer les nouvelles perspectives à atteindre pour les années à venir. La présence au congrès de notre chef du parti et du Gouvernement, le camarade Kaysone Phomvihane, montre l'intérêt et l'importance que notre parti et notre Gouvernement portent aux problèmes de la santé. Notre Congrès a été unanime à souligner les progrès réalisés en matière de santé au cours des dix dernières années, malgré d'énormes difficultés socio-économiques.

Pour le personnel médical, à côté de la formation des cadres moyens, supérieurs et spécialisés dans différentes institutions, nous avons toujours accordé une grande importance à la formation et au recyclage des travailleurs sanitaires des villages qui prodiguent les soins médicaux courants et dirigent l'éducation sanitaire prophylactique au niveau des villages mêmes.

Avec l'assistance de l'OMS, du FISE et du PNUD, l'Ecole de Santé publique, la première de ce genre dans mon pays, a ouvert ses portes et la première promotion d'étudiants vient de terminer les cours de formation de six mois. Ces diplômés vont retourner dans leurs provinces respectives pour former et coordonner les responsables de la santé qui travaillent dans les secteurs périphériques. Ils auront à organiser la masse populaire et à l'amener à participer à l'édification et au développement des soins de santé primaires.

L'accent est également mis sur la formation des techniciens en eau potable dont le projet est de réaliser d'ici la fin de l'année 1987 la couverture de 23 % de la population.

L'emploi généralisé des sels de réhydratation orale a fait diminuer de 60 % environ les maladies diarrhéiques de différentes étiologies, qui sont les affections les plus fréquentes après le paludisme et les infections respiratoires aiguës. Le programme élargi de vaccination a pris un nouvel aspect et tend peu à peu à couvrir la population cible. La lutte contre le paludisme continue à recevoir priorité. Au total, l'incidence du paludisme décline progressivement. La lutte contre la lèpre progresse et plusieurs initiatives ont été prises pour améliorer la qualité des soins et des traitements dans les provinces où la lèpre est endémique.

En santé maternelle et infantile, on se préoccupe toujours particulièrement de former et de recycler les accoucheuses traditionnelles et les sages-femmes auxiliaires, ainsi que d'étendre le réseau des consultations pour les femmes enceintes, les mères et les enfants dans les hôpitaux et dispensaires de différents niveaux, où sont prodigués les conseils d'hygiène, de vaccination et de nutrition.

Le réseau sanitaire tend à couvrir le territoire. Au cours du présent plan quinquennal, nous avons à construire ou à restaurer de petits hôpitaux de district et de commune pour qu'ils deviennent vraiment des centres de référence, avec redistribution des responsabilités médicales à chaque niveau. En même temps, nous installons de petits postes sanitaires dans des coopératives, des unités de production et des villages. Actuellement, nous disposons de 113 hôpitaux de district et de 1136 hôpitaux de commune et postes sanitaires de village; 60 % environ de la population totale du pays ont accès aux soins de santé. Plus de 50 % des cadres sanitaires de différentes catégories travaillent dans le secteur de santé périphérique.

Quant aux médicaments, nous sommes toujours en butte à d'énormes difficultés, malgré la mise en marche de la nouvelle usine pharmaceutique. Pour remédier à cette situation, l'association de la thérapeutique traditionnelle et de la médecine moderne s'est toujours avérée indispensable.

Voilà brièvement esquissés quelques-uns de nos résultats dans le domaine médico-sanitaire. J'aimerais souligner que ces réalisations ne pourraient être couronnées de succès sans la participation active du peuple.

Et pour terminer ma brève intervention, qu'il me soit permis de remercier de tout coeur les pays frères et les pays amis, les organisations internationales ainsi que les organisations non gouvernementales de toutes les aides qu'ils nous ont apportées et de remercier M. le Directeur général, le Dr Mahler, ainsi que le Directeur régional pour le Pacifique occidental, le Dr Nakajima, pour la constante sollicitude dont ils ont fait preuve à l'égard de mon pays.

Je termine mon intervention en souhaitant un grand succès à la Quarantième Assemblée mondiale de la Santé.

Mr KLUTSE (Ghana):

Mr President, Director-General of the World Health Organization, distinguished delegates, ladies and gentlemen, the Ghanaian delegation wishes to associate itself with the previous speakers in congratulating the President, the Vice-Presidents and other officers of the Fortieth World Health Assembly on their election to their high offices. It is our hope that under their wise direction, the proceedings of our Assembly will be conducted smoothly and will be crowned with success.

My delegation also wishes to congratulate the Director-General for his inspired leadership of the World Health Organization and in particular for the skilful way in which he has been mobilizing the world community for the goal of health for all by the year 2000.

Mr President, since I last addressed you on the status of implementation of primary health care in my country, we have made very modest progress in our march towards health for all by the year 2000. We, in Ghana, believe that a very important prerequisite for the successful implementation of primary health care is effective decentralization to the community level.

During the past year, therefore, the Ghana Government has strengthened all the district administrations. All the 65 districts have now got the full complement of their district

health management teams which will be responsible for implementing primary health care in their districts. About 50 of these teams have been trained in needs assessment, operational planning and basic financial planning and management. At the institutional level each institution has established a management committee whose composition includes community members among others. The leader of the district health management team will also represent the health sector on the district planning committee of the district councils. It is these two organs that will ensure comprehensive and integrated planning so vital for the socioeconomic development of the district. Similarly, regional planning committees will be established for the regional councils. We in Ghana see district and regional planning committees as very essential institutions for the effective planning and implementation of integrated strategies vital for total socioeconomic development, the prime objective of our primary health care programme. This ensures total local involvement and full community participation at all levels.

As a result of the mass immunization campaigns of the past two years, there has been a sharp increase in the awareness among mothers of the usefulness of maternal and child health services. In order to meet the increased demand, we have started community based growth monitoring projects, using all recognized organized women's groups. The same groups will also serve as distribution outlets for oral rehydration salts and nonprescriptive contraceptives. This is in addition to the regular maternal and child health and family planning services provided by my Ministry.

Mr President, two years ago, we experimented with mass measles immunization of children under two years of age. We achieved 80% coverage nationwide. Encouraged by this achievement, we carried out another mass campaign last year, using all the six antigens against the known childhood communicable diseases. That campaign was launched by the Head of State himself. At the end of the mass immunization campaign in December 1986, 55% of all eligible children had been effectively protected against all six childhood communicable diseases. One glaring outcome of the campaigns has been that measles which used to be among the seven commonest causes of morbidity and mortality has dropped to the twentieth place. Mothers are the happier for this.

This year's mass immunization campaign has just started and the initial results are very encouraging. The heavy turn out by mothers, the very high level of community participation and support in cash and in kind, and the enthusiasm and dedication of the staff are a clear indication that even greater success lies ahead.

Mr President, we have selected five diseases to be controlled in the context of primary health care. These are tuberculosis, leprosy, malaria, schistosomiasis and guinea-worm disease. With regard to tuberculosis and leprosy the emphasis is on case-finding backed by an aggressive education of the public for regular treatment. Multidrug therapy is currently being tried out in one leprosarium. Malaria chemoprophylaxis for pregnant women and for children is being actively promoted while community members are encouraged and educated to undertake environmental control and other measures that reduce vector-human contact.

Recent development of irrigation schemes has resulted in the spread of schistosomiasis, both Schistosoma haematobium and S. mansoni infections, particularly along the lower Volta River. Many communities in the area have formed their own control communities which are working with our experts in the control of the diseases.

The Global 2000 Foundation is currently working with the Ministry of Health to eradicate guinea-worm from Ghana.

Mr President, Ghana, working with WHO and UNICEF has come out with an essential drug list for the country and has also formulated a national drug policy and raw material procurement policy for the local pharmaceutical industries. All this involves the importation of raw materials, finished and semi-finished goods.

In order to ensure ready acceptability and strict compliance with these new policies, my Ministry has started a wide discussion of all related issues with the main professional groups within health. This will culminate in the publishing of a new formulary in June-July 1987. Fundamental to all this is the availability of foreign exchange which we in the Third World are today finding more and more difficult to obtain. The need therefore to mobilize extrabudgetary resources on a large scale to assist us is greater now than ever before.

Mr President, without the generous support of our traditional partners and friends such as UNICEF, UNFPA, USAID, the United Kingdom, Canada, Japan, Italy and Switzerland, we could not have done as much as we have done. I would therefore like to place on record the Ghana Government's deepest gratitude to all these friendly governments and organizations for their full support.

Finally, Mr President, Director-General of WHO, distinguished delegates, these are only modest achievements we have chalked up on our long march towards health for all by the year 2000. We are however hopeful that things will gather momentum as we move along and we are hopeful that health for all by the year 2000 is within reach. It is a reality and I have the honour to pledge my country's full support to all WHO programmes.

Mr. BENCHEIKH (Morocco):

الأستاذ الطيب بن الشيخ ( المغرب)*

بسم الله الرحمن الرحيم ، سيدي الرئيس ، سيدي المدير العام ، حضرات السيدات والسادة ،

يسعدني أن أشارك للمرة الثالثة في أعمال جمعية الصحة العالمية ٠

باسم حكومة صاحب الجلالة الملك الحسن الثاني يتشرف الوفد المغربي أن يتقدم بأطيب التهاني الى شخصكم الكريم - سيدي الرئيس - ولنوابكم ولجميع أعضاء المكتب بمناسبة انتخابكم ، ويتمنى كامل النجاح لأعمال جمعيتنا ٠

أغتنم هذه المناسبة لأعرب عن مشاعر العرفان للسيد المدير العام ، الدكتور ماهلر ، ومساعديه على الجهود المتواصلة التي يبذلونها من أجل تحسين سير أعمال منظمتنا ، قائدين اياها في الطريق الحسن ، آملين أن تصل بنا جميعا لتحقيق مستوى مقبول من الصحة ورغد العيش ٠

لقد اطلعنا ببالغ الاهتمام على التقرير القيم الذي أنجزه المدير العام والذي لم يتعرض فقط لأعمال منظمتنا خلال سنة ١٩٨٦ بل ركّز على الخصوص على حالة سير " استراتيجية توفير الصحة للجميع بحلول عام ٢٠٠٠ " وضرورة تنمية تعاون عالمي بين الدول الأعضاء لتحقيق هذا الهدف ٠

سيدي الرئيس ، حضرات السادة والسيدات ، ان سنة ٢٠٠٠ تقترب بسرعة ، وان تحقيق مستوى من الصحة يسمح لجميع شعوب العالم ، بدون استثناء ، أن تحظى بحياة منتجة اجتماعيا واقتصاديا ، أصبح يشكل انشغالا ملحّا ٠٠٠

ولكن حتى يتم تحقيقه في جميع الأرجاء ، فانه من الضروري أن يضمن لكل انسان بدون تأخير ، حقه الأساسي في الصحة التي تعتبر ملكا فرديا جوهريا ٠

ان صحة كل عضو من المجتمع تشكل وتظل في الواقع الغاية الوحيدة والحقيقة لبرامج العمل ، كيفما كانت نوعيتها ، المحددة من طرف المسؤولين الحكوميين الحاضرين هنا أو الممثلين في هذه الجمعية الأربعين ٠

ويعود الفضل الى منظمة الصحة العالمية في اعانة الحكومات على تحديد هذه الغاية ٠ وقد اقترحت في نفس الوقت على من لم يحددوها بعد ، بعض الاستراتيجيات الممكنة في هذه الغاية لتتلاءم مع خصوصيات كل بلد ٠

وأود ، من جهتي ، أن أثير الانتباه الى بعض النقط التي أراها حاسمة لانجاح هدفنا : " الصحة للجميع " والتي لابد من أخذها بعين الاعتبار على جناح السرعة ٠

وأرى بادئ ذي بدء أنه من الضروري بعد أن تبلورت في معظم الدول " الارادة السياسية " أن نبذل جميع المجهودات للتغلب على الصعوبات والعقبات بتوظيف كل الوسائل لبلوغ الهدف الذي حددناه ٠ ان هذه الارادة لا يمكن أن تقتصر على وزراء الصحة فقط ، علما بأن الامكانيات التي تحصل عليها هي في الغالب محدودة ، بل يجب أن تشمل أيضا جميع أعضاء الحكومات ، وجميع المكونات السياسية والاجتماعية والجمعيات التابعة للدولة أو للقطاع الخاص في الأمم ٠

ان هذا التوافق الواسع يجب وضعه في أفق تنمية اجتماعية اقتصادية حقيقية ، ويتعلق مباشرة بمستوى الصحة ويساهم في الرفع منه بطبيعة الحال ٠ وان منظمة الصحة العالمية كثيرا ما تسعى لتبين أن " النماء الاقتصادي" لا يمكن أن يعني شيئا في حد ذاته اذا لم يقس ولم يحدد بحجمه الاجتماعي ، مع تفضيل مفهوم " التنمية الاجتماعية الاقتصادية " أيضا ٠

في هذه الفترة الحرجة التي تواجه فيها جميع الدول اضطرابات خطيرة في الميدان المالي يجب ، أكثر من أي وقت مضى ، اقناع الحكومات بالجهود والاختيارات التي يجب اتخاذها من أجل تعزيز وتوسيع الدعم الاقتصادي للسياسات الوطنية المتعلقة بالصحة للجميع ٠

ونحن في المغرب نعمل جاهدين لتحقيق ذلك ، ويسرنا أن يكون لنا منه موضوع "المناقشات التقنية " خلال هذه الدورة ٠

سيدي الرئيس ، لا أريد أن أسبق المناقشات التي ستتم في هذا الموضوع ، ولكن أرى أنه من المفيد التأكيد على الأهمية التي يجب أن نوليها أيضا - وينطبق هذا على المغرب - لتنمية تخطيط وادارة مالية ملائمين لضمان نجاح الاستراتيجيات الوطنية الخاصة بالصحة للجميع وذلك رغم الصعوبات الظرفية ٠ ينبغي بالطبع أن توجد وتنمى المقدرة على صياغة سياسات وتمهيدات اقتصادية مناسبة لدعم هذه الاستراتيجيات اذا أردنا أن ندخلها حيز التطبيق ٠

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* سلّم وفد المغرب هذا النص ليدرج في المحاضر الحرفية طبقا للقرار ج ص ع٢٠-٢ ٠

ان الأمر لا يتعلق بوضع " سياسة الامكانيات " فقط ـ كما انشغلت منظمة الصحة العالمية بتفسير ذلك ـ بل ينبغي في الواقع محاولة تجنيد أكثر ما يمكن من الموارد المالية والمادية والبشرية مع الاهتمام الدائم بالانصاف والملاءمة والمصداقية ، كما هو موصى به • ان هذا الانشغال هو الذي دفعنا لنعطي في تخطيطاتنا نفعا كبيرا ، وأولوية أكبر للخدمات الصحية الأولية •

هذا وقد جعلنا ذلك نبحث في تنمية التجهيزات الصحية الأساسية ، وفي المهام المنوطة بها ، وفي نفس الوقت عن الكفاية ، أي القدرة على التدخل بنجاح قبل ظهور المرض أو على الأقل في أوائله ، على أكبر قدر من الفعالية بأحسن ثمن •

في هذا الاطار فقد اكتتب المغرب مثلا في الهدف المحدد من طرف منظمتنا ، ومن طرف منظمة الأمم المتحدة كذلك بمناسبة ذكراها الأربعين ، ألا وهو : " التمنيع الشمولي للأطفال بحلول ١٩٩٠" •

وحرصا منه على تعجيل السير في البرنامج الموسع للتمنيع الجاري به العمل في بلادنا منذ سنة ١٩٨١ ، ومن أجل تعزيز القدرة على التدخل قرر المغرب الأخذ باستراتيجيات جديدة من شأنها رفع التغطية التلقيحية للتأثير بفعالية على النسبة المرضية والوفيات الناتجة عن الأمراض التعفنية •

وأثناء المقابلة الملكية التي خص بها جلالة الملك الحسن الثاني السيد المدير العام لليونيسيف ، أعطى جلالته تعليماته السامية لتوسيع التغطية التلقيحية الى كافة الأطفال الذين يقل سنهم عن خمس سنوات ، وذلك ابتداء من سنة ١٩٨٧ بتنظيم أيام وطنية سنوية للتلقيح بمساهمة الحكومة وكافة المنظمات غير الحكومية •

وهكذا فان الارادة السياسية والدعم الاقتصادي يشكلان في نظرنا شرطين أساسيين لسير ونجاح البرامج الخاصة والتي تضمن لكل فرد أحسن حالة صحية ممكنة بدون استثناء أي فرد من هذا الهدف خصوصا اذا كان ينتمي الى فئة معوزة ومعرّضة • وهذا يعبر عن رغبة شرعية في العدالة الاجتماعية في هذا الميدان الحيوي حيث انه انشغال طبيعي وثابت عند كل مقرر في قطاع الصحة العمومية •

ونحن مقتنعون بأن المجهودات الداخلية لكل بلد من أجل تحقيق هذه الغاية ، لن تكون كافية بالتأكيد اذا تم انجازها متجاهلة بعضها البعض • لأجل ذلك أصبح من الضروري ترسيخ مفهوم التعاون بين الدول الأعضاء في أسرة الأمم المتحدة •

ومن المؤكد ، كما هو بارز في وثائق عمل هذه الدورة أن" الصحة وحدها هي الكفيلة بالحث على التعاون بين الدول رغم الخلافات الأيديولوجية ، والنزاعات السياسية ، وتضارب المصالح الوطنية " •••

أليس من المجدي أن نغتنم الفرصة التي تمنحنا اياها هذه الجمعيات لندرس المشاكل المتشابهة أو التي تواجهها بعض الدول المتجاورة • على أن نبقى واقعيين ، وحريصين على ألاّ نأخذ الا العمليات القابلة للتنفيذ ، ونحرص على القيام بها بصفة مشتركة ، وذلك بتبادل المعلومات والتكنولوجيا الملائمة والموارد كلما سمح ذلك ، بفعالية ومردودية أكثر •

ويروقني في هذا الصدد أن أؤكد من جديد على الدور الفعّال الذي تلعبه منظمتنا من أجل رفع مستوى التعاون التقني بين الدول السائرة في طريق النمو ، وبين المنظمة والدول النامية •

سيدي الرئيس ، لا أريد أن أختم كلمتي دون أن أشير لمشكل انساني أساسي ، دافع عنه المغرب دوما ألا وهو الأوضاع الصحية للسكان العرب في الأراضي العربية المحتلة بما فيها فلسطين ، والتذكير مرة أخرى بالقرارات المتخذة في هذا الشأن خلال دورات جمعية منظمتنا •

وفي هذا الصدد لازلنا ندين موقف القوات المحتلة ونهيب بجميع دول العالم المحبة للسلام أن تدعم الأعمال التي تهدف الى تحسين الخدمات الصحية في الأراضي العربية المحتلة من أجل تمكين كل شعوب العالم من الوصول الى الهدف المحدد من طرف منظمتنا •

أشكركم ، والسلام •

Mr NATAPEI (Vanuatu):[1]

Mr President, Director-General, fellow delegates, ladies and gentlemen, It is my pleasure to address the World Health Assembly and to reaffirm the commitment of my Government to the Constitution and goals of the World Health Organization. As Minister of Health I

[1] The text that follows was submitted by the delegation of Vanuatu for inclusion in the verbatim record in accordance with resolution WHA20.2.

cannot help but share your enthusiasm for reaching the goal of health for all by the year 2000. I am a firm believer that accessibility to good health for people everywhere is essential, as it is a prerequisite for a better quality of life in this world.

In Vanuatu we have made substantial progress in the health status of our people ever since our independence in 1980. Infant mortality is being reduced; life expectancy is increasing; water and sanitation facilities are being expanded to the remotest islet or atoll; the coverage by immunization of our children is expanding every day. These are tangible results which we obtained due to our adoption of health policies advocated by this Organization that I am addressing now under the able leadership of its Director-General, Dr Mahler.

The health-for-all strategy based on primary health care that the Ministry of Health has adopted forms the cornerstone of our health system and we intend to push further in this chosen path of ours so that we will succeed in providing to our people a better quality of life in our beautiful islands.

Mr President, the special topic for this year's Assembly's Technical Discussions is "Economic support for national health-for-all strategies". The choice of this topic is most opportune now when developed and developing countries alike are experiencing major economic and financial problems. While a high level of political will to make primary health care strategies work is very essential, unfortunately such strategies may not survive if not supported economically. Despite the high level of political will, which is evident in my country, to primary health care, the economic instability prevailing in this world is greatly impeding our efforts in implementing more vigorous programmes based on primary health care.

The island nations of the Pacific are further more subject to natural disasters, such as the hurricane that hit our nation early this year. These natural disasters do not help in fostering such policies because of the massive disruption they cause. Mr President, my first engagement after I was nominated to the Ministry of Health was to tour cyclone-devastated areas of my country. The destruction caused by cyclone Uma to our capital and Tafea District in the south (which is also my constituency) is so enormous that it is beyond description. The damages run into millions of dollars and the loss of some 45 lives has been substantial for a small nation such as ours. The destruction to the health infrastructure on some islands has left them virtually without any health care facilities.

These problems compound the issues of making the goal of health for all work effectively. How are we to finance our health plans when we are faced with the dilemma of first reconstructing what we already have built? This is one of the questions on a host of other critical issues that face us now in our effort in redressing our health services after such a devastating hurricane, which was rated as the biggest ever witnessed in the Pacific in recorded history.

Mr President, may I at this juncture crave your indulgence to publicly express my Government's deepest appreciation for the very generous support and help Vanuatu has received from the many friendly nations, international organizations and agencies in bringing relief to our people? I wish specifically to mention the Governments of the EEC countries, as well as other countries and organizations who so generously assisted us in our relief and reconstruction efforts. The special interest that the Regional Director for the Western Pacific, Dr Nakajima, has made in helping our health services to stand up again and go on with the task of serving our people and the effort of the other United Nations agencies which came to the rescue immediately after the disaster had struck, needs special and lofty praise. It is at these times of extreme difficulty that we shall all come to know whether or not we are really determined to achieve our common objectives of health for all by the year 2000.

Our nation is grappling with the age-old disease of malaria, and is tackling a host of other diseases, such as tuberculosis, diarrhoea, measles, etc., with some success. This should be attributed to the availability of weapons and techniques that are being put at our disposal through the cooperative action of WHO and governments, as well as nongovernmental organizations, in the form of expertise, materials, equipment and supplies as well as fellowships for our health workers so that they may shoulder the task on their own one day.

Vanuatu continues to make every effort to attain the goal of the Global Strategy especially through the involvement of the people. The annual National Health Week which was initiated in 1986 is one example of this attitude. Indeed the signs of coordinated effort by our people during this week is, I believe, positive proof that the global goal of health for all by the year 2000 will be a reality in our country. It is during this one week of each year that the whole of our population, including the churches, chiefs, local government councils, parents, and students, join hands with the Ministry of Health in a concerted effort to rid our country of as much of our unhealthy environment as possible.

Mr President, I wish to return to the theme of our Technical Discussions this year on "Economic support for national health-for-all strategies". I stated earlier in my address to

you that one of the questions that we ask ourselves is how are we to finance plans to meet such challenges of the magnitude that we are facing? We are not despairing; we have undertaken with the help of the Organization the development of a well-defined plan of action to meet the goals we set as part of our second national development planning cycle for the period 1987-1991. Included in such a plan of action is a national health financial master plan. We believe financial master planning can provide us, being underdeveloped, with a framework for assessing the feasibility of implementing our goals against the resources available to us. We hope to finalize this plan this year hopefully with further input from WHO. We hope this exercise will help us identify ways and means by which we could mobilize the resources available at our disposal either through our limited revenue, or by reorienting our services by introducing innovative approaches to make them more efficient in carrying out their tasks; or in attracting more external inputs through bilateral or international cooperation. Here we look to WHO to play the honest broker or catalyst in facilitating this flow from developed countries capable in helping their fellow men on this planet.

Finally, Mr President, as a Minister of Health of one of the least developed countries in this world, may I address a plea to those fortunate countries to help the unfortunate countries, since diseases do not respect frontiers nor even natural barriers such as the great oceans? AIDS is a vivid example of this fact.

I also note with satisfaction that one of the items to be discussed in this Assembly, is the health hazards of nuclear war. In 1984 when my country put forward the suggestion to the Regional Committee for the Western Pacific that this item should be addressed by this prestigious Organization, we were told in kind diplomatic terms that our World Health Organization was not the appropriate body to deal with the subject. Vanuatu has increasingly advocated objection to any form of nuclear weaponry and we will continue to do so. In this regard, Mr President, I must once again voice Vanuatu's total opposition to French nuclear testing in the Pacific for the sake of our South Pacific people, our health, peace and prosperity. Fellow delegates, the report you have in front of you in document A40/11 contains theories, imagination and possible scenarios. We in the South Pacific are facing real health hazards from pollution of our environment by the testing of nuclear weapons in our neighbouring French colony of Tahiti by the French Authorities. Mr President, in 1986, Europe was held hostage by the thought that the Chernobyl accident would pollute the waters and the atmosphere. In Vanuatu, we are certain that an accident in Tahiti will be destructive to the whole South and Western Pacific region through the pollution of our most important resource, the Pacific Ocean. We ask the question - is French nuclear testing in the Pacific different from Chernobyl? In furtherance of our view on this issue my delegation would like to urge our World Health Organization to ban all testing of nuclear weapons which threaten the health and safety of mankind.

In conclusion, Mr President, I would like to take this opportunity to thank the Director-General and the Regional Director for the Western Pacific for the valuable assistance WHO has offered, and is offering, to Vanuatu, especially in terms of expert services and the considerable funds made available from its regular budget or through the United Nations system, which will enable us in the years to come to reach the ambitious target we have set in the health field.

May this Assembly conduct its deliberations and conclude its work successfully!

The PRESIDENT:

I want to thank all the speakers of this morning for their excellent discipline, enabling us to start the ceremony on time.

We shall now suspend the meeting for a very brief moment. Please remain in your seats. At around 11h00 we shall start with the ceremony.

The meeting was suspended at 11h55 and resumed at 12h00.
La séance est suspendue de 11h55 à 12 heures.
В ходе заседания объявляется перерыв с 11 ч. 55 м. до 12 ч. 00 м.
Se suspende la sesión a las 11.55 horas y se reanuda a las 12.00 horas.
علّقت الجلسة في الساعة ٥٥ر١١ واستؤنفت في الساعة ٠٠ر١٢ .

会议于11:55休会并于12时 复会。

3. PRESENTATION OF THE LEON BERNARD FOUNDATION PRIZE
REMISE DU PRIX DE LA FONDATION LEON BERNARD
ПРИСУЖДЕНИЕ ПРЕМИИ ФОНДА ЛЕОНА БЕРНАРА
ENTREGA DEL PREMIO DE LA FUNDACION LÉON BERNARD
تقديم جائزة مؤسسة ليون برنارد

列昂·伯尔纳基金会奖金的授予

The PRESIDENT:

Distinguished delegates, colleagues and friends, we are assembled here today for the presentation of the prizes awarded by the Lêon Bernard Foundation, the Dr A. T. Shousha Foundation, the Jacques Parisot Foundation, the Child Health Foundation and the Sasakawa Health Prize. I have much pleasure in welcoming among us the distinguished winners of these prestigious prizes, who are seated on the rostrum.

We shall start with the presentation of the Lêon Bernard Foundation Prize. It is both a duty and a pleasure for me to confirm that the Executive Board which met in January of this year decided that the Lêon Bernard Foundation Prize for 1987 be awarded to Sir John Reid of the United Kingdom for his outstanding service in the field of social medicine.

Sir John needs little introduction to those of you who are gathered here today. His active involvement in the work of WHO, as a member of the United Kingdom delegation, dates back to 1972. His forthright manner, his integrity and his sense of justice, have long been admired by those of us who have had the pleasure of sitting around the conference table with him. His contribution to the work of this Organization and to international health is enormous.

Sir John was born in Scotland and received his medical degree, with high commendation, from the University of St Andrews, Scotland. After postgraduate training in internal medicine and public health, he held a number of junior public health posts. Early in his career, Sir John was responsible for airing the views of medical students prior to the setting-up of the British National Health Service.

In 1955, he was appointed Senior Lecturer in Public Health and Social Medicine at the University of St Andrews, during which time he concentrated much of his energies on the problem of diabetes mellitus, participating in numerous seminars on the subject. He received a WHO fellowship in 1962 for studies in the United States of America on the sociomedical aspects of diabetes.

As County Medical Officer of Health first of Northamptonshire and later of Buckinghamshire, he stimulated the functional integration of all branches of the health services and published papers on the future of the public health services in the United Kingdom. He initiated a Department of Health Education in a district hospital and was instrumental in bringing about a link between hospital and community health services in fields such as midwivery and diabetes. He was also involved in establishing health services for one of the largest "new" towns in the United Kingdom - Milton Keynes.

Sir John's first taste of international health issues came in 1972 when, on his appointment as Deputy Chief Medical Officer at the Department of Health and Social Security in London, he became a member of the United Kingdom delegation to the World Health Assembly and the Executive Board. He was Vice-Chairman of the Board from 1973 to 1975 and Chairman from 1978 to 1979. In the words of Sir George Godber, he was an especially effective Chairman of the Executive Board at a time when that body was playing a part of growing importance in WHO. In addition to his participation in official meetings of WHO, he has worked as a consultant to the Organization on a number of occasions involving tasks such as drawing up proposals for the organization of health services in Portugal, reviewing the management of WHO resources in Thailand, as well as studies on the role of WHO representatives working at the country level.

In 1977 Sir John was asked to return to his homeland of Scotland where, as Chief Medical Officer, he was made responsible for planning health services and for initiating new approaches to health care. He encouraged and participated in studies of maternal mortality and perinatal mortality and forged links between Scotland and Finland in the investigation of common health problems. He retired from this post in 1985 and was appointed Consultant Adviser on International Health at the Department of Health and Social Security in London. He is Governor and Vice-Chairman of the Board of Management of the London School of Hygiene and Tropical Medicine and is in the process of reviewing a strategy for the future of that institution.

Her Majesty Queen Elizabeth II appointed him as Knight Commander of the Most Distinguished Order of St Michael and St George in 1985. He had previously received the honour of Companion of the Most Honourable Order of the Bath in 1975. During his service as Lieutenant-Colonel in the Royal Army Medical Corps, Sir John received the Territorial Efficiency Decoration. He continues to be Consultant Adviser in Community Medicine to the British Army.

Ladies and gentlemen, I have mentioned but a few of the landmarks in Sir John Reid's brilliant career and the service he has rendered both to his own country and to this Organization. He follows in the footsteps of such illustrious names as Professor Stampar, Dr Karl Evang and Professor Aujaleu to name but a few. It is with great pleasure that I now present Sir John Reid with the Léon Bernard Foundation Medal and Prize for 1987, for his outstanding service in the field of social medicine, and wish him continued success, good health and happiness.

Amid applause, the President handed the Léon Bernard Foundation Prize to Sir John Reid.
Le Président remet le Prix de la Fondation Léon Bernard à Sir John Reid. (Applaudissements)
Под аплодисменты Председатель вручает премию Фонда Леона Бернара сэру John Reid.
El Presidente hace entrega a Sir John Reid del Premio de la Fundación Léon Bernard. (Aplausos)
وفي وسط التصفيق ، سلّم الرئيس جائزة مؤسسة ليون برنارد الى السير جون ريد.
在掌声中，主席将列昂·伯尔纳基金会奖金授予约翰里德爵士 。

The PRESIDENT:

I invite Sir John Reid to address the Assembly.

Sir John REID:

Mr President, Director-General, friends, to be awarded the Léon Bernard Foundation Prize must surely rank as a supreme event in the lives of the recipients. For me, it is a particular honour to follow, however inadequately, in the footsteps of so many colleagues whose friendship I have enjoyed and whose work I have admired; and that is especially true in the case of my distinguished former chief and mentor, Sir George Godber. The prize is in memory of Professor Léon Bernard, a man who was revered alike in his native France and in the international community of mankind and of nations. His record of achievement spanned a wide range in science, in physiology and pathology, in clinical medicine, in the fight against tuberculosis and in social medicine. He was, in personal characteristics, a man who loved people and who loved life; and it is a sobering thought that he died in 1934, at the age of 62, from a trivial infection which, in his day, could spell death - as, alas, it still all too frequently can in some countries of this inequitable world.

Mr President, what adequate words can I utter, in ten short minutes, which are relevant to the many interests of Léon Bernard? I can, I fear, do no more than reflect on a few matters which, I believe, would have excited his interest had he been with us today in person, as I am sure he is in spirit.

Léon Bernard was an internationalist who well knew that health and the exercise of his chosen profession transcended the accidents of history which have so often determined the boundaries between nations. He was, as Professor Robert Debré said when he received the prize in 1964, "an apostle of health work without frontiers." He was intimately concerned in the establishment of the Health Committee of the League of Nations, in the work of the International Union against Tuberculosis, and in that of the League of Red Cross Societies, to mention but three of his worldwide activities.

He would, I am confident, have been deeply interested in the work of WHO as the successor of the Health Committee of the League of Nations. May I accordingly take the liberty of saying something about how I would, if accorded the honour, have attempted to sum up a few aspects of the current position of our Organization for his benefit? There are very many individual topics which I could have chosen to mention. For example, Léon Bernard would have been fascinated by the great advances which have been made since his untimely death removed him from the fight against tuberculosis. I believe, however, that he would have been appalled by the way in which, despite the clearest scientific evidence about its deadly effects, tobacco has, in a steadily growing number of countries, more than replaced the tubercle bacillus as the harbinger of disease, suffering and death. That bacillus was, in

Léon Bernard's time, a vast challenge to medicine and to society, but at least it was not addictive, nor was it assiduously promoted, not least amongst vulnerable groups, by a rich and cynical industry.

He would, I believe, as the medical polymath he was, have viewed with approval the extensive activities of WHO in the numerous fields in which he had a particular personal interest, including such diverse topics as the control of communicable diseases, malaria, nutrition, biological standardization, health statistics, research and the classification of the causes of death.

Looking wider, Léon Bernard, with his wealth of experience of international organizations, could not be other than fascinated by the evolution, in recent years, of a clear philosophy and strategy for the continuing development of the work of WHO. The striving for social justice in the context of health is epitomized in the strategy for attaining health for all, with its firm base of primary health care, as comprehensively defined at Alma-Ata. The steady move forward from the concept of a somewhat paternalistic donor agency relationship with Member States to a clear policy of technical cooperation, which is of benefit to developing and developed countries alike, would have excited his imagination, as would the advent of programme budgeting and the movements, spearheaded by the region in which he lived, towards quantified health targets and towards a wide philosophy of health promotion.

These and many other facets of the evolution of WHO are recorded in successive reports of the Director-General and are, of course, highlighted in various ways in the programme budget which is before the present Assembly. However, in reading the Director-General's introduction to the programme budget document, Léon Bernard would surely have found it utterly paradoxical that WHO, through absolutely no fault of its own, despite self-critical and efficient management, irrespective of its monumental achievements, and without regard to the new problems, not least AIDS, with which it has to grapple on behalf of the human race, has been placed in so desperately critical a financial situation. I am sure that he would have prayed, as we all must pray, that those in whose hands lies the power to correct this unjust state of affairs, will do so with the utmost dispatch.

Incidentally, leaving aside the present crisis, I suspect that Léon Bernard would have been more than a little surprised to learn that WHO currently operates on a regular annual budget of only some $ 260 million, supplemented by a roughly equal sum from other sources. This, he would have appreciated, represents only a tiny fraction of the sum spent on health services in many individual developed countries; and that fact deserves to be much more widely known, as it provides a useful perspective on the modest size of the Organization's finances in relation to its manifold and humane mission. To give but one dramatic example of WHO's work, the removal of the scourge of smallpox from the world surely represents supreme value for money.

On turning from aspects of the functioning of WHO to facets of its structure in support of these functions, I would have assured Léon Bernard, had he been present, that, in my estimation, the Organization is currently in a healthy state of balance between the work of the World Health Assembly, of the Executive Board, and of the Secretariat so ably led by Dr Halfdan Mahler. These three bodies are complementary, and not rival institutions, each augmenting the efficiency and effectiveness of the other two. The work of the Assembly has become crisper and better focused in the past decade, with the plenary discussion on the reports of the Executive Board and of the Director-General increasingly concentrating on an agreed theme.

There are only two further comments I would make about the Assembly. The first is the feeling of sadness which I experience on the few occasions when delegates allow their rhetoric to stray from the true domain of their Organization, which is the health of mankind, a subject which should demand all our attention and all our limited resources. The second is that I sometimes think that we should exercise restraint in passing resolutions, but rather concentrate on ensuring that those which have already been agreed are indeed being translated into appropriate action in our own countries. It is easy to be morally righteous in an international forum, but much more challenging to translate that moral righteousness into practical action on returning home.

The Executive Board exists, inter alia, to facilitate the work of the Assembly; and the increasing contribution of the Board's representatives to the deliberations of the Assembly in recent times has helped to cement that mutually supportive relationship. Those of us who have the good fortune to be members of the Board should serve on it not as narrowly nationalistic delegates but as people, according to the rubric, "technically qualified in the field of health"; and it is our duty to concern ourselves with the problems of humanity at large. When I first joined the Board, some 14 years ago, it comprised 24 members. Now, with the increasing number of nations which belong to WHO, the membership is 31; and it will soon

become 32. I believe that the most serious thought should be given before the latter figure is exceeded. If the Board were to grow even larger, it would become less effective as an executive body, its dialogue with the Director-General and his staff would be in danger of being less intimate, and there would be an enhanced risk of members acting as national delegates rather than fulfilling the wider role to which I have referred.

There is no doubt that the demands made on the Secretariat are very substantial in relation to their limited numerical resources, but they have maintained their justifiable reputation for work of high quality. The move towards balanced geographical recruitment is making steady progress, although with due regard to the paramount consideration of ensuring that all appointments secure the highest standards of efficiency, competence and integrity. The representation of women in the Secretariat is likewise improving, although it would be good to see some entering the most highly graded posts.

Lest Léon Bernard should have thought that my brief remarks about WHO constituted something of an eulogy, I would have directed his attention to a research document from which I have quoted on several occasions. It is the 1982 publication of the United Nations Institute for Training and Research giving the results of a study of the views of senior diplomats stationed in New York on the relative success of the various members of the United Nations family. Such diplomats, with their wide experience of the United Nations itself and of the specialized agencies, ranked WHO first amongst all such agencies. Surely there is a moral here, not least for those who look upon the United Nations family as a monolith of dubious value. Just as in its human analogue, the United Nations family has its share of favourite uncles and of cousins whom one sometimes hesitates to mention in public. Some of the organizations concerned are better managed than others, and some manifestly make greater contributions than others to the wellbeing of the human race; but under either criterion, WHO shines forth as a twinkling star of hope from the top of the tree of mankind.

Mr President, the time has come for me to bring my response to its conclusion. The last occasion on which I spoke from this rostrum was eight years ago when, as Chairman of the Executive Board, I responded to the plenary debate on the report of the Board to the Thirty-second World Health Assembly. At that time, I suggested that, in pursuing our collective objective, we should be guided by a wise saying, attributed to Rupertus Meldinius - "In necessasariis, unitas; in dubiis, libertas; in omnibus, caritas". In other words, in things essential, unity: in doubtful things, liberty; and in all things, charity. As I said in 1979, these words should both illuminate and epitomize all that our Organization stands for and all that it does; for if unity, liberty and charity cannot flourish here, where indeed can they flourish?

Mr President, if, as I profoundly hope, that is accepted, let those of us who have the honour, the responsibility and the pleasure of pursuing the various arts and crafts which foster health do so in terms of the compassionate aphorism of Léon Bernard - "La médecine devrait être pratiquée comme une forme de l'amitié". Medicine should be practised as a form of friendship. That is true in relation to the individual patient; and I fervently believe that it is equally true in relation to the collective whole of humanity in this, our ever-troubled world.

Mr President, Director-General and friends, I thank you for the great honour which you have accorded to me today.

## 4. PRESENTATION OF THE DR A. T. SHOUSHA FOUNDATION PRIZE
## REMISE DU PRIX DE LA FONDATION DR A. T. SHOUSHA
## ПРИСУЖДЕНИЕ ПРЕМИИ ФОНДА Д-РА А.Т. ШУША
## ENTREGA DEL PREMIO DE LA FUNDACION DR. A. T. SHOUSHA
## تقديم جائزة مؤسسة الدكتور علي توفيق شوشة
## A·T·舒沙博士基金会奖金的授予

The PRESIDENT:

Ladies and gentlemen, I now come to the presentation of the Dr A. T. Shousha Foundation Prize.

The Shousha Medal and Prize is given at the World Health Assembly each year to a person who has rendered significant health service "in the geographical area in which Dr A. T. Shousha served the World Health Organization. The Executive Board, at its seventy-ninth session, awarded this year's Prize to Professor Ahmed El-Hassan of the Sudan.

Professor El-Hassan has carried out extensive research in the course of his career, and his discoveries have made a great impact on the health situation in the Eastern Mediterranean

Region. Professor El-Hassan studied medicine at the Universities of Khartoum and London. He obtained his PhD in 1964 and in 1974 became Master of the Royal College of Physicians in London. He has pursued a distinguished career as a professor and research in his country, notably in association with the University of Khartoum, the Faculty of Medicine and the Tropical Diseases Institute. Since 1981, Professor El-Hassan has been Director of Research, Translations of Publications at the College of Medicine and Medical Sciences, King Faisal University in Saudi Arabia. He has held the post of Chairman of the Department of Pathology at the same college since 1984.

His research contributions span a wide variety of fields, including leishmaniasis, schistosomiasis, tuberculosis, cardiovascular diseases and cancer. To cite only two examples, it was on Professor El-Hassan's initiative that a Bilharzia Society was formed in the Sudan in the early 1960s. In the area of tuberculosis, he developed an autopsy service for the greater Khartoum area, which made it possible to learn more accurately about the pathology prevailing in the country.

In the past ten years, Professor El-Hassan has served as an adviser to the World Health Organization on medical education, health research and tropical diseases research. He is the co-author of more than 70 outstanding publications on public health topics.

I invite Professor El-Hassan to accept the Dr Shousha Foundation Medal and Prize.

Amid applause, the President handed the Dr A. T. Shousha Foundation Prize to Professor Ahmed Mohamed El-Hassan.
Le Président remet le Prix de la Fondation Dr A. T. Shousha au Professeur Ahmed Mohamed El-Hassan.
Под аплодисменты Председатель вручает премию Фонда д-ра А.Т. Шуша проф. Ahmed Mohamed El-Hassan.
El Presidente hace entrega al Profesor Ahmed Mohamed El-Hassan del Premio de la Fundación Dr. A. T. Shousha. (Aplausos)
وفي وسط التصفيق ، سلّم الرئيس جائزة مؤسسة الدكتور علي توفيق شوشة الى الأستاذ أحمد محمد الحسن.
在掌声中，主席将舒沙博士基金会奖金授予阿姆德·默哈默德·埃勒—哈桑教授。

The PRESIDENT:

I invite Professor El-Hassan to address the Assembly.

Professor EL-HASSAN:

Mr President, members of the Assembly, first I wish to express my gratitude to the Shousha Foundation, the Executive Board of WHO and the Health Assembly for the honour bestowed upon me and my country. In so doing, I am also expressing the sentiments of all my colleagues who were involved with me in the work that has been the basis for the Award. They equally share the honour.

Mr President, distinguished colleagues, those of us who practised medicine in the past 40 years feel privileged to have done so at a time that has been exceptionally exciting and challenging. The scientific progress has simply been phenomenal. Developments in molecular biology, genetic engineering and transplantation, the introduction of effective drugs and vaccines and novel diagnostic tools are only some examples of the technological achievements we witnessed. Perhaps the greatest development has been the redefinition of the role of the physician. We came to realize, more than ever before, that the physician is no longer regarded as a mere healer. There is more to medicine than bedside diagnosis and management. The health of a population is affected by a multitude of factors that are beyond the confines of a traditional physician. Agricultural production and practices, the integrity of the environment, migration from rural to urban areas, unemployment, the changing trends in values and traditions, the menace of drought, poverty and the problems of refugees and war are examples that have profound effects on health. It was the realization of the importance of these factors that liberated the physician from the confines of his ivory tower. In the same way that he utilized knowledge gained from the natural sciences he now realized that there was a lot to be learned from sociologists, economists, ecologists, agriculturalists, etc. Health planning and delivery now involve many disciplines. Not least is the recognition of the importance of community participation in the process. All this was reflected in newer approaches in medical education and health manpower development.

Unfortunately, despite all the technical and scientific progress, yet more problems emerged. In the developed world, life expectancy has increased. Increased longevity, the goal of all Utopias, brought in its wake social, economic and medical problems. Antibiotics dramatically controlled infectious diseases, but their indiscriminate use brought with it drug resistance and other problems. We may remind ourselves of what De Bergerac said in "Voyages to the Moon and the Sun": "Here, as there, exists a mob which cannot endure the thought of things to which it is not accustomed". And new villains have arrived on the scene. The most recent techniques for zygote implantation in surrogate mothers have raised the hopes of many infertile couples; but they equally raised moral and ethical issues that are difficult to resolve. But, of course, one is optimistic. It is in the very nature of man to explore and not to yield. As Alexander Pope said, in his "Essay on Man", "The learned is happy nature to explore, The fool is happy he knows no more". Lord Tennyson has spoken for all men through the words of Ulysses: "How dull it is to pause, to make an end, To rust unburnished, not to shine in use".

Mr President and colleagues, I had the privilege of working with two Directors in EMRO, the late Dr A. H. Taba and the present Director, Dr Hussein A. Gezairy. Time will not allow me to mention all the developments that happened over the years. I shall confine myself to two areas with which I was closely associated: medical education and research. In the 1960s we became concious of the fact that the majority of us in academic institutions had no or very little training in education. Selection to academic positions was largely based on professional competence. To correct this, teacher training was accorded high priority by our Regional Office and the medical schools. The Association of Medical Schools in the Middle East was established and was instrumental in the development of medical education. Centres for teacher training were established, one of the first being in Shiraz. Numerous workshops and training programmes were held. Several medical schools established their own educational centres. Existing curricula were critically evaluated and improved. Medical schools with novel, community-oriented problem-solving programmes were established. There was a growing awareness on the part of academic institutions of the importance of participation in the training of other health categories that were traditionally left to ministries of health. As a result, the barriers between the universities and ministries slowly started to break. A lot, however, remains to be achieved in this area.

If collaboration between academics and the providers of health is crucial in health manpower development, it is equally important in the field of research. Although research institutions existed outside the universities in at least some Member States, most of the research was, and still is, carried out, in the universities. Although trends are changing, the research performed in these academic institutions was not always geared towards solving the local health problems.

In the past few years, particularly over the last decade, the importance of research for the formulation of a proper health policy and its implementation has been appreciated. In view of the shortage of trained manpower and the lack of financial resources, priority was given to applied research directed towards solving health problems more than to purely academic research. The status of research was boosted by the establishment of national bodies, such as medical research councils, in several Member States of our Region. These bodies succeeded to some extent in bringing together the academics and the health providers.

The Eastern Mediterranean Advisory Committee on Health Research, with the help of Regional Office, played a critical role in the further development of research in the Region. Training programmes in research management and research methodology were launched. Priority areas for research were identified and projects in these areas were supported. Research was also funded by the various special programmes of WHO and various other sources. Despite the progress made, there still remains a lot to be achieved. There is still a shortage of trained manpower in this area in the Region. There is lack of career structure for research workers in many countries. These and other obstacles that impede the development of research are priority areas that have to be solved.

Finally, I would like to thank you once more for the honour.

5. PRESENTATION OF THE JACQUES PARISOT FOUNDATION MEDAL
REMISE DE LA MEDAILLE DE LA FONDATION JACQUES PARISOT
НАГРАЖДЕНИЕ МЕДАЛЬЮ ФОНДА ЖАКА ПАРИЗО
ENTREGA DE LA MEDALLA DE LA FUNDACION JACQUES PARISOT
تقديم ميدالية مؤسسة جاك باريزو

雅克·佩里索基金会奖章的授予

The PRESIDENT:

Now ladies and gentlemen, I come to the presentation of the third prize, which is the Jacques Parisot Foundation Medal. The Jacques Parisot Foundation Fellowship is awarded every two years and, according to the established order for nominating candidates, it was the turn of the European Region to submit candidatures for the 1986 award to the Executive Board which, when it met in January 1986, decided that the award be given to Dr Pamela Mary Enderby of the Speech Therapy Department, Frenchay Hospital, Bristol, United Kingdom. Dr Enderby used the fellowship in order to develop guidelines which can be used in health education to promote a greater understanding of how the lay public can assist the speech disabled. the acceptance and integration into the community of speech-handicapped people is a problem that has been somewhat neglected and yet it is a problem existing not only in the developed countries, but also in those in the process of development. Disability prevention is of concern to all who are involved in the health for all movement and Dr Enderby's work will surely help promote a greater understanding of how people and communities can provide assistance to the speech disabled, thus adding not only life to years, but joy to life.

Ladies and gentlemen, it is with great pleasure that I, on behalf of this Assembly, invite Dr Enderby to receive the Jacques Parisot Foundation Medal and to tell us a little more about her project.

Amid applause, the President handed the Jacques Parisot Foundation Medal to Dr Pamela Mary Enderby.
Le Président remet la Médaille de la Fondation Jacques Parisot au Dr Pamela Mary Enderby. (Applaudissments)
Под аплодисменты Председатель вручает медаль Фонда Жака Паризо д-ру Pamela Mary Enderby.
El Presidente hace entrega a la Dra. Pamela Mary Enderby de la Medalla de la Fundación Jacques Parisot. (Aplausos)
وفي وسط التصفيق ، سلّم الرئيس ميدالية مؤسسة جاك باريزو الى الدكتورة باميلا ماري أندربي.

在掌声中，主席将雅克·佩里索基金会奖章授予帕梅拉·玛丽·恩德比博士。

The PRESIDENT:

I invite Dr Enderby to address the Assembly.

Dr ENDERBY:

Mr President, Mr Director-General, distinguished delegates, ladies and gentlemen, speech and language disability is a hidden handicap and the lack of recognition, the common misconceptions and general lack of public awareness can lead to the speech-impaired person having more difficulty in achieving his potential and being integrated into any community.

There are more than two million people in the United Kingdom who have speech and language problems. Of these, 800 000 are unable to speak at all. This prevalence rate of 4.5% is higher than has been previously recognized. Many of the sufferers have an impairment as the result of an accident or illness, such as stroke, Parkinson's disease, multiple sclerosis, or head injury. Others may not develop speech and language normally in childhood, either because of specific problems or as the result of complex combination of psychological, social and medical factors. Impaired communication may be temporary or permanent, according to the underlying cause, which may, or may not be, amenable to therapy or resolved with time.

Speech therapy is involved in the assessment, treatment and support of those with communication handicaps; much can be done to exploit retained potential and to assist people

to communicate either orally or through alternative methods. Rehabilitation can limit impairment; it can reduce disability; but, unfortunately, handicap remains frequently a profound problem. I am using the terms "handicap", "disability" and "impairment" as recommended by this Organization in 1980.

It has been recognized by many that the attitude towards the disabled can be their biggest handicap. In order to reduce prejudices and to assist the speech disabled to become more integrated into society, this study has investigated the attitudes of the lay public to the speech disabled and, conversely, the misconceptions and unpleasant feelings that the speech disabled may have when going amongst the general public. Thus the questions that we have been looking at are as follows: what concern do members of the public have when they come into contact with a person with speech disability; how do they cope with that interaction; how do they perceive a person with speech impairment; what difficulties does a person with speech difficulty experience in a social interaction; how do those experiences affect them; and how do they handle the social interaction in the light of these experiences?

In the first part of the study a research assistant was trained to speak in the way characteristic of five different speech disabilities. These were, hypernasality as associated with cleft palate, the use of the artificial larynx as frequently seen with a laryngectomy patient, dysarthria as associated with bilateral cortical damage, fluent anomic dysphasia, a frequent accompaniment following stroke; and dysfluency often seen in stammering. Having perfected these speech patterns this research assistant and an observer went into shopping areas and approached members of the public. The reactions of those approached were noted by the interviewer and the observer. The observer followed and questioned the person who had been approached. 107 people were approached and 87 assisted in this study. Significantly more people walked away when the research assistant was using a speech disorder, as compared with when he was using his normal voice. In addition, there was least cooperation when he was using the speech associated with laryngectomy.

The questionnaire to assist people to follow this was phrased in such a way that they could attibute their feelings to a third person; we hoped we would get truer reflections in this way. Common descriptions used were "worry", "surprise" "uncertainty" "embarrassment". There was general consensus that people felt that "others" would ignore the speech disabled or consider him as being "retarded". The perception of retardation was more associated with stammering, dysarthria and dysphasia. The majority of the general public felt that a visual logo and more information about this particular disability would assist. It is important to remember when looking at this very small pilot study that the person who was assuming the speech disability did not have the secondary characteristics often associated with speech problems. Thus he was more confident, more relaxed and had better non-verbal communication than some truly speech-disabled people.

The second part of the study involved a national questionnaire to those with speech disability. 200 of these questionnaires have been analysed for this presentation. Many of the speech impaired felt that people unfamiliar with them tended not to encourage them to cooperate in any interaction. In addition, they suggested that they were often dealt with in a patronizing fashion. They often felt that they were being avoided and ignored. The variations of these perceptions truly link to the different types of speech disorders, and those with stroke often had more difficulty in being integrated in the first two years following stroke. The majority of patients in all groups said that people sometimes pretend to understand when they don't and expressed that this made them feel angry, frustrated, exasperated and humiliated. When asked what advice they would give to people on how to deal with a person with a speech problem, the majority of people suggested the following: "be patient", "take time", "listen carefully", "treat them as an individual", "be supportive" and don't interrupt".

This research and the interest by the World Health Organization were instrumental in initiating the launching of a campaign in the United Kingdom to improve public awareness of the speech and language handicapped: "Speak Week", which will introduce a visual and an audio logo to identify the speech-disabled down the telephone, will be starting on 11 May.

Mr President, I am very grateful to the World Health Organization for this award which has instigated this practical research and has stimulated a public awareness campaign which, hopefully, will begin to change attitudes and extend rehabilitation from hospitals and clinics to the responsibility of every one of us - A theme espoused by Jacques Parisot.

6. PRESENTATION OF THE CHILD HEALTH FOUNDATION PRIZE
REMISE DU PRIX DE LA FONDATION POUR LA SANTE DE L'ENFANT
ПРИСУЖДЕНИЕ ПРЕМИИ ФОНДА ОХРАНЫ ЗДОРОВЬЯ ДЕТЕЙ
ENTREGA DEL PREMIO DE LA FUNDACION PARA LA SALUD DEL NIÑO
تقديم جائزة مؤسسة صحة الطفولة
儿童健康基金会奖金的授予

The PRESIDENT:

The next item on our agenda is the presentation of the Child Health Foundation Medal and Prize, for outstanding services in the field of child health. The award, which is made for the third time, goes this year to Professor José R. Jordán of Cuba, in accordance with the decision of the Executive Board at its seventy-ninth session in January 1987.

Ladies and gentlemen, born in 1920, Professor Jordán studied medicine at the University of Havana, where he graduated in 1944. He then devoted the first ten years of his career to nutrition and diet of children, and published his first book on that subject. In 1955, he founded the first hospital ward for the care of children with acute diarrhoeal diseases. Because of its success in decreasing mortality due to diarrhoea in the children treated, this type of facility was later introduced in all children's hospitals in the country. In 1959, Professor Jordán designed an intravenous fluid therapy system which was simple to use, even by auxiliary personnel.

In 1967, Professor Jordán organized the first epidemiological study on accidents in children. During a stay in London and Paris, he designed the Cuban National Child Growth Study, which was carried out from 1972 to 1974. This study, with a sample of 55 000 non-institutionalized children aged from 0 to 20 years, has been presented in many countries and regarded by many experts as one of the best nationwide growth studies so far reported. Professor Jordán also participated in the design of an international mortality study organized by WHO, which was published in 1978.

Professor Jordán has also played a key role in developing health education for the population of his country. Numerous audiovisual programmes have been designed by him and distributed as continuing education material. He is the founder of weekly television programmes on health education which have been screened for more than 18 years.

Professor Jordán has published more than 100 articles in paediatric journals and proceedings of paediatric congresses, as well as two books "Nutrition and diet in children", and "Human development in Cuba". A third book, "Growth of children", is currently in press.

Professor Jordán presently holds the post of Professor of Paediatrics at the Institute of Medical Sciences in Havana, and is Senior Researcher on Growth and Development at the WHO Collaborating Centre in the Cuban capital. He is also a member of the Scientific Council of the Academy of Sciences of Cuba.

Ladies and gentlemen, I now have great pleasure in presenting Professor Jordán with the Medal and Prize of the Child Health Foundation, in recognition of his outstanding service in the field of social paediatrics and child health.

Amid applause, the President handed the Child Health Foundation Prize to Professor José R. Jordán
Le Président remet le Prix de la Fondation pour la Santé de l'Enfant au Professeur José R. Jordán. (Applaudissements)
Под аплодисменты Председатель вручает премию Фонда охраны здоровья детей проф. José R. Jordán.
El Presidente hace entrega al Profesor José R. Jordán del Premio de la Fundación para la Salud del Niño. (Aplausos)
وفي وسط التصفيق ، سلّم الرئيس جائزة مؤسسة صحة الطفولة الى الأستاذ خوسيه ر. خوردان.
在掌声中，主席将儿童健康基金会奖金授予约瑟·R·乔丹教授。

The PRESIDENT:

I invite Professor Jordán to address the Assembly.

Profesor JORDAN (Cuba):

Señor Presidente, señor Director General, excelentísimos señores, estimados colegas: A pesar de mi experiencia en eventos internacionales, debo confesar que en esta ocasión, ante la emoción que experimento, resulta difícil expresar con palabras mi agradecimiento al jurado y al Consejo Ejecutivo, por el honor que me han conferido al entregarme el premio de la Fundación para la Salud del Niño de la Organización Mundial de la Salud. Recibo esta distinción, naturalmente, en nombre de todos los que en mi país han contribuido a este logro y también en el de todos los colegas que en el mundo luchan por la salud y el bienestar de los niños.

Como resulta habitual en este tipo de ceremonia, trataré de resumir en breves palabras mi modesta labor en el campo de la pediatría y particularmente en el de la pediatría social. Por supuesto, obtener logros en esta rama resulta mucho más fácil en un país con un sistema social como el nuestro; pero mi interés por la pediatría social se inició desde que yo era un niño. Mi padre fue el primer médico que se dedicó de modo exclusivo a atender niños en la provincia donde yo nací. En los recuerdos de mi niñez, siempre viene a mi mente su trabajo constante y abnegado, su alegría ante el éxito de una vida salvada y su tristeza ante los fracasos. Conocí en mi propio hogar el batallar incansable y el desinterés en el ejercicio de la pediatría.

Comencé mis estudios de medicina en 1938 y en 1941 fuí premiado con una plaza de alumno interno en el hospital universitario. Mi primer día de trabajo fue el 7 de diciembre de 1941, día aciago en que la Segunda Guerra Mundial se extendió al Océano Pacífico. Graduado de médico en 1944, viví en mis primeros años la edad de oro de la medicina curativa, con el advenimiento de los antibacterianos. Tuve el privilegio, que no tuvo mi padre, de ver salir del hospital en los brazos felices de sus familiares a niños que antes estaban irremediablemente condenados a morir por severas infecciones. Pero al mismo tiempo pude advertir el contraste entre la medicina preventiva que podía ejercer en mi clientela de las clases acomodadas y la muerte de niños aquejados de afecciones, fácilmente evitables por la vacunación, pero condenados por la miseria. Desde entonces aumentaron mis inquietudes por la pediatría social. Al mismo tiempo me apasionó la enseñanza y desde 1945 ingresé en la cátedra de pediatría, hoy departamento, de la cual fui director desde 1960 hasta 1971.

En esa época nos interesamos por los importantes problemas de la nutrición de los niños. Mi primer libro versó sobre este tema y contaba con un extenso capítulo dedicado a la lactancia materna. Durante la década siguiente de los años cincuenta, nos preocupó la primera causa de muerte en los niños pequeños, la diarrea. En 1954, creamos en nuestro hospital la primera sala dedicada exclusivamente a la atención de casos de diarrea con desequilibrios electrólíticos graves. Como resultado de nuestras investigaciones, se diseñó un método de hidratación intravenosa que incluía también un método de rehidratación oral.

En 1959, tuvieron lugar las grandes transformaciones del sistema economicosocial del país, iniciándose un gran movimiento en el desarrollo de la educación y la salud de la población. A raíz de estos cambios, dio comienzo el asiento de las bases del sistema nacional de salud, con una amplia cobertura preventiva y curativa. El método de rehidratación en diarreas y las salas especializadas, en vista del éxito alcanzado, se implantaron en todos los hospitales pediátricos del país. Las soluciones electrolíticas de producción nacional, basadas en nuestras investigaciones, resolvieron el problema de la carencia absoluta que originó el bloqueo.

Durante la década de los años sesenta, participamos con un grupo de distinguidos profesores de La Habana en la fundación y puesta en marcha de nuevas escuelas de medicina en todo el país y tuvimos la satisfacción de organizar los departamentos de pediatría e impartir los primeros cursos.

En 1966, esta Asamblea Mundial de la Salud incluyó en su agenda el problema de los accidentes. Ese mismo año, meses después, realizamos en nuestro país la primera encuesta sobre accidentes en los niños. En 1968, como señaló el señor Presidente, inauguramos por la red nacional de televisión una serie de programas sobre educación para la salud que todavía se mantiene y cumplirá su vigésimo aniversario el próximo año. Esperamos estar allí. Los tres primeros programas que ofrecí, trataron sobre crecimiento y desarrollo, diarrea aguda y accidentes.

En 1970, la Organización Mundial de la Salud me otorgó una beca de estudios sobre crecimiento y desarrollo en el servicio del Profesor J. M. Tanner, en Londres, y después en París, en el Centro Internacional de la Infancia con la Dra. Natalie Masse. Dos años después se realizó en Cuba el estudio nacional de crecimiento y desarrollo que ha recibido un alto reconocimiento a nivel internacional. Es importante señalar que ya en 1972 se habían cumplido en la población del país las normas de crecimiento que plantea la Organización Mundial de la Salud para el año 2000. El estudio se remitió en 1982 y la experiencia acumulada se ha puesto a disposición de todo el personal de salud de otros países mediante numerosos cursos, simposios, asesorías y publicaciones de la Oficina Panamericana de la Salud, la Organización Mundial de la Salud y la Asociación Internacional de Pediatría.

Aunque en el aspecto económico somos un país subdesarrollado, en el momento actual nuestro cuadro de salud corresponde al de un país altamente desarrollado. Desde hace años fueron erradicados el paludismo, la poliomielitis, el tétanos del recién nacido y la difteria. La mortalidad por enfermedades infecciosas y parasitarias es ahora 10 veces menor que en 1962. Se lucha actualmente por reducir aun más la mortalidad infantil, que el pasado año tuvo una tasa de 13,6 por 1000 nacidos vivos. Hemos cumplido con el UNICEF en supervivencia del niño. Se perfeccionan los servicios de neonatología, las salas de terapia intensiva y el diagnóstico prenatal de malformaciones congénitas y anomalías genéticas.

Existía en el pasado un gran bosque con dos frondosos árboles: la diarrea y las enfermedades infecciosas, abonadas por el terreno fértil de la desnutrición. Hemos talado el bosque y esos grandes árboles han caído al suelo, pero detrás asoman ahora otros que han ocupado su lugar y ensombrecen el terreno de la salud. Entre ellos se encuentran los accidentes y las enfermedades crónicas no transmisibles. Trabajamos ahora por consiguiente en investigaciones sobre la prevención de accidentes y en la Comisión Nacional de Promoción de Salud donde mantenemos una campaña perenne contra la obesidad, el sedentarismo y el hábito de fumar. Este esfuerzo se realiza en medio de la crisis económica por la que atravesamos todos los países del área. Sin embargo, la voluntad política permite que la salud y la educación mantengan su prioridad en la asignación de recursos del país.

Pero hay más, desde hace pocos años se viene desarrollando el plan estratégico del médico de familia que dentro de unos años alcanzará una cobertura total de la población. Para mí, al cabo de seis décadas significa un reencuentro con mi padre que fue un pionero de esta práctica tan humana. Como actuaba solo, se dio cuenta que aspiraba a un imposible, pero supo cumplir con su deber. Veo en esta nueva estrategia sus propios ideales pero elevados en una espiral superior de desarrollo como parte de un sistema y no luchando como un individuo aislado.

En cuanto a mí, durante los últimos decenios he tenido el privilegio de contar, al igual que todos los trabajadores del área de la salud, con la voluntad política y la equidad social, ejercidas y estimuladas personalmente por el Jefe del Estado, Presidente Fidel Castro. A esto se deben en gran parte los logros en el ejercicio de mi profesión y a ellos se une el entusiasmo de mis colaboradores y el apoyo de mi familia, especialmente mi compañera de muchos años. Deseo una vez más expresar mi agradecimiento a los compañeros del Ministerio, del Departamento, la Sociedad Cubana de Pediatría y la Asociación Lationamericana de Pediatría (ALAPE).

Por último, un señalamiento muy especial a la Oficina Panamericana de la Salud con su Director, el Dr. Carlyle Guerra de Macedo, a la Organización Mundial de la Salud y a su Director, el Dr. Mahler y a la Asociación Internacional de Pediatría a través de su Director General, el Profesor I. Dogramaci y con todos continuaremos colaborando. Estimados colegas, con mi pueblo, con el pueblo latinoamericano y del Tercer Mundo en particular, comparto y a ellos dedico el estímulo que me ofrecen hoy. Mi vida laboral, como antes les había informado, comenzó un día sombrío de la Segunda Guerra Mundial. Ojalá que termine con la alborada luminosa de una paz mundial, justa y duradera para que los niños del mundo crezcan sanos y felices ya que nada hay más importante que un niño.

Muchas gracias a todos.

## 7. PRESENTATION OF THE SASAKAWA HEALTH PRIZE
## REMISE DU PRIX SASAKAWA POUR LA SANTE
## ВРУЧЕНИЕ ПРЕМИИ ФОНДА ЗДРАВООХРАНЕНИЯ САСАКАВЫ
## ENTREGA DEL PREMIO SASAKAWA PARA LA SALUD
## تقديم جائزة ساساكاوا للصحة

## 颁发 SASAKAWA 卫生奖

The PRESIDENT:

Ladies and gentlemen, we now come to the presentation of the Sasakawa Health Prize. This prize was established in 1985 by Mr Ryoichi Sasakawa, Chairman of the Japan Shipbuilding Industry Foundation and President of the Sasakawa Memorial Health Foundation.

It rewards outstanding innovative work in health development, and is intended to encourage the further development of such work.

It is a great pleasure to announce the winner of the 1987 Sasakawa Health Prize: Sister Marie Joan Winch of Australia.

Sister Marie Joan Winch is a qualified nurse-midwife and child health nurse who has worked continually over the past 10 years for improvement of Aboriginal health standards and to promote better understanding between the Aboriginal and white communities in Australia.

Sister Winch holds a diploma of applied science from the Western Australia Institute of Technology. Her present position is Coordinator of Health Education Programmes, an Aboriginal community-controlled organization under the umbrella of the Aboriginal Medical Service, Perth, Western Australia.

While Secretary of the Southern Suburbs Aboriginal Association in the mid-seventies, Sister Winch organized social activities, raised funds from the business community and started a scheme wherein unemployed Aboriginal youth undertook heavy household work for the elderly and incapacitated.

As Hospital Employees Union Representative from 1966 to 1975, she was successful in improving the working conditions for staff.

Following study tours abroad to India and China in 1976 and 1977, Sister Winch was instrumental, as a Council Member of the Aboriginal Medical Service, in incorporating many of the principles learned in these countries into the delivery of health care for Aboriginal communities. From the Indian village programmes she brought to Western Australia nutrition and environmental health programmes at a practical and concrete level.

From China's Barefoot Doctors' Scheme she brought a philosophy and holistic approach to medical treatment which fits in with Aboriginal culture and experience.

Sister Winch has successfully lobbied for the upgrading of the Mobile Medical Unit, which has become a model for other services in areas ranging from the goldfields in Western Australia to New Mexico in the United States.

Since 1982, Sister Winch has devised and implemented the Aboriginal Health Workers' Programme. With little financial assistance and few resources, she ran the first one-year programme single-handed. In 1983, with some additional resources and other staff, a second programme was conducted for grandmothers, supporting young mothers and fringe dwellers. Nine of the first graduates are now employed by the Aboriginal Medical Service in Aboriginal communities throughout the State.

Currently, Sister Winch is Chairperson of the Centre for Aboriginal Studies at the Western Australia Institute of Technology, where she lectures in various disciplines. She regularly speaks to graduating doctors and teachers on Aboriginal culture and health.

She is also a member of the Parole Board in Western Australia, working for better conditions and opportunities for Aboriginal prisoners and ex-prisoners.

As an inaugural member of the Women's Advisory Council to the Premier of Western Australia, she has continued to work as an advocate for Aboriginal people in general and Aboriginal women in particular. Her Aboriginal students and graduates have become invaluable role models for their people.

The Sasakawa Health Prize award of US$ 30 000 will contribute to the establishment of an Aboriginal Health Education College at Gnangara, Western Australia, for the education and training of Aboriginal health workers and the promotion of understanding and cooperation of the community in relation to improving Aboriginal health.

In conclusion, Sister Marie Joan Winch has not only improved the health and life of many individuals through her own example, vision and drive, but through structural and political initiatives she has influenced the social and economic development of both the Aboriginal minority and the white majority population in Australia. Through her initiatives, primary health care activities have been developed and equity and social justice increased.

It is now my privilege and honour to present the Sasakawa Health Prize to Sister Marie Joan Winch. It is also my pleasure to present to you, Sister, a bouquet of flowers on behalf of the International Council of Nurses.

Amid applause, the President handed the Sasakawa Health Prize to Sister Marie Joan Winch.

Le Président remet le Prix Sasakawa pour la Santé à Mme Marie Joan Winch. (Applaudissements)

Под аплодисменты Председатель вручает премию Фонда здравоохранения Сасакавы г-же Marie Joan Winch.

El Presidente hace entrega a la Sra. Marie Joan Winch del Premio Sasakawa para la Salud. (Aplausos)

وفي وسط التصفيق ، سلّم الرئيس جائزة ساساكاوا للصحة الى السيدة ماري جون وينتش.

在掌声中，主席将 SASAKAWA 卫生奖授予玛丽·琼·温奇女士

The PRESIDENT:

I invite Sister Marie Joan Winch to address the Assembly.

Sister Marie Joan WINCH:

Director-General, Mr President, and fellow brothers and sisters, it gives me great pleasure to be the recipient of the Sasakawa Health Prize for 1987 and I extend my heartfelt gratitude to Mr Sasakawa, who had the foresight to encourage primary health care on an international level.

The Aboriginal people of Australia have been struggling and fighting against disease for the last 200 years - ever since our country was invaded.

The reason for the implementation of our primary health care programme was that, despite the money that has been poured into something labelled "Aboriginal Health", no great inroads have been made. Without education, the knowledge is lost.

To keep medicine a mystery in the hands of a few privileged people is to deny our people the right to health. We had managed to maintain a lifestyle for over 40 000 years, only to have our people driven off the fertile lands and stricken down with plagues and diseases from which we have never recovered and to be made paupers in our own country.

To be healthy, the impetus must come from within. To be accepted by the people, it has to help. Pressure from external forces will only be of minimal benefit.

I am accepting this award on behalf of the Aboriginal people of Australia.

As a baby my mother was taken from her family and placed in a mission with children from many different tribes. She was not allowed to speak her mother tongue - only English. This happened to many of our people. If she needed anything in the way of nutrition and medical care, this was given without the follow-up education to go with it. Consequently, when my brothers and myself were children my mother did not know the necessary steps to take to treat us for scabies, head lice, impetigo and other ailments such as ear infections. We were continually sent home from school in disgrace with these contagious diseases.

It is then an indictment on our past governments that all these diseases and others such as trachoma, diarrhoea, severe chest infections and untreated diabetes are still having devastating effects on our people.

As a community nurse working with our people, it soon became apparent to me that there were still great gaps in the knowledge of the next generation of our mothers in caring for their families.

It is very difficult to teach someone what steps to take when a member of the family is sick. Time and time again I would go back to the family to teach them about coping with their health problems.

I then set about composing an education programme which was designed specifically to help our people to cope with the many problems that the stresses of daily living bring. This programme was then submitted to the Department of Aboriginal Affairs for funding. Although it was agreed that the programme had great merit, no funding was forthcoming, despite the fact that hundreds of thousands of dollars were being paid to hospitalize Aboriginal people - particularly children - for long periods of time.

Eventually I was funded with a small amount of money. This was used to convert a warehouse into a school-room and a small recreation area. This is where our embryo of the Marr Mooditj (Good Hands) College began. The Federal Education Department has since come forward with the granting of a living and equipment allowance for our students.

Though, after three years, we are still in those cramped quarters, the effects of the health workers can be seen within the Aboriginal community. It can be seen that health is no longer something that is decided by white professionals, but is the concern of the grass-roots people.

Over the years it has been very difficult to encourage our people to be educated as nurses and doctors. There is always a big drop-out rate in these courses and our people have found it difficult to compete in the non-Aboriginal community. However, since our inception we have three people studying for degrees in nursing and one young man is studying for medicine - these have been the direct effects of our programme.

My greatest dream is to set up a college to teach all aspects of Aboriginal health. The only way to solve our horrific health problems is to tackle them in our own way, providing we get the financial support from our Government.

We would like to use our College to run seminars and conferences, not only for our people but also for those interested health professionals, both interstate and overseas. As well as this, we want our health workers to be funded to run mobile clinics for ante-natal and post-natal mothers, as well as for children and the elderly.

I would like to bring a message from our Director of the Perth Aboriginal Medical Service which says,

"Delegates of the Fortieth Plenary of the World Health Organization, the Aboriginal Medical Service of Western Australia wishes to express its support to all delegates to the Fortieth World Health Assembly. The struggle to improve health conditions for all is never-ending. Much funding and resources are still needed worldwide. In our own little corner of the world programmes and initiatives which our service promotes are continually frustrated by lack of government funding, resources and foresight. This service is Aboriginal-community-controlled and as such has proven that community-controlled health care delivery is more likely to be successful. You can be assured that the monies associated with the Award will be put to good use and the staff of the Perth Medical Service will be happy to show you our service if ever you are in Perth, Western Australia."

Now it is with great pleasure that I accept this most prestigious award from Mr Sasakawa and the World Health Organization. The cash prize will be the cornerstone for Marr Mooditj College. Marr Mooditj means "good hands" in our language. The College which will help the Aboriginal people of Australia to participate in the effort to attain WHO's goal of health for all by the year 2000. Thank you very much.

The PRESIDENT:

Thank you, Sister Marie Joan Winch. It is now my privilege to give the floor to Professor Kiikuni, representative of the generous founder of the Prize, Mr Sasakawa.

Professor KIIKUNI (representative of the Founder):

Mr President, distinguished delegates to the World Health Assembly, Dr Halfdan Mahler, Director-General of the World Health Organization, ladies and gentlemen, I have pleasure in presenting Mr Sasakawa's address:

First of all let me express my most sincere esteem to all the colleagues who are fighting for the attainment of health for all of the people on this earth. It is my privilege to deliver the message at this auspicious occasion of the awarding of the WHO Sasakawa Health Prize for 1987.

Let me also express my most sincere respect and congratulations to the laureate of this year's Sasakawa Health Prize, Sister Marie Joan Winch, whose dedication for promotion of health and welfare of aboriginal people of Australia over the years is the most suitable model of the activities to attain our mutual goal of health for all by the year 2000. I am grateful for the most effective work of the Sasakawa Health Prize Committee of the Executive Board of WHO and its members in selecting such a distinguished laureate this year.

I was hoping to attend this important ceremony personally to express my deep appreciation to Sister Marie Joan Winch as well as to all of you for your noble and dedicated work. However I have been chosen as a recipient of the highest order of decoration in Japan and on this very day I am to receive the decoration from His Imperial Majesty, the Emperor of Japan. Therefore I have asked Professor Kenzo Kiikuni, Managing Director of the Sasakawa Memorial Health Foundation, to deliver my brief message today.

I was born on May 4th 1899. Thus I became 88 this year; but I am blessed with good health, needing no glasses to read and working 365 days a year because I believe I can have plenty of holidays when I get to the other world. I am trying to realize my life-long motto "The world is one family: all mankind are brothers and sisters" on this earth and try to share my good health with all the people in the world who still do not have equal access to the fruits of the scientific technology that we developed. Thus I hope to bring about happiness, health and longevity to all peoples making this spaceship earth a clean, comfortable and peaceful place to live. I believe that everyone on this earth should make his or her contribution toward the health and happiness of mankind. If you have energy, you offer it; if you have creativity, you offer it; if you have resources, you offer them. Thus we all shall pull our effort together to overcome the difficulties confronting ourselves. I am enjoying excellent health, but I thought it should not be enjoyed by myself alone and it should be shared by many people on this earth. So I established the Sasakawa Memorial Health Foundation on my seventy-fifth birthday, which is 13 years ago, in the hope of promoting international cooperation to tackle various health problems in this world. Thanks to the efficient work and guidance

of the World Health Organization under the very capable leadership of the Director-General, Dr Mahler, I had the privilege of making my contribution to the successful smallpox eradication campaign. I recall the declaration of smallpox eradication which took place on this platform seven years ago, to which I was invited as the only private person outside governments.

As for another difficult disease, leprosy, thanks to the concerted effort of international teams of medical researchers, anti-leprosy vaccine is now becoming available. On 8 December 1986 I was vaccinated with anti-leprosy vaccine as the first healthy volunteer in Japan. I volunteered for vaccination so that I could prove that, even for the 88-year-old, this new anti-leprosy vaccine is safe.

It was on that occasion I was briefed by Dr Mahler on the magnitude of the threat to mankind of the new problem of AIDS and WHO's determination to fight against it. I understood its serious implications and I asked Professor Kiikuno to join the special meeting on AIDS convened by WHO on 27 April to see how I can cooperate in tackling this difficult problem. I am confident that, if we all unite our energy, creativity and resources, we will certainly find the way to overcome this difficult problem. I would like to ask the cooperation of distinguished delegates to this Assembly to give your special attention to this very important public health problem. Money is useless unless it is put to good use. We were all born naked and will die with nothing to carry over to another world. Money must be effectively used for the welfare of the people of this world. As I mentioned earlier, I am now physically 88 years old, but I decided to discard 60 years and became a youth of 28 again. I believe any age beyond 60 is like a burglar trying to rob one of one's life. So I do not welcome it nor celebrate it. I have been telling people to plant a tree on his or her birthday instead of celebrating it. Trees not only clean our air but please our eyes.

In closing I reiterate my pledge to all of you that I shall continue to serve mankind to the best of my ability, joining my efforts with those of all of you and those of WHO under the able leadership of the Director-General, Dr Mahler. I also pray to the almighty gods for prosperity of all the countries and the peoples of the world. Also I pray for health, happiness and longevity of all of you, ladies and gentlemen, gathered here today, and especially of this year's Sasakawa Health Prize laureate, Sister Marie Joan Winch.

The PRESIDENT:

Thank you, Professor Kiikuni, for your most encouraging and invigorating words. Distinguished delegates, ladies and gentlemen, Professor Kiikuni was the last speaker in this ceremony and in this morning's session. We will reassume our deliberations this afternoon at half past two, 14h30. This meeting is adjourned.

The meeting rose at 12h35.
La séance est levée à 12h35.
Заседание заканчивается в 12ч.35м.
Se levanta la sesión a las 12.35 horas.
رفعت الجلسة في الساعة ١٢ر٣٥ بعد الظهر.

会议于12:35时休会。

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