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FORTY-SECOND WORLD HEALTH ASSEMBLY

COMMITTEE A

PROVISIONAL SUMMARY RECORD OF THE TWELFTH MEETING

Palais des Nations, Geneva
Thursday, 18 May 1989, at 9h00

CHAIRMAN: Dr J. P. OKIAS (Gabon)

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TWELFTH MEETING

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Mrs KADANDARA (Zimbabwe) supported programme 13, but because of shortage of time, had not intervened in the earlier discussions. Her delegation felt strongly that disease prevention and control was an important programme for the African Region. Would it be possible for it to be discussed at an earlier stage because, in its present place in the agenda, lack of time often prevented full discussion?

Referring to programme 13.6 (Diarrhoeal diseases), she said that further support was needed in her country to reduce mortality and morbidity rates, especially in children under five years of age. Preventive and promotional activities were still being strengthened, and more financial aid would be needed to improve the dissemination of information.

Under programme 13.7 (Acute respiratory infections), the training of nursing personnel in the diagnosis and treatment of children was being strengthened. Training modules had been formulated, and could be used by nurses at all levels. Research was being carried out to determine the gravity of the problem. The evaluation of training programmes for nurses, started in 1986-1987, was continuing. Her delegation felt very strongly that, because of the shortage of doctors, nurses needed to be given the necessary expertise in history-taking, diagnosis and treatment.

Her delegation supported the planned activities under programmes 13.8 (Tuberculosis) and 13.9 (Leprosy). Training and health education programmes were under way in Zimbabwe, and more would be needed to create public awareness and promote preventive measures.

Her delegation supported the strengthening of the activities aimed at controlling sexually transmitted diseases, particularly in the highly vulnerable groups. Emphasis given to the role played by behavioural and social factors in the prevention of those diseases, would, it was hoped, help to modify the behavioural patterns and attitudes of some population groups. Anxiety and a sense of helplessness would continue to increase in the absence of effective treatment for certain viral diseases. It was hoped that positive results from research would soon be forthcoming. The strengthening of health education and health promotion activities was appreciated.

Additional support was necessary for the training of personnel in counselling techniques, both for patients and the community. The management of patients and their partners who sought help needed new approaches, not only in the provision of treatment, but in communications skills. An appreciation of the sociological and psychological factors involved would help those giving care and advice. Additional assistance to enable on-the-job training and workshops for nurses to be organized would be welcomed. The publication of the Zimbabwe Nursing Journal on a regular basis, as an additional means of disseminating relevant information on health problems and activities in general, would be useful, and financial help would be needed for that purpose.

Mrs MATANDA (Zambia) expressed appreciation for the efforts made in carrying out activities under programmes 13.6 (Diarrhoeal diseases), 13.8 (Tuberculosis) and 13.9 (Leprosy), and particularly for WHO's cooperation in establishing a training centre in diarrhoeal diseases control to strengthen the management of those diseases. A setback had occurred in Zambia earlier in the year when there had been an outbreak of cholera in one part of the country, which was traced to a neighbouring country. The problem had been contained, and surveillance activities were continuing, but Zambia's meagre resources had been depleted. She therefore urged the Regional Director to assist, not only with material and financial resources, but in initiating a dialogue with the country concerned.

With regard to tuberculosis, there had been an annual increase of 20% in notifications over the last five years. The prevalence of HIV infection had posed a major threat to the tuberculosis control programme, and further support in that area was therefore needed.

Since the inception of multiple drug therapy in 1983, a decrease in the number of registered leprosy cases had been observed, and she thanked WHO, the Sasakawa Memorial Health Foundation, the Leprosy Mission and bilateral donors for their continued support in providing drugs and scholarships, which had enabled personnel to update their knowledge at the All-Africa Leprosy Training Course in Ethiopia.

Professor MULLER (Netherlands) considered programme 13.6 (Diarrhoeal diseases) to be an excellent programme. Oral rehydration therapy fitted in well with the primary health care strategy. Although it was difficult to judge in global terms, training activities appeared extensive, and the research component was stimulating work on improved oral rehydration salts, vaccine development, and the effect of various interventions on the prevention of diarrhoeal diseases. Mention was repeatedly made in document PB/90-91 to the attempts made in the regions to achieve better integration of diarrhoeal diseases control in mother and child health services. Would it be possible to indicate how successful these efforts had been? It would also be of interest to hear what WHO's role had been in the coordination of diarrhoeal diseases activities with bilateral and multilateral agencies at country level.

The same two questions also applied to programme 13.7 (Acute respiratory infections), where the technology was both more expensive and more difficult to apply than was the case for diarrhoeal diseases. It was, however, a public health programme of the same magnitude, and his delegation felt that it was important that WHO should deal with it in the same way as for diarrhoeal diseases. The financial provision for the programme provided for the doubling of extrabudgetary funds in 1990-1991 as compared with 1988-1989. Even if that goal were attainable, would there be adequate support for such research as vaccine trials?

His delegation was concerned about the decrease in available funds for tuberculosis, since it appeared that there was an increase in the number of patients in countries where HIV infection was endemic. That trend, already apparent in a number of African countries, was also likely to develop in Asia and Latin America. Was it the right moment for WHO to make less funds available for national tuberculosis control programmes?

Document PB/90-91 contained a realistic assessment of the leprosy situation. One crucial issue was the integration of leprosy control with primary health care; that required an adequate health infrastructure, and methods of mobilizing the community. No mention was made in the document of the combined leprosy and tuberculosis control programmes operating in several countries; what were WHO's views on that subject?

Success had been achieved in various aspects of rabies control, and it was to be hoped that Member States would adopt the effective means at present available for the control of that zoonosis. Zoonotic diseases and foodborne infections were becoming increasingly important health problems, and their effective control would require both the upgrading of managerial skills and research on improved tools for the monitoring of infection and the control of the diseases.

His delegation supported the draft resolution on the control of foodborne diseases now before the Committee.

In respect of sexually transmitted disease, his delegation considered it extremely important that countries be encouraged to use the infrastructure being created for the prevention and control of AIDS for the control of sexually transmitted diseases in general. Programme 13.12 (Research and development in the field of vaccines) was important, in view of recent developments. The proportion of extrabudgetary funding in the allocation for that programme appeared to be about 90%, and the total amount was relatively modest, in the light of the cost of laboratory and field research. The choice of main priorities did not seem to be clearly defined, nor was it stated how those priorities would relate to similar activities being developed under the Expanded Programme on Immunization, the Special Programme of Research, Development and Research Training in Human Reproduction, the Diarrhoeal Diseases Control Programme, and the Global Programme on AIDS. Could the Secretariat provide some more information on that point?

Dr BRAMER (German Democratic Republic), referring to programme 13.10 (Zoonoses), and specifically to human salmonellosis, said that efforts to control that disease were of growing importance for both developed and developing countries. The correct interpretation, and if necessary, the intensification of already known and proved methods of epidemiological surveillance were a prerequisite for the protection of human health against salmonellosis caused by meat, poultry, eggs, etc. Further research and international collaboration, and also collaboration between developed and developing countries, seemed to be necessary. The successful outcome of a WHO meeting on salmonellosis, held in the German Democratic Republic, had been encouraging; his Government was prepared to make further scientific inputs into WHO's programme on zoonoses, and was interested in closer future cooperation with WHO within the framework of a collaborating centre having salmonellosis as its main responsibility. His delegation was therefore one of the co-sponsors of the draft resolution before the Committee.

Dr LARIVIERE (Canada) said that his delegation had difficulty with the text of the draft resolution on the control of foodborne zoonoses, which was before the Committee. Its views had been shared with some of the co-sponsors, but time had not permitted consultation with them all.

At first glance, the draft resolution appeared to be both broad and cryptic. His delegation's first impression had been that it was addressing a whole range of infections, ranging from trichinosis, which was of importance to Canada, to salmonellosis, which was important both to Canada and to many other countries. It had become clear during discussions with the co-sponsors, however, that the draft resolution was concerned essentially with human salmonellosis.

The problem caused by salmonellosis to public health was, of course, a problem of food safety. It was agreed that the origin might lie in zoonoses and in agricultural production, but its control, from a public health point of view, should be looked at from the point of view of food safety. His delegation was distressed that there was no mention in the draft resolution of the work being done by the Codex Alimentarius Commission. It would be remembered that, two years previously, the Health Assembly had considered for the first time a report on the work of that Commission, and adopted resolution WHA40.20 calling upon WHO to continue to collaborate with FAO in support of the Commission, and upon Member States to participate actively in its work.

His delegation wished to propose a number of amendments to the draft resolution, which it was believed would give appropriate scope and breadth to it, and which were felt to be of capital importance.

If, in fact, the main thrust of the resolution was the prevention and control of salmonelloses, then the title should be changed to read "Prevention and control of salmonellosis".

The first preambular paragraph should be amended to read:

"Acknowledging the work of the Organization in the prevention and control of foodborne diseases, including those of zoonotic origin;"

In the last preambular paragraph the following change was proposed:

"Taking into account the recommendations of the Codex Alimentarius Commission, various WHO meetings and expert committees on the subject;"

Operative paragraph 1(1) should be amended to read:

"(1) to intensify their epidemiological surveillance services in monitoring critical points of production, processing, and marketing of animals and their products with regard to salmonellosis and other zoonotic enteric infections;"

A third operative paragraph should be introduced, to read:

"(3) to take into account the relevant Codex standards and international codes of hygiene and practices in the development and implementation of their epidemiological surveillance services;"

The next operative paragraph would then become paragraph 1(4).

In operative paragraph 2(1), the word "further" should be inserted after "develop" in the first line, to indicate that work had already been carried out.

Operative paragraph 2(2) should be amended to read:

"(2) to continue to assist Member States, in particular through the work of the Codex Alimentarius Commission, in the development ..."

In operative paragraph 2(3) the words "continue to" should be inserted after "to" in the first line. At the end of that paragraph, the words "foodborne zoonoses" should be replaced by "salmonellosis and other zoonotic enteric infections;".

As a result of the changes proposed, the present paragraph 2(4) would become redundant, and should be deleted.

Paragraph 2(5) would then become paragraph 2(4), and should be amended to read:

"(4) to report to the Executive Board and the Health Assembly on future activities of the Organization in the area of prevention and control of salmonellosis and other zoonotic enteric infections."

He felt that it was obvious that activities undertaken by the Organization in collaboration with FAO and other agencies required the full cooperation of all the relevant units within the Organization, and he urged the Director-General to ensure the harmonious and effective collaboration of everyone concerned.

Mr KUROKAWA (Japan) believed that the activities of the Expanded Programme on Immunization were of major importance in the attainment of health for all. So far, however, there had been only limited interest and investment in the improvement of vaccines, which were the essential tools of the Programme. As a result, vaccines continued to be vulnerable to heat, and many users had been obliged to equip and maintain efficient cold chains. Many countries had reported that such cold chains had been organized, but the maintenance and expansion of efficient cold chains burdened many countries with costs which took up a significant part of the resources of the Expanded Programme on Immunization.

Japan had launched a series of studies on increasing the heat stability of vaccines used in the Expanded Programme, through the improvement of production processes, etc. Although the project had still not been completed, the data so far obtained were very promising. The aim was to develop BCG and DPT vaccines that were stable at 40°C for three months. The studies were being pursued in the hope that the Expanded Programme could be further promoted and that the resulting vaccines could be utilized in tropical areas. The development and introduction of heat-stable vaccines would not be possible, however, without the support and understanding of WHO and its Member States, and their collaboration would be greatly appreciated.

His delegation welcomed the activities proposed for programme 12 (Research and development in the field of vaccines), and supported them.

Dr SAVEL'EV (Union of Soviet Socialist Republics) supported the aims and activities of the group of programmes under consideration.

Programme 13.6 (Diarrhoeal diseases) was one of the most timely of WHO's activities. It had been based from the start on the concept of primary health care. An extremely important aspect of it was that ever-increasing attention was being paid to the research component of the programme, including the development of new methods of oral rehydration, including formulations that could be prepared and used in the home.

The problem of the control of acute respiratory infections was also of great current importance, and WHO should participate in developing effective vaccines against the most dangerous of them, as well as of methods of rapid diagnosis and the choice of appropriate treatment. A study of the role of pathogenic fungi in bronchopneumonial infections in children would be of great interest.

The old problem of tuberculosis control had arisen once again in connection with the dissemination of AIDS. Scientific research on the pathology of AIDS in combination with tuberculosis was therefore currently justified particularly on the development of new antituberculosis drugs, treatment regimes, and the determination of the effectiveness of BCG vaccines. His delegation welcomed the decision of the Director-General to add two posts to the tuberculosis programme.

With regard to programme 13.10 (Zoonoses), increasing emphasis was correctly being placed on the increasing importance of zoonoses as a public health problem in most parts of the world. The programme seemed to be well balanced, an important part of it being devoted to food-related zoonoses. That seemed to him to be more of a veterinary problem, but it was also very important for human health, as had already been pointed out by previous speakers. At the present time it seemed to be more of a problem in developed countries but, with the spread of food processing and industrialization, countries all over the world would be increasingly affected; that was the reason why the draft resolution on the subject had been submitted. The amendments proposed by the delegation of Canada deserved attention, and he suggested that a small working group should prepare a consolidated draft resolution that could be adopted by consensus.

His delegation approved the activities shown under programme 13.11 (Sexually transmitted diseases) and endorsed the priority given to vulnerable groups, together with the role of Chlamydia and other pathogens linked to that group of diseases in secondary infertility, neonatal infections and genital cancer. However, his delegation thought that laboratory and diagnostic systems should also be given priority, with the aim of standardizing laboratory tests, reducing their cost and encouraging the use of rapid sensitive and specific procedures.

The CHAIRMAN said that, in the absence of any objections, he would take it that the Committee agreed to establish the drafting group proposed by the Soviet Union. He suggested that it should consist of the following countries, in addition to the Rapporteur: Bulgaria; Canada; China; Cuba; Czechoslovakia; Finland; German Democratic Republic; Germany, Federal Republic of; Hungary; Sweden; Union of Soviet Socialist Republics; United States of America.

Mr DEBRUS (Federal Republic of Germany) asked for the amendments proposed by Canada to the draft resolution on control of foodborne zoonoses to be circulated in writing before the working group met.

Mr BAIL (Australia) said that his delegation was aware of the vital work done by the Codex Alimentarius Commission in the field of hygiene, salmonellosis and other foodborne diseases. It therefore commended the resolution to the Committee in the form proposed by Canada.

Ms BRUZELIUS (Sweden) said that her delegation approved the further consolidation of programme 13.7 (Acute respiratory infections) as a combined programme of research and action. Those infections were a major but neglected problem in the Third World and work on them needed larger allocations from the regular budget. Sweden, as a donor to the programme, would welcome contributions from other donors.

Professor BORGOÑO (Chile) expressed his delegation's satisfaction at the progress achieved by programme 13.7 (Acute respiratory infections). There had been a substantial drop in infant mortality from those diseases, for example in Cuba, Chile and Costa Rica. The implementation of the programme, which now had simplified strategies and standardized procedures, should produce a similar result in other countries. Extensive cooperation by primary health care teams facilitated the early diagnosis and treatment which were the programme's main strategy. More funds should be devoted to the research component of the programme and extrabudgetary resources could help to meet that need. Countries should be optimistic about the possibilities for controlling and preventing acute respiratory diseases after trials of new vaccines which might be effective in primary prevention.

The tuberculosis situation should be a major concern of the Organization in view of the deterioration in control programmes in many countries and because of the relationship

between tuberculosis and infection with HIV. He believed that there would be a resurgence of tuberculosis morbidity and mortality unless adequate steps were taken. Tuberculosis was a disease that could be both prevented and cured. The linkage of the tuberculosis programme with certain aspects of the Global Programme on AIDS was very important and should be continued.

Mr AHOOJA (India), referring to programme 13.9 (Leprosy), said that the success of multidrug therapy held out real hope of controlling and eradicating leprosy; in his own country it had resulted for the first time in the number of discharges being greater than the number of new cases detected. Momentum should be maintained through continued research and the promotion of training and education. He made a strong plea for additional resources to be devoted to leprosy control.

Dr BEKTIMIROV (Assistant Director-General), replying to questions raised by the delegate of the Netherlands, said that in all countries diarrhoeal diseases control (CDD) was being implemented by multipurpose health workers. Training in that subject, especially of first-level supervisors, was integrated with training in immunization, acute respiratory infections (ARI) and birth spacing. Programme surveys and reviews were often carried out jointly with the Expanded Programme on Immunization and other programmes.

A request had been made at the 1988 Meeting of Interested Parties for the CDD and ARI Programmes that WHO should play a greater role in coordinating support for national CDD programmes at country level. The Organization had met that request, among other things by assigning WHO/CDD medical officers to a number of large countries. Regional and global collaboration in the same field was being pursued actively with UNICEF and USAID.

In reply to the point raised by the delegate of Zimbabwe about the ARI programme, he said that the Organization fully realized that nurses could play an important role in the diagnosis and treatment of acute respiratory infections, especially in first-level health facilities. WHO planned to do the same for nurses under the ARI programme as it was doing under the CDD programme.

The delegate of the Soviet Union had spoken of the need to determine the impact of acute respiratory infections. Pneumonia accounted for about 3-4 million deaths of children below five years of age in developing countries. WHO was dealing with that situation through simplified procedures for diagnosing and treating pneumonia that could be used in all countries. He hoped that support from donors would be forthcoming for that work. The possible impact of HIV infection on pneumonia incidence and mortality in children, especially in Africa, drove home the need for more national ARI programmes.

Concern had been expressed by several delegations at the reduction of country-level funds available for tuberculosis control. He wished to assure the Committee that, because of the availability of funds other than the amounts proposed for the tuberculosis programme in the programme budget for 1990-1991, there would be no decline in tuberculosis control work. The Director-General had in fact increased the regular budget of the Tuberculosis Unit, which was collaborating closely with the Global Programme on AIDS. Some of the resources available to the Global Programme were being used for tuberculosis activities.

The delegate of the Netherlands had raised the possibility of combined leprosy and tuberculosis programmes. The Secretariat believed that, at the primary health care level, services for those diseases should be combined; at higher levels, the extent of integration would depend on the health infrastructure of the country concerned. Global and interregional research on that point was provided for in the programme.

With regard to the emphasis placed by the delegates of the Netherlands and Zimbabwe on collaboration between the sexually transmitted diseases (STD) and AIDS programmes, he said that the two programmes worked together increasingly at the national and international levels. In countries with extensive STD programmes, AIDS prevention was included in STD control; in others, AIDS was a catalyst for strengthening the control of sexually transmitted diseases.

The delegates of the Netherlands, Japan and other countries had referred to vaccine development. The vaccine research and development programme (programme 13.12) and the other communicable diseases programme (programme 13.14) were run by the same unit of the Secretariat. That resulted in close coordination between disease control and vaccine development activities. In the field of vaccine development, close links existed at headquarters between that unit and other programmes, such as the Expanded Programme on Immunization, the Diarrhoeal Diseases Control Programme and the acute respiratory diseases and human reproduction research programmes. The vaccinology and vaccine development programme helped in developing delivery systems which avoided repeated administration of vaccines and in encouraging live vector research.

2. THIRD REPORT OF COMMITTEE A (Document A42/40)

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland) read out the draft third report of the Committee.

The report was adopted.

3. PROPOSED PROGRAMME BUDGET FOR THE FINANCIAL PERIOD 1990-1991 (Articles 18(f) and 55): Item 18 of the Agenda (Documents PB/90-91 and EB83/1989/REC/1, Part II) (resumed)

PROGRAMME POLICY MATTERS: Item 18.2 of the Agenda (Documents PB/90-91, EB83/1989/REC/1, Part II, Chapter II and A42/INF.DOC./1) (resumed)

Health science and technology - disease prevention and control (Appropriation Section 4; Document PB/90-91, pages 265-358, and EB83/1989/REC/1, Part II, Chapter II, pages 208-209) (resumed)

Disease prevention and control (programme 13) (resumed)

Programmes 13.13 to 13.15: AIDS: Other communicable disease prevention and control activities: and Blindness and deafness

Dr NTABA (representative of the Executive Board) said that the Board's comments on programme 13.13 placed AIDS (which was being discussed in Committee B) in the context of disease prevention and control as a whole. The Board had noted the desirability of close collaboration between the Global Programme on AIDS and other relevant programmes in view of the increased morbidity which resulted from infectious diseases that were attributable to immunological deficiency. The Board had also noted the need for programme monitoring, as well as a trend in the budget towards decentralization. It had underlined the importance of the alliance between UNDP and WHO for the global strategy and had recognized the importance of multilateral, bilateral and nongovernmental support in achieving successful programme implementation.

The Director-General had accepted the Board's suggestion that a group of experts should be convened to examine recent developments in legionellosis and other infectious diseases related to modern buildings.

Dr SCHAMBRA (United States of America), referring to programme 13.15 (Blindness and deafness), congratulated the Organization on its deafness programme. His country's new National Institute on Deafness and Other Communication Disorders would be glad to collaborate with WHO in efforts to address global deafness problems. In view of the importance of extrabudgetary support for the Organization in meeting attainable blindness prevention goals, the National Eye Institute and the International Agency for Prevention of Blindness would be ready to assist WHO in the 1990-1991 biennium in preparing a status report on blindness and blindness prevention worldwide.

Mr AHOOJA (India) expressed his concern at the merging of the deafness and blindness programmes and the consequent reduction in funds available for blindness activities. The number of sufferers from blindness was increasing, and in many developing countries more cataract operations were becoming necessary because of increasing longevity. In the view of his delegation, the blindness and deafness programmes and budgets should be separate.

Professor MULLER (Netherlands) said that there appeared to be a considerable overlap between, on the one hand, programme 13.14 (Other communicable disease prevention and control activities) and, on the other, programme 13.12 (Research and development in the field of vaccines) and the Expanded Programme on Immunization. Programme 13.14 dealt with a number of water-borne diseases but made no mention of water control. The allocation for the programme from the regular budget was substantial. Could the Secretariat comment on those points?

Dr HU Ching-Li (Assistant Director-General) thanked the Committee for expressing support for the new deafness programme. WHO had very limited funds and looked forward to assistance for the programme from Member States and nongovernmental organizations.

Dr BEKTIMIROV (Assistant Director-General), responding to the question raised by the delegate of the Netherlands, said that the programmes for vaccine development and for other communicable diseases had many joint activities. The apparent overlap between the two programmes was due to the fact that many staff members worked on both, in order to save funds. There was no overlap between the Expanded Programme on Immunization and the vaccine research and development programme, as the first dealt mainly with the control of diseases, and the second was devoted purely to research. The research carried out depended on the requirements of the Expanded Programme on Immunization. Those two programmes also had some joint activities, resulting in the saving of funds.

Dr KOKO (Regional Director for South-East Asia), replying to the question posed by the delegate of India, stated that the two programmes listed in section 13.15 of the proposed programme budget for 1990-1991 were separate with respect to budget, programme content, and objectives: 13.15(a) concerned blindness, and 13.15(b) concerned deafness.

Programmes 13.16 to 13.18: Cancer (including the International Agency for Research on Cancer); Cardiovascular diseases; and Other noncommunicable disease prevention and control activities

The CHAIRMAN invited the Committee to consider a draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases proposed by the delegations of Angola, Austria, Belgium, Bulgaria, China, Cuba, Cyprus, Czechoslovakia, Ethiopia, Finland, Federal Republic of Germany, German Democratic Republic, Hungary, Luxembourg, Mongolia, Nigeria, Poland, Union of Soviet Socialist Republics and United Kingdom of Great Britain and Northern Ireland, which read as follows:

> The Forty-second World Health Assembly,
>
> Recalling resolutions WHA30.32 and WHA38.30, which led to the implementation of a long-term programme in the field of cardiovascular diseases with special emphasis on research in the field of prevention, etiology, early detection, treatment and rehabilitation, as well as on international cooperation in the field of community control of cardiovascular diseases and other chronic noncommunicable diseases;
>
> Considering that sufficient information now exists to prevent and control cardiovascular and other noncommunicable diseases from childhood through adulthood;
>
> Emphasizing the crucial importance of the optimal use and cost-effective management of the limited available resources;
>
> Emphasizing, further, the increase in the number of cases of cardiovascular and other chronic noncommunicable diseases in developing countries;

Taking into account the proposals made by the two WHO expert committees - on appropriate diagnostic technology in the management of cardiovascular diseases, and on the prevention in childhood and youth of adult cardiovascular diseases - regarding the need to apply subsequent findings in both the health and various other sectors;

1. APPROVES WHO's increasing efforts to stimulate and coordinate activities for the prevention and control of cardiovascular and other chronic noncommunicable diseases, and notes with appreciation the results achieved;

2. CALLS ON Member States to strengthen their efforts to apply available knowledge on the prevention and control of noncommunicable diseases by means of integrated, community-based programmes with priorities according to national requirements;

3. REQUESTS the Director-General:

(1) to continue to promote intersectoral and integrated approaches for the prevention and control of cardiovascular and other noncommunicable diseases in childhood and youth;
(2) to encourage particularly the elaboration of community control programmes for noncommunicable diseases for application in developing countries;
(3) to intensify the distribution of appropriate information, including success stories and the results of studies;
(4) to support research work aimed at comparative evaluation of different diagnostic, therapeutic and preventive procedures with regard to cost, effectiveness, compliance, side effects, and the elaboration of appropriate recommendations;
(5) to take appropriate action to mobilize further extrabudgetary support for global, interregional, regional and national activities within the programme.

He informed the Committee that the delegation of Malta wished to be included as a co-sponsor. He also asked the Committee to consider a draft resolution on prevention and control of diabetes mellitus, proposed by the delegations of Australia, Belgium, Bulgaria, Fiji, Kiribati, Malta, Mauritius, New Zealand, Pakistan, Seychelles, Sri Lanka and the United Kingdom of Great Britain and Northern Ireland, of which San Marino also wanted to be a co-sponsor, which read as follows:

The Forty-second World Health Assembly,
Recognizing that diabetes mellitus is a chronic, debilitating and costly disease attended by severe complications including blindness and heart and kidney disease;
Noting that diabetes already represents a significant burden on the public health services of Member States, and that the problem is growing, especially in developing countries;
Aware of the support of the International Diabetes Federation and the WHO collaborating centres on diabetes;

1. INVITES Member States:

(1) to assess the national importance of diabetes;
(2) to implement population-based measures, appropriate to the local situation, to prevent and control diabetes;
(3) to share with other Member States opportunities for training and further education in the clinical and public health aspects of diabetes;
(4) to use diabetes as a model for the integrated approach to the prevention and control of noncommunicable diseases at community level;

2. REQUESTS the Director-General to strengthen WHO activities to prevent and control diabetes, in order:

(1) to provide support for the activities of Member States with respect to the prevention and community control of diabetes and its complications;
(2) to foster relations with the International Diabetes Federation with a view to expanding the scope of joint activities in the prevention and control of diabetes;
(3) to mobilize the collective resources of the WHO collaborating centres on diabetes.

Dr NTABA (representative of the Executive Board) introduced the three programmes. Cancer (programme 13.16) was an increasingly important cause of morbidity and mortality in developing countries. Continued technical support from WHO to Member States for prevention, early diagnosis and clinical care was essential. The Board had reiterated the importance of vaccination against hepatitis B in preventing liver cancer. With regard to cardiovascular diseases (programme 13.17), the Board had emphasized the continued importance both of prevention, particularly in view of the increasing mortality rates from those diseases in developing countries, and of continued collaboration with institutions that were already active in the field.

Professor BORGOÑO (Chile) said that the programmes under discussion were of particular importance for developing countries. In the Region of the Americas, the diseases concerned were among the major causes of death. The programme on cancer emphasized the importance of risk factors, especially in connection with anti-smoking campaigns, and of secondary prevention of cervical cancer, mortality from which could virtually be eliminated if effective programmes were available in all countries. The cancer programme also concentrated on the relief of pain, particularly in terminally ill patients. It was important that the programme be concerned not only with primary and secondary prevention, but also with pain relief. Human beings near death deserved particular attention.

He proposed amendments to both draft resolutions. In the draft resolution on the prevention and control of cardiovascular diseases and other chronic noncommunicable diseases, he suggested that operative paragraph 3(2) be amended to read: "(2) calls on Member States to encourage particularly the elaboration of integrated community control programmes for noncommunicable diseases for application in developing countries so that the community can actively participate in the elimination of the risk factors that engender these diseases;". In operative paragraph 3(4), he proposed the addition of the words "and increase" after the words "to support".

With regard to operative paragraph 1(4) of the draft resolution on the prevention and control of diabetes mellitus, his delegation had serious doubts about the use of diabetes as a model for developing countries of an integrated approach to the prevention and control of noncommunicable diseases. He proposed that the words "to use diabetes as a model" be replaced by the words "to establish a model". With regard to operative paragraph 2(2), he proposed the words "and other similar bodies" be inserted after "the International Diabetes Federation". He questioned the practice, in which the Secretariat might be involved, of promoting certain international federations. Other international, regional or national bodies should also be encouraged to participate actively. He had raised similar points on many occasions at previous Health Assemblies; the preceding year, what appeared to have been a virtual propaganda campaign had been launched on behalf of the International Epidemiological Association. The Health Assembly should not be involved in that type of activity.

Dr MOHITH (Mauritius) commended WHO on its efforts to prevent and control selected noncommunicable diseases. Diabetes mellitus was a growing public health problem and a leading cause of morbidity and mortality in many countries. It had been estimated that at least 15 million people throughout the world suffered from the disease. Its incidence tended to increase with current trends in socioeconomic development, urbanization and industrialization in developing countries. The common form of diabetes was the non-insulin-dependent form, generally developing during adulthood, which was associated with avoidable life-style factors such as overeating, lack of physical activity and inappropriate diet. The other form of diabetes was insulin-dependent and usually occurred in childhood, resulting in the lifelong requirement of daily injections of

insulin. Diabetes mellitus was a chronic debilitating disease, which could lead to serious complications such as blindness, kidney disease, gangrene and heart disease. It was essential that WHO strengthen its activities in the prevention and control of diabetes, by providing guidelines to assist Member States in developing national programmes. He urged the Committee to support the resolution under consideration.

Dr KOKENY (Hungary) said that the health-for-all by the year 2000 programme in Hungary had been greatly assisted by the WHO cardiovascular diseases programme. The multinational project on monitoring trends and determinants in cardiovascular disease (MONICA) had been particularly valuable, providing not only significant data but also serving as a health information system in the planning, application, management and evaluation of programmes for the prevention of cardiovascular diseases for public health managers. Cardiovascular diseases, cancer and other noncommunicable diseases were still the most important causes of premature death in industrialized countries, in spite of some improvements in morbidity in some countries. They were also becoming a public health problem in many developing countries, as noted in certain WHO publications and in resolutions of the World Health Assembly such as resolutions WHA29.49 and WHA36.32. His delegation suggested that a health information system based on the principles of the MONICA Project be developed further, and that the experience gained during the Project be extended to other noncommunicable diseases and to other countries. A system of that kind could be a model in developing countries for training health personnel in the epidemiology of noncommunicable diseases and for developing health information systems in order to plan, manage and evaluate programmes for the prevention and control of those diseases. His delegation would therefore have liked an additional operative paragraph to be included in the draft resolution, requesting the Director-General to promote the development of appropriate health information systems, particularly in developing countries, for planning, managing and evaluating programmes for the prevention of cardiovascular and other noncommunicable diseases. This programme deserved further mobilization of extrabudgetary support.

Mr BAIL (Australia), referring to the draft resolution on the prevention and control of diabetes mellitus, said that his country was very much aware of the physical and financial burden of that debilitating condition both in Australia and among the Pacific Islanders. It had been estimated that the incidence of diabetes in Australia had increased by 50% over the last 15 years and that there might be a further doubling in the next 15 years. Furthermore, the Australian Aboriginal population had a higher than average incidence of diabetes. He urged Member States to support the draft resolution.

Dr GLYNN (Canada), also referring to the resolution on the prevention and control of diabetes mellitus, said that the growing burden of the disease was of increasing concern in his country. A National Diabetes Task Force had been created in 1984, and, in 1988, the Canadian Diabetes Advisory Board had been set up. Canada was prepared to share the results of the work of those two bodies with Member States. His country strongly supported the draft resolution and asked to be included as a co-sponsor.

Dr LU Rushan (China) said that his delegation also supported programmes 13.16 to 13.18. With the continuing improvements in health conditions in his country, communicable diseases had virtually been eradicated and average life expectancy had been extended. As a result, the incidence of noncommunicable diseases and cancer had increased, and cardiovascular diseases and tumours were now the main causes of mortality, representing a major public health problem. Early prevention of those diseases was of great importance in primary health care. Since some of the diseases were related to life-style, health education was an important factor. His country had cooperated with WHO for a number of years in programmes such as the MONICA Project for cardiovascular diseases, cancer prevention and control, including the prevention of liver cancer, and the prevention of diabetes and genetically transmitted diseases. China was also involved in the INTERHEALTH Programme. Such collaboration had been very fruitful. His delegation hoped that WHO would continue to intensify its support for these programmes, and in particular to strengthen its leading role in international cooperation. His delegation supported both the draft resolutions under consideration.

Dr MUCHEMWA (Zimbabwe) said that developing countries would in future experience a considerable decrease in the incidence of many diseases that currently affected them while that of the diseases that were common in the developed countries would increase. His delegation therefore fully supported all WHO's efforts to disseminate pertinent information on cancer by means of health education and also its efforts in the area of health manpower development in general and of skills for the management of patients suffering from cancer in particular. His delegation hoped that WHO would be able to mobilize additional funds to support national control programmes, in view of the fact that only US$ 74 000 had been allocated for all the countries in the African Region.

Dr HARRIS (United Kingdom of Great Britain and Northern Ireland) said that diabetes mellitus was a growing problem in both developed and developing countries. As the Director-General had said, in an address to the Fourth World Congress on Diabetes which had taken place early in 1989: "As industrialization proceeds in developing countries, we may anticipate that the problem will continue to grow unless effective strategies for preventing the disease and its many complications can be developed." Many of the complications of diabetes could be attenuated, postponed or prevented by timely interventions, which could yield enormous savings for national health services. His delegation considered that WHO activities with regard to diabetes should be strengthened by appointing permanent staff. Before the subject was given further consideration in the programme budget for 1992-1993, his delegation hoped that the Director-General would allocate resources from his Development Fund to establish a fixed-term post for dealing with diabetes, with appropriate secretarial support. That would demonstrate to Member States the importance that WHO attached to the subject of diabetes mellitus, in which interventions could have a major impact on health. His delegation supported the relevant resolution.

With regard to the amendment proposed by the delegation of Chile in operative paragraph 1(4), he wished to remove any possible doubt by proposing that the paragraph read as follows: "(4) to establish a model for the integrated approach to the prevention and control of diabetes at community level;". The other amendments that had been proposed by the delegate of Chile were acceptable to his delegation.

Dr SAVEL'EV (Union of Soviet Socialist Republics) expressed satisfaction with the programme on cancer, which assisted countries in developing methods of preventing cancers at a number of sites. However, efforts to that end had been limited, especially by the lack of funds from the regular budget. Yet, in view of the increase in cancer morbidity and mortality in the developing countries, special attention must be devoted to prevention, and especially to early detection, primary prevention and appropriate treatment. Measures aimed at the primary prevention of cancer and the early detection and timely treatment of breast, cervical and intestinal cancer should be intensified. The USSR, for its part, had been conducting extensive research on self-diagnosis since 1985, which had reduced the number of deaths due to breast cancer. That approach could usefully be applied in other countries.

He also supported the emphasis in the cancer programme, on the large-scale introduction of low-cost treatment, especially in respect of the chemotherapy of breast cancer after surgery, as well as the strategy adopted under the programme regarding the treatment of patients suffering from AIDS-related cancer.

Turning to programme 13.17 (cardiovascular diseases), he observed that cardiovascular diseases were posing a growing problem in an increasing number of countries. Primary health care must therefore be used as much as possible to prevent and control such diseases. In that connection, he expressed concern about the reduction by 30% in the corresponding regular budget allocation for the next biennium. Moreover, a decrease in the other resources available was also expected.

With regard to programme 13.18 (Other noncommunicable disease prevention and control activities), he supported the draft resolution on diabetes submitted to the Committee, in view of the importance of that disease in many countries. Consideration should also be given to the further development of the activities concerned with chronic and rheumatic diseases, which were currently the concern of a large number of countries. The list of diseases controlled covered by the programme should in future include others, such as haemophilia, which lent themselves to early diagnosis and/or treatment. In that

connection, he stressed the importance of the integrated programme for the prevention of chronic, and communicable diseases and its potential for the control of common diseases.

Finally, he stressed the need to secure additional resources, including extrabudgetary resources, to finance projects under the programmes considered.

Dr SCHAMBRA (United States of America) said that, to enhance WHO's efforts in the field of cardiovascular diseases, the United States National Heart, Lung, and Blood Institute, in its role as a WHO collaborating centre for research and training in cardiovascular diseases in the Americas, would be pleased to offer its expertise to assist WHO in developing specific, highly targeted joint initiatives that would be of benefit to Member States. The Institute would also be interested in assisting WHO in developing programmes to reduce the increasing worldwide health problem of pulmonary diseases. WHO should consider cooperation with the Institute in expanding its lung health study in the United States to other Member countries. He supported the draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases.

Professor HUYOFF (German Democratic Republic), referring to programmes 13.17 (Cardiovascular diseases) and 13.18 (Other noncommunicable disease prevention and control activities), supported the programme targets for 1990-1991 as set out in document PB/90-91. As cardiovascular diseases were still a major public health problem in industrialized countries, and would pose a similar problem in developing ones in the future, more effective activities for the early prevention of cardiovascular diseases and in the area of health promotion appeared to be needed. Enough knowledge was available to implement cardiovascular disease programmes as part of control programmes for noncommunicable diseases. Among the activities suggested in the draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases, priority should be given to starting prevention and control programmes for cardiovascular diseases and other noncommunicable diseases for children and adolescents, and to adapting the experience gained in developed countries for use in the elaboration of community-control programmes, particularly in developing countries. WHO should intensify its support to countries in putting into effect national strategies for the prevention of cardiovascular diseases within their populations as part of primary health care activities.

Dr GREEN (Israel) strongly endorsed the WHO programme on chronic noncommunicable diseases. Israel was continuing to conduct large-scale epidemiological studies on the role of risk factors in cardiovascular diseases and cancer. A number of primary and secondary intervention programmes were also being undertaken. Three centres in Israel were actively associated with WHO's "MONICA" programme and it was hoped that that collaboration would be expanded. There was particular interest in the effects of industrialization on cardiovascular disease and an extensive workplace intervention programme on the prevention of noncommunicable diseases was being developed. Israel wholeheartedly supported the draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases and supported the amendment proposed by the delegate of Hungary. His country wished to be included as a co-sponsor of the draft resolution.

Mr DEBRUS (Federal Republic of Germany) said that, with increasing life expectancy, cardiovascular diseases and cancer would acquire even greater significance than they had at present, both in developed and in developing countries. Emphasis should be placed on primary prevention, through healthy life-styles, at least to postpone the occurrence of those diseases.

In the Federal Republic of Germany, a medium-term study on the prevention of cardiovascular diseases had aimed at the reduction of deaths caused by such diseases among persons less than 65 years of age. As far as cancer was concerned, that would mean reducing the average loss of years of life, at present estimated to be 10 years. In particular, his country would like to share its experience of screening programmes aimed at the early detection of cardiovascular diseases. Among the proposed projects to combat cancer in the European Region, his country was particularly interested in the training of health personnel in the field of oncology. The psychosocial aspects of cancer were of

particular importance, and the results of a study project on such aspects in relation to children suffering from cancer and their families would soon be available and could be shared with others.

Dr LEPPO (Finland) welcomed the proposals regarding cardiovascular diseases set out in the proposed programme budget. The control of coronary heart disease through the community approach was valid, scientifically sound and practically feasible. It appeared, according to the situation analysis, that coronary heart diseases were rapidly becoming a major challenge in developing countries. In Finland, the community approach to controlling cardiovascular diseases had been widely accepted, and some parts of a comprehensive strategy had already been implemented, e.g. combating smoking, control of hypertension and the provision of dietary advice. As for many other countries, over the past 15 years Finland had witnessed a considerable decline in the incidence of coronary heart disease, as well as in mortality and disability caused by it. Progress would, however have been more rapid if efforts in the fields of food and nutrition had been intensified. The Finnish Medical Research Council had recently held a meeting to discuss why Finnish cholesterol levels were so high and what ought to be done. The conclusion reached by that multidisciplinary and intersectoral group of experts was that dietary factors were of primary importance and there had been a consensus on the measures required to modify those factors. A strategy covering the entire population had been identified as being of key importance, with individual strategies playing a supportive role. A shift in cholesterol patterns necessitated far-reaching changes in the composition and consumption of foods, particularly with regard to dairy products which, in Finland, constituted the major source of saturated fat. Measures would include gradually reducing the fat content of milk by means of incentives, price policy and cattle breeding. Such measures evidently had an impact on agricultural and farming policy. Indeed, it was the first time that such options had been placed on the political agenda. A state commission on the prevention of coronary heart disease had been appointed, composed not only of health experts but also of high-level representatives from the Ministries of Finance, Agriculture, and Trade and Industry. The Commission had an open mandate to make proposals in areas such as agriculture, foodstuffs, taxation and pricing policies, in addition to more traditional measures to be applied through the educational and health systems. The consensus reached by the conference in a controversial field and the formulation of a national programme to prevent coronary heart disease which included a strong component of food and nutrition policy were of paramount importance in Finland, where coronary heart disease was a major problem. Such an approach also constituted a model for intersectoral action in the formulation of public health policy. It was hoped that progress could be reported to a forthcoming Health Assembly. Finland had benefited greatly in the cardiovascular diseases field from collaboration with WHO and looked forward to continuing and strengthening that fruitful work. His delegation supported the draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases and was pleased to be a co-sponsor of it.

Ms BRUZELIUS (Sweden) welcomed the primary health care approach taken by the WHO programme on cancer and said that it deserved both attention and support.

Mrs LYSGAARD (Denmark) requested that her country be included as a co-sponsor of the draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases.

Dr RAHMAN (Bangladesh) said that diabetes was a common disease in Bangladesh, particularly among the aged. Some 54 000 cases had been registered at the Institute of Diabetes and Endocrine Disorders in Dhaka, and some 8000 new cases were reported annually. In developing countries, diabetes was responsible for a large number of cardiovascular accidents: renal failure, blindness and immunological complications. A national screening programme had been initiated in Bangladesh, through the primary health care system, to prevent and control diabetes. That programme had, to a great extent, reduced complications among young diabetics. His delegation supported the draft resolution on prevention and control of diabetes mellitus and requested the

Director-General to support WHO activities aimed at preventing and controlling diabetes through community action programmes as well as mobilizing the collective resources of WHO collaborating centres on diabetes, particularly on a regional basis. Bangladesh had developed a good programme on diabetes and was ready to cooperate and exchange ideas with other countries on the subject.

Dr HU Ching-Li (Assistant Director-General) thanked all delegates who had voiced positive support of the programmes. Delegates had noted that cancer, cardiovascular diseases and many other noncommunicable diseases, particularly diabetes, were major public health problems in developing countries as well as in developed countries, and had encouraged WHO to play a more active role in those programmes. WHO was already collaborating with many developed and developing countries to develop national cancer control programmes; countries involved included Chile, India, Sri Lanka, Canada, Cameroon, Indonesia, the USSR, and China. Delegates had also stressed that WHO activities should not be confined to primary prevention, but should encompass secondary prevention and the terminal care of cancer patients.

WHO had already initiated and collaborated with many countries in the hepatitis B immunization programme, as well as in programmes aimed at changing life-styles in collaboration with the tobacco or health programme and the nutrition programme in an effort to develop primary prevention. Programmes had also been initiated in Member States for the early detection and treatment of cancer, such as breast self-examination, cervical cancer screening, oral cancer detection and early diagnosis and referral for treatment. Since one-third of cancer patients were in the terminal stage, WHO had collaborated with Member States in cancer pain relief and terminal care. The Executive Board had requested WHO to use such experience in cancer pain relief and terminal care in its cooperation with the Global Programme on AIDS. He was pleased to inform the Committee that action had been taken in that matter.

As many delegates had noted, the regular budget was very limited. WHO was making every effort to mobilize extrabudgetary resources; for example, in the previous biennium, US$ 2 million of extrabudgetary resources had been mobilized to support the cancer programme. That was obviously not enough, and it was encouraging to hear many delegates state their willingness to support WHO, not only financially but also technically, as well as to collaborate with other countries in developing that programme.

Delegates had encouraged efforts to prevent cardiovascular diseases. The MONICA project was already ten years old; experience gained through that project could be used in the development of national prevention programmes. There should obviously be collaboration with work being carried out in the areas of nutrition, tobacco or health, and changing life-styles. WHO was encouraging countries to develop integrated programmes for the prevention and control of noncommunicable diseases, through the INTERHEALTH programme. It was hoped that collaboration with Member States would be further developed in that programme. As indicated by the delegate of the Soviet Union pulmonary disease had also been recognized to be a major public health problem.

During the discussion on programme 11 (Environmental health), the delegate of the United States of America had asked a question concerning WHO's programme on family planning including child spacing. WHO had had a clear policy concerning family planning and child spacing as an important preventive health intervention for women and children and for improved health of the family. Family planning was an essential element of primary health care. WHO had therefore increasingly supported the implementation of national programmes and policies in that area, with special emphasis on the health aspects of family planning and maternal and child health, as described under programme 9.1, and on the research aspects, as described under programme 9.3. Activities for the promotion and support of family planning and child spacing had been developed in respect of advocacy and information dissemination; technical support to developing countries, including 100 country programmes in maternal and child health and family planning, many of which were funded by UNFPA; dissemination of technical and managerial guidelines for all contraceptive methods being used in countries; and special aspects of family planning programmes such as the role of breast-feeding, community-based distribution of family planning methods, etc. Recently, WHO had collaborated closely with the World Bank, UNICEF, UNFPA, UNDP, the Population Council and IPPF in the preparation and follow-up of the International Conference on Better Health for Women and

Children through Family Planning. Those were but a few examples, and the Director-General would provide further information on WHO's action in the field of family planning and child spacing as part of his report on the work of WHO to the next Health Assembly.

Dr CORNAZ (Switzerland), referring to the second of the amendments proposed by the delegate of Chile to the draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases, questioned whether WHO actually carried out research work, as that amendment implied. She proposed an amendment to the effect that WHO would give increased support to research work.

Professor BORGOÑO (Chile) agreed with the amendment proposed by the delegate of Switzerland.

The draft resolution on prevention and control of cardiovascular diseases and other chronic noncommunicable diseases, as amended, was approved.

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, said that the delegate of Chile had proposed an amendment to operative paragraph 1(4) of the draft resolution on prevention and control of diabetes mellitus, to which the delegate of the United Kingdom of Great Britain and Northern Ireland had proposed a further amendment. It was his understanding that the delegate of Chile had agreed to that amendment, so that the proposal was to amend operative paragraph 1(4) to read, "to establish a model for the integrated approach to the prevention and control of diabetes at community level;".

The draft resolution, as amended, was approved.

Programme support (Appropriation Section 5: Document PB/90-91, pages 359-379, and EB83/1989/REC/1, Part II, Chapter II)

Health information support (programme 14) (Document PB/90-91, pages 359-368)

Dr NTABA (representative of the Executive Board) said that the Board had noted that the increasing availability of modern electronic technology for information gathering and dissemination and for communication was particularly relevant to the programme.

Mrs KADANDARA (Zimbabwe) welcomed the fact that support would be given to Member States in ensuring the continuing availability of valid scientific, technical, managerial and other information relating to health. Many health cadres in her country worked in remote areas among rural communities and most were affected by the professional isolation syndrome and therefore needed regular health information in order to keep pace with what was happening in their own country and in the world. As intersectoral and regional collaboration could be effective only if the persons concerned were well informed, her delegation was appealing for funds to strengthen the country's information systems through professional journals and other publications which would help to inform health personnel and members of the community about a whole range of health and development issues in a language and form which they could understand. Her delegation was pleased at the increase in the allocation for regional and intercountry activities and noted that staff were being transferred from programme 15.2 (General administration services) to the health information support programme. It was hoped that the strengthening of the latter at regional level would give Member States the help that they needed. She requested additional support for her country in that area.

Dr ADJEI (Ghana) said that the need to up date information among health workers in remote rural health units had been recognized in his country, where an experiment was being carried out to develop simple mobile library facilities for remote centres in order to provide information for health workers. He called for support to expand such facilities.

Dr JARDEL (Assistant Director-General), having taken note of the comments of the previous two speakers, said that one of the main concerns of the Secretariat was to make health and biomedical information available within a reasonable period of time, at the level and in the form needed. The Regional Office for Africa was making a particular effort to equip the regional library and country representatives' offices, using simplified library and documentation methods.

Support services (Programme 15) (Document PB/90-91, pages 369-379)

Dr NTABA (representative of the Executive Board) said that under programme 15.2 (General administration and services) the Board had endorsed the Director-General's intention to make economies wherever possible so that the highest possible proportion of resources could be devoted to health system infrastructure and health science and technology programmes.

There were no comments.

Draft resolution on encouragement of technical cooperation among developing countries (TCDC) through the promotion of national centres for research and the training of specialists (continued)

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, introduced a draft resolution prepared by the drafting group, which took account of the discussions that had taken place at an earlier meeting, and which read as follows:

The Forty-second World Health Assembly,

Mindful of the principles of, and obvious need for, TCDC and of the interest shown by WHO in its resolutions WHA31.41, WHA31.51, WHA32.27, WHA35.24, WHA36.34, WHA37.15, WHA37.16, WHA38.23, WHA39.23, WHA40.17 and WHA40.30 in strengthening this type of cooperation with a view to improving the health status of the developing countries;

Aware that the developing countries are making a considerable effort to find new ways of fostering TCDC through the identification of skills and needs in the health sector, and especially through the promotion of national TCDC centres for research and training to offer training to specialists in various branches of health;

Recognizing the important role which must be played by WHO as a catalyst and support to the development of TCDC;

Endorsing the analysis made by the non-aligned and other developing countries interested in the present status of TCDC and the participation of WHO in its promotion;

1. THANKS the Director-General for his interest in the development of TCDC;

2. URGES Member States:

(1) to collaborate in the endeavour to develop TCDC as an effective means of cooperation towards the achievement of health for all by the year 2000:
(2) to make specific proposals to WHO for technical cooperation between the Organization and the developing countries which take account of the contribution each country can make to TCDC programmes;
(3) to encourage the relevant institutions in their countries to strengthen their TCDC functions and capabilities;
(4) to allocate funds for the strengthening of TCDC activities in their region or other regions;

3. URGES the Director-General to strengthen the TCDC aspect of all WHO programmes;

4. REQUESTS the Director-General:

(1) to give priority to the implementation of the resolutions of the Health Assembly relating to activities which should be carried out by the Organization to provide systematic support to TCDC;
(2) to allocate resources as he deems fit from his Development Programme to facilitate the establishment and operation of TCDC activities in existing or future national research and training centres, and to encourage the Regional Directors to do likewise;
(3) to promote, through the focal points for TCDC at the regional offices, TCDC programmes in countries and the appropriate exchange of information for the conclusion of cooperation agreements in the fields determined by the countries and the Organization;
(4) to encourage and assist in the identification by the developing countries of appropriate institutions among those already existing for each region and/or sub-region, to be entrusted with the task of initiating and developing joint TCDC health and health-related programmes and projects;

5. REQUESTS the Director-General and the Regional Directors to report to the Health Assembly and the Regional Committees respectively, in even-numbered years, on the progress made in the implementation of this resolution.

The draft resolution was approved.

Draft resolution on the Edinburgh Declaration on the reform of medical education (continued)

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, said that a number of amendments had been proposed at an earlier meeting during discussion of the draft resolution proposed by the delegations of Botswana, Canada, India, Lesotho, Malawi, Malta and Nicaragua. The drafting group had prepared a revised text, taking account of those proposals, which read as follows:

The Forty-second World Health Assembly,

Noting document EB83/1989/REC/1, Part II, paragraph 28, which draws attention to the Edinburgh Declaration on the reform of medical education;

Acknowledging the continued need to improve the quality of training for all categories of health personnel and to reorient the contents of training programmes in accordance with the realities of the Member States and with the requirements of health-for-all strategies;

Bearing in mind the proposed plan of action for implementing the recommendations of the Edinburgh Declaration;

1. THANKS the World Federation for Medical Education for its efforts in promoting the reorientation of medical education towards the goal of health for all;

2. CALLS UPON Member States to give serious consideration to and to disseminate the recommendations and concepts embodied in the report of the Edinburgh Conference.

The draft resolution, as amended, was approved.

Draft resolution on oral health (continued)

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, said that a number of amendments had been proposed to the operative paragraph of the draft resolution on oral health proposed by the delegations of Bahrain, Canada, Kuwait, Malawi, Oman, Qatar, Saudi Arabia, the United Arab Emirates and the United Kingdom of Great Britain and Northern Ireland. The amended text read as follows:

The Forty-second World Health Assembly,

Aware that the promotion of oral health is an integral part of health for all by the year 2000, and that the use of fluorides has been highly successful in reducing caries and oral diseases in many countries;

Recalling resolutions WHA22.30, WHA28.64, WHA31.50 and WHA36.14 in this regard;

Realizing, however, that in some countries, particularly the developing ones, oral health status is deteriorating where preventive strategies are not being applied or maintained;

1. REAFFIRMS the need for countries, that have not already done so, to establish national strategies for oral health promotion, the prevention of oral diseases and appropriate care, making full use of the extensive technology now available, including management techniques;

2. URGES Member States to make full and appropriate use of international collaborative oral health development programmes, strengthened by the partnership of WHO with the International Dental Federation (FDI), the WHO collaborating centres, the intercountry centres for oral health, and the work of FDI and other nongovernmental organizations;

3. REQUESTS the Director-General:

(1) to continue to support collaboration between WHO and the above-mentioned centres and organizations, and to mobilize resources for action and research for the promotion of oral health as part of primary health care;
(2) to strengthen WHO's programme for the provision of standard methods and approaches for prevention and care, and for training;
(3) to promote preventive oral health programmes within primary health care.

The draft resolution, as amended, was approved.

Draft resolution on traditional medicine and modern health care (continued)

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, said that, during earlier discussions, a number of amendments had been proposed to the draft resolution proposed by the delegations of Angola, Botswana, China, Democratic People's Republic of Korea, India, Indonesia, Lesotho, Malawi, Mauritius, Mozambique, Nepal, Nigeria, Sri Lanka, Zambia and Zimbabwe.

The delegate of France had proposed that in operative paragraph 1(4) the words "are safe and effective in treatment" be replaced by the words, "have a satisfactory efficacy/side-effect ratio".

The delegate of Togo had proposed an additional operative paragraph which read "(7) to encourage traditional healers to join together in a learned society;". The delegate of Japan had suggested that traditional therapists should be encouraged to join together in professional societies. The delegate of Zambia, considering that the effectiveness of the original resolution should not be diluted, had proposed that only the amendment made by the delegate of France be accepted.

Dr KUROKAWA (Japan) said that during the earlier discussions the amendment proposed by the delegate of Togo had included the words "medical societies". His delegation had then taken the floor to suggest that, in order to avoid any confusion that might arise from the use of those words, since such societies varied widely, it might be preferable to replace them with the words "a society" or "professional societies", or indeed, as the Rapporteur had read out, "a learned society".

Dr ROSDAHL (Denmark), speaking on a point of order, suggested that, as the delegate of Togo was absent, it might be preferable to adjourn the discussion until the next meeting, at which time an agreed text might be presented.

It was so agreed.

Draft resolution on public information and education for health

Dr HYZLER (United Kingdom of Great Britain and Northern Ireland), Rapporteur, introduced the draft resolution proposed by the delegations of Bulgaria, China, Czechoslovakia, Finland, German Democratic Republic, Hungary, Mongolia, Poland, Sweden, Tunisia and the Union of Soviet Socialist Republics, which read as follows:

The Forty-second World Health Assembly,

Recalling previous resolutions on public information and education for health, in particular resolutions WHA27.27, WHA27.28 and WHA31.42;

Stressing the importance of the proclamation in the Alma-Ata Declaration that "education concerning prevailing health problems and the methods of preventing and controlling them" is the first of the eight basic elements of primary health care;

Mindful that information and education on health matters are vital for promoting social policies supportive of health development, for fostering intersectoral cooperation, and for ensuring people's participation in achieving health for all;

Having due regard to the increasing importance of information and education for achieving health goals, especially with the emergence of new and serious health problems as AIDS, as reflected in the London Declaration on the prevention of AIDS;

Bearing in mind the great potential of modern mass media, and the rapid developments in communication technology, and taking into account the evident achievements resulting from their use;

Mindful of the relatively low priority so far given to information and education by the health sector in general and the potential for strengthening educational technology, behavioural research and resources for public information and education for health;

1. URGENTLY CALLS UPON Member States:

(1) to ensure that strategies for health development include health education and promotion as an essential element of primary health care and to strengthen the required infrastructure and resources at all levels;
(2) to take necessary action for the training of health and related manpower in health education principles and practice, including the use of the mass media for health advocacy and education for health;
(3) to make wider use of mass media and actively involve the media sector in health promotion and education of the public in support of national health-for-all strategies;
(4) to strengthen cooperation and encourage the exchange of experience in the development and application of communication and education technology, including technical cooperation among developing countries;

2. CALLS UPON the Director-General:

(1) to provide support to Member States in strengthening national capabilities in all aspects of public information and education for health, particularly the training of manpower;
(2) to pay particular attention to research and the development of new and more effective methodologies in the field of information and education for health, and to the evaluation of their impact on life-styles and the health status of the population;
(3) to promote the documentation of significant experiences of Member States regarding health education, and its dissemination through WHO publications;
(4) to submit a progress report to the Forty-fourth World Health Assembly.

Dr GLYNN (Canada) said that his delegation considered that the draft resolution might be improved by strengthening the references to health promotion. While he could explain at some length the reasons why WHO should seriously consider and implement health

promotion strategies, if the goal of health for all was to be attained, in the interest of time he would merely refer delegates to the reports, and in particular the Ottawa Charter for Health Promotion, of the First and Second International Conferences on Health Promotion, co-sponsored by WHO and the Government of Canada, and by WHO and the Government of Australia, respectively.

He wished to propose a number of amendments, which had already been accepted by the co-sponsors, to the draft resolution. Regrettably, they were rather extensive and there had not been sufficient time for them to be circulated in advance.

He proposed that the title should be amended to read "Health promotion, public information and education for health".

A new preambular paragraph should be inserted following the second preambular paragraph to read "Recognizing that the spirit of Alma-Ata was carried forward in the Ottawa Charter for Health Promotion developed at the First International Conference on Health Promotion (1986) in Ottawa, Canada, and in the strategies for health public policy developed at the Second International Conference on Health Promotion (1988) in Adelaide, Australia, and looking forward to the Third International Conference on Health Promotion in Sundsvall, Sweden in 1991 on the subject of supportive environments for health;".

The third preambular paragraph, which would become the fourth, should be amended by deleting the word "promoting" after the words "are vital for", and inserting the words "health promotion and public" after the words "supportive of".

The next preambular paragraph should be amended by inserting the words "health promotion," after the words "importance of".

The last preambular paragraph should be amended to read "Mindful of the relatively low priority so far given to health promotion and public information and educational for health by the health sector in general and the potential for strengthening social marketing, education technology, behavioural research and strategies and resources for health promotion, and public information and education for health;".

Operative paragraph 1(1) should be amended to read "to develop, in the spirit of the Alma-Ata, Ottawa and Adelaide conferences, strategies for health promotion and health education as an essential element of primary health care and to strengthen the required infrastructure and resources at all levels;".

Operative paragraph 1(2) should be amended by the insertion of the words "health promotion and" after the words "related manpower in", and of the words "social marketing," after the words "mass media for".

Operative paragraph 1(4) should be amended by the insertion of the words "health promotion strategies and" after the words "application of" and of the words "and developed" after the word "developing".

In operative paragraph 2(1) the words "health promotion, and" should be inserted after the words "all aspects of".

Operative paragraph 2(2) should be amended to read "to pay particular attention to research and the development of new and more effective methodologies and strategies in the fields of health promotion and public information and education for health, and to the evaluation of their impact on individual life-styles, the health of families and communities and the health status of the populations:".

In operative paragraph 2(3) the words "health promotion and" should be inserted after the word "regarding".

Operative paragraph 2(4) should be amended to read "to submit a progress report to the Forty-fifth World Health Assembly, including reports from as many Member countries as possible and the implications of the recommendations of the Third International Conference on Health Promotion in 1991.".

Dr HASSOUN (Iraq) said that the amendments were so extensive that it might be necessary to allow delegates 48 hours to consider them. It might therefore be preferable to defer discussion until the Forty-third World Health Assembly. There were precedents for such a procedure.

Dr JAKAB (Hungary) supported the amendments proposed by the delegate of Canada, which would guarantee a broader approach to the issue, taking account of accumulated experience of health promotion programmes at international, regional and country level.

Dr VARET (France) said that delegates should have the chance to study the text of the proposed amendments before any decision was made.

Dr SAVL'EV (Union of Soviet Socialist Republic) agreed with the delegate of Hungary and said that the amendments should be approved.

Dr DE SOUSA (Australia) supported the amendments proposed by the delegate of Canada. Since Alma-Ata, great progress had been made in the area of health promotion. While public information and education for health remained important elements of primary health care, the two international conferences mentioned by the delegate of Canada, held in Ottawa and Adelaide, had brought forward new strategies, and indicated that faster progress would be made in influencing life-styles if the techniques of health promotion, including social marketing, were used. Any resolution from the Health Assembly should be up to date and should therefore include reference to those techniques. While the point made by the delegate of Iraq was valid, health promotion was such an important element of current policies that a reference to it should be incorporated in the resolution. Furthermore, since planning was already under way for the Sundsvall Conference, it would be preferable to make a decision at the current Health Assembly. He suggested that consideration of the proposed amendments be deferred to the next meeting, to allow time for the amended text to be circulated.

Professor BORGOÑO (Chile) said that, while he personally saw no objection to the proposed amendments, since they strengthened the draft resolution, there was a need to be consistent as regards the procedures followed by the Committee. Delegates should not criticize lack of discipline in following procedures at one stage in the discussion and then choose to ignore those procedures later. He agreed with the delegates of France and Iraq that it was not appropriate to consider such extensive amendments unless they had been circulated in writing, to give delegates the opportunity to study them. However excellent they might be, it would set a most dangerous precedent to consider such extensive amendments directly, and he wished it to be recorded in the summary record that he would not endorse such a procedure.

The meeting rose at 13h05.

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