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FORTY-NINTH WORLD HEALTH ASSEMBLY

COMMITTEE A

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PROVISIONAL SUMMARY RECORD OF THE SIXTH MEETING

Palais des Nations, Geneva
Thursday, 23 May 1996, at 14:30

Chairman: Dr M. DAYRIT (Philippines)

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IMPLEMENTATION OF RESOLUTIONS (PROGRESS REPORTS BY THE DIRECTOR-GENERAL): Item 17 of the Agenda (Document A49/4) (continued)

Reproductive health (Resolution WHA48.10) (continued)

Dr DAULAIRE (United States of America) commended WHO's efforts to develop a comprehensive approach to reproductive health. He supported the call for substantive results made on behalf of the Nordic countries. The 1994 International Conference on Population and Development had urged governments to form specific action plans on reproductive health. Although "reproductive health for all" was desirable, WHO must find a way to allocate finite resources in the most appropriate way, emphasizing the protection of women during the most vulnerable stages of their reproductive lives. Within a reproductive health framework, there was a need to identify concrete priorities that would have the maximum positive impact on women, men, adolescents and children. While continuing to focus on safe motherhood, WHO should go beyond advocacy for women's health to identify public health approaches that could be implemented in a practical, cost-effective fashion. Donors should continue to support programmes in chosen priority areas. The exchange of information and consistent leverage of funds should continue to be a major focus.

There was a need for continued research into the quality and cost-effectiveness of reproductive health service delivery models and into contraceptive development, use and acceptance. Consumer needs and views should be reflected in the design, implementation and evaluation of programmes. That might lead to a better understanding of gender issues including the role played by men in women's health.

In defining the components of reproductive health programmes, WHO should focus on a public health approach and ensure that any structural changes made to programmes were not to the detriment of those that were more successful and that they served to strengthen the weaker programmes.

Mrs MANYENENG (Botswana) fully endorsed resolution WHA48.10 and supported the call made by the Nordic countries for WHO to play a stronger role in promoting reproductive health. The importance of women's health both during and beyond the reproductive years could not be over-emphasized. Developing countries faced not only high maternal mortality and morbidity rates, but also the resulting physical, mental and emotional disabilities.

Botswana had developed a comprehensive reproductive health programme but, in common with many developing countries, experienced a shortage of trained health personnel, and therefore needed assistance in human resource training, as well as technical support. It was hoped that the programme could be extended to women beyond child-bearing age.

Dr VIOLAKI-PARASKEVA (Greece) welcomed the attention being paid to reproductive health. Due to the sensitive nature of the issues involved, it had been neglected in previous years. She hoped that resources for strengthening reproductive health in the context of primary health care, including family health, would be increased. However, the elaboration of reproductive strategies should respect religious beliefs and ethical and cultural values.

She supported the call for a comprehensive report to be presented to the Fiftieth World Health Assembly through the Executive Board.

Dr KIMAMBO (United Republic of Tanzania) said that her country particularly valued efforts made in the area of reproductive health as it experienced high rates of fertility and maternal mortality. While

commending the action taken by WHO, she was concerned that the number of changing titles under which it was described: maternal and child health, safe motherhood and the "mother-baby package" might detract from the value of the work itself.

Dr NARRO ROBLES (Mexico) said that reproductive health implied the capacity of individuals and partners to conduct satisfactory sexual relationships, including the ability to decide in a full and informed manner on the number and spacing of their children. Reproductive health should be seen as fundamental to primary health care. Services should be universal and multisectoral, with the free and informed participation of the community.

Reproductive health was accorded great importance in national planning in Mexico and, as part of health reforms, a new reproductive health and family planning programme had been instituted.

Reproductive health involved the provision of a wide range of services and the dissemination of information relating to them. All programmes should be carried out with complete respect for the dignity of the individual or couple. He supported the request by the Nordic countries that a report should be presented at the following Health Assembly.

Dr CICOGNA (Italy) commended the activities carried out by WHO in the area under discussion. The rapid social changes in recent years had accelerated the negative trend in women's health. WHO had a key role to play in supporting women's most pressing health needs: gender equity, violence against women and the major causes of death, morbidity and disabilities.

Dr ABDUL AZIZ (Malaysia) noted with interest the action taken by WHO in promoting reproductive health programmes in the regions. He supported the priority given to family and reproductive health and the initiative to bring together the three WHO divisions active in those areas under an Executive Director. He supported WHO's broad approach to the health of children, adolescents and women; programmes should be implemented within the context of primary health care and in collaboration with other sectors to make optimum use of resources. WHO should continue its leadership role in the area of reproductive health, while collaborating closely with other relevant organizations including UNFPA and UNICEF. A coordinated approach was essential to ensure a common set of guidelines at country level. He called for an increase in the budget allocation for what was a priority area, particularly in the early years of programme development.

A reproductive health programme had been set up in Malaysia with participation of Government and the private sector and nongovernmental organizations. Malaysia had hosted a regional workshop on reproductive health in 1995 and was an active partner in consultative group meetings at WHO, UNFPA and the United Nations Commission on Population and Development.

Mr RINCHHEN (Bhutan) said that he was heartened to note from the report that numerous activities had been undertaken in the field under discussion since the previous year. Bhutan was currently developing a comprehensive reproductive health programme, in collaboration with WHO and UNFPA. He welcomed the decision to establish a new reproductive health programme which would have priority status, and urged the Organization to continue to play a leadership role in that area.

Professor GRANGAUD (Algeria) said the Director-General's report gave a clear picture of the progress achieved in implementing resolution WHA48.10, and also highlighted areas that needed to be developed further.

Algeria had been making efforts to implement the resolution's recommendations with the support of WHO, UNFPA, UNICEF, UNDP and the World Bank. It had sought to improve the quality of reproductive health and family planning services by creating family planning centres in the obstetrics and gynaecology departments of all hospitals, and had set up national committees for genetics and for reproductive health and family planning. In addition, a system for publicizing and monitoring those services had been set up in each of the country's health regions.

Within WHO, some programme reformulation would be required, since the activities of the new programme overlapped to some extent with those of traditional maternal and child health programmes. As

stated in paragraph 10 of the report, there was need for a review of current priorities, although the integrity of family health programmes should be preserved. He supported the call for a specific study of the issue to be made the following year.

Dr MTSHALI (South Africa) welcomed the move to give greater priority to reproductive health within WHO. The southern African region had established a reproductive health network, in order to develop joint solutions to the challenges it faced. Country-specific programmes were designed to bring down the unacceptably high morbidity and mortality rates associated with unsafe reproductive health practices.

She supported earlier calls for WHO to continue its leadership role, and to report on progress to the Fiftieth World Health Assembly through the Executive Board.

Dr LEGNAIN (Libyan Arab Jamahiriya) agreed that there was need to expand and reinforce WHO's activities in the field of reproductive health. Her country had introduced a national reproductive health plan which had received a high degree of popular support, and had also improved its medical services, thereby achieving an appreciable decrease in maternal and infant mortality, despite the difficulties engendered by the embargo imposed on it.

Dr BIHARI (India) said India's family welfare programme provided a wide choice of contraceptive methods to suit individual needs. It sought to promote the reproductive health of the mother through spacing of children and to reduce infant, child and maternal mortality. Although the task of reaching 900 million people over an area of 3.2 million square kilometres was gargantuan, significant achievements had been recorded. Thus, the infant mortality rate had declined from 146 per thousand live births in the 1950s to 73 per thousand, and the total fertility rate had also fallen. The couple protection rate had increased from 10.4% in 1971 to 45.8% in 1995. It was estimated that 182.7 million births had been averted as a result of the programme. Women's life expectancy at birth had risen from 13.7 years in 1951 to 61.7 years by 1991, and for the first time stood higher than that of Indian men, in keeping with global trends. The new orientation of the programme had required a shift of focus to client-centred monitoring, and contraceptive-method specific performance targets had been dispensed with on a pilot basis in 1995 and 1996.

India welcomed the new arrangements for reproductive health activities at WHO headquarters and looked forward to working in close collaboration with WHO in the future.

Ms DE DIOS (Cuba) said her country greatly appreciated the activities undertaken by WHO in the field of reproductive health. Traditionally, reproductive and sexual health had been dealt with in the context of maternal and child health, but over the past 20 years, there had been a shift of focus. Today, women were claiming the right to be seen not only as mothers, but as women, also wished to exercise the right to determine the size of their families. No less important was the right of men to participate actively in the various stages of the reproductive process, and in decisions affecting the health of the family as a whole. A broader concept of reproductive health should include freedom for couples to exercise their sexuality without fear of unwanted pregnancies or sexually transmitted diseases, and to regulate their fertility in a free and informed manner.

In Cuba, reproductive health care was seen as beginning before conception and extended beyond perinatal care. It incorporated activities to promote reproductive health, such as the provision of information and education as well as preventive activities. While health sector action was decisive in helping to develop reproductive health and to prevent maternal and child mortality, political, legislative, intersectoral and interagency action was even more important.

Mrs MILLS (Canada) welcomed the merging of the headquarters divisions concerned with reproductive health, women's health and child health under a new integrated programme. She supported the proposal that a comprehensive report on reproductive health should be submitted to the Fiftieth World Health Assembly.

Dr WASISTO (Indonesia) was pleased to note the progress made both by Member States and the Organization in developing such an important programme, and was encouraged that the Director-General was

to increase the allocation for it in 1996-1997 as part of the 5% shift in the programme budget to priority areas. He welcomed the integration of headquarters divisions dealing with reproductive health, which should result in more efficient programme implementation.

Indonesia had established a National Council on Reproductive Health, comprising representatives from intersectoral agencies and experts from related disciplines. The Director-General should ensure closer consultation and coordination within WHO so that countries could receive better technical guidance. Closer collaboration with international donor agencies would also be needed. As the delegate of the United Republic of Tanzania had indicated, there was a danger of duplication of effort and confusion unless the terminology and activities in the area of reproductive health were clarified, and he would welcome the Secretariat's views in that regard.

Dr SHAFEI (Egypt) also supported the proposal made by the delegate of Norway. More attention should be paid to the role of nongovernmental organizations and to the importance of community participation, and more funds should be allocated to capacity-building in the developing countries to enable them to participate actively in programmes connected with population, reproductive health and family planning.

Dr SIDHOM (Tunisia) welcomed the proposed reorganization and was pleased to note the planned increase in the budgetary allocation for reproductive health. It would be essential to coordinate with other organizations, such as UNICEF and UNFPA, if success was to be achieved in reducing maternal and child morbidity and mortality. It was also essential for women to play a full role in society, which was currently not always the case. WHO should encourage exchanges of information on reproductive health, particularly among developing countries: Tunisia would be glad to participate in such exchanges. He too supported the proposal made by the delegate of Norway.

Dr SULAIMAN (Oman) endorsed the view that a comprehensive report on reproductive health should be submitted to the Health Assembly on a regular basis.

Oman placed great importance on reproductive health since it was crucial to the health of generations to come, to women's health and to health in society as a whole. Reproductive health care should not focus narrowly on child-bearing but should be concerned with all stages of life.

The Organization must continue to play a central role in all aspects of the reproductive health programme, including evaluation and planning to ensure the timely adoption of appropriate measures. Investment in the programme at the global, regional and country level would bring immense benefits to all.

Dr AKBARI (Islamic Republic of Iran) welcomed the progress being made by WHO and other United Nations organizations in reproductive health planning based on a comprehensive, holistic and integrated approach. In that endeavour, it was essential to include all age groups, both sexes and all aspects of health whether biological, psychosocial or spiritual. In order to carry out such comprehensive and integrated activities, national family health departments needed to be reorganized for the provision of comprehensive care for children, adolescents, those of reproductive age and the elderly.

Mrs ZOBRIST (Switzerland), agreeing with the Nordic countries that it was important to keep an attentive eye on developments in the new coherent approach to reproductive health, endorsed their suggestion that a comprehensive report on reproductive health should be submitted to the Fiftieth World Health Assembly.

Professor PICO (Argentina) said that, as Argentina had already stated in various international forums, its people and Government were firmly committed to the defence of human dignity. Unwavering support for the family was the central pillar of any society founded on social justice. The Argentine Constitution made clear that life had to be protected from the very moment of conception and that the cultural values and standards of all its people had to be respected. Since WHO's cultural and ideological diversity was one of its strengths, Argentina would continue to endorse any strategy aimed at improving the health status and

living conditions of women, mothers and children. Argentina was achieving good results with its programmes for women and development and for providing nationwide health coverage to all mothers and children, and a planning programme focusing on areas of risk in order to give preferential attention to vulnerable mothers and children.

Dr LOSSEV (Russian Federation) commended WHO's regional and global activities in the field of reproductive health. The programme providing assistance to countries in drawing up national programmes and introducing practical measures in this sector was moving in the right direction.

Mr CHAUDHRY (Pakistan) commending WHO on its efforts to promote reproductive health, welcomed the 5% shift to priority areas that had been made in the WHO programme budget, which would make more funds available for reproductive health in 1996-1997. Pakistan had been making considerable efforts in the maternal and reproductive health field including the launching of the Prime Minister's Programme for Family Planning and Primary Health Care, which provided for the training and deployment of 100 000 women health workers by 1998. Following training, 32 000 such workers had already been placed in the field with responsibility for provision of basic health care and in particular for public health education in reproductive health. The Prime Minister of Pakistan was to be awarded the Health For All Medal by WHO at the forty-third session of the Regional Committee for the Eastern Mediterranean in recognition of her contribution to family planning and primary health care. She had also been very active in the field of women's health and had been a forceful advocate for reproductive health at the Cairo and Beijing Conferences. A special programme to promote female literacy and women's development had also been initiated in Pakistan. Pakistan was grateful for the technical assistance WHO was providing in the reproductive health field.

Dr ISHAQ (Jordan) commended WHO's activities in the reproductive health field, in particular with respect to research, to which insufficient attention had been paid in the past. Research was essential to progress, especially in developing countries, and should receive support from the Organization. Technical assistance was also of crucial importance if high mortality rates were to be curbed.

Jordan attached great importance to adolescent health and to the special needs of that age group. Efforts were focused on health education and promoting healthy lifestyles. Adolescents were informed of the dangers of sexually transmitted diseases and embarking on motherhood at too early an age.

Dr ABELA-HYZLER (Malta) commended the measures taken by the Director-General in implementation of resolution WHA48.10, in particular the merging of the three divisions dealing most directly with family and reproductive health into a single entity. Reproductive health, a sensitive issue with strong roots in cultural values and traditions, was being handled by the Organization in a measured and sensitive way that would no doubt continue to be reflected in the future development of the programme and in the comprehensive report it was proposed to submit to the following Health Assembly. He endorsed the similar views expressed by other speakers, in particular the comments made by the delegates of Greece, Italy and Argentina.

Dr BERLIN (European Commission) said that reproductive and women's health were being given considerable attention by the European Commission both in its public health programmes of promotion and cooperation within the European Union and in its development assistance programmes. The Commission's activities in Africa in the field of AIDS focused on the reproductive health aspects of the disease; it also supported efforts to provide women with the tools necessary to take care of their own health.

The Commission prepared annual reports on the status of health within the European Union. The 1996 report would focus on women and on issues to which the Nordic countries had drawn attention in their call for more specific data on women's health. He hoped that the report would provide a contribution to the comprehensive report that the Nordic countries, with the support of many delegations, had called for.

Dr DODD (United Nations Population Fund) recalled that UNFPA was a sponsor, together with WHO, UNDP and the World Bank, of the Special Programme of Research, Development and Research Training in Human Reproduction. At the same time UNFPA had, over a number of years, been funding activities in the Division of Family Health on such subjects as adolescent reproductive health, maternal care, and the development of technical and managerial guidelines on family planning.

UNFPA welcomed the development in WHO of a comprehensive family and reproductive health programme and looked forward to the closer collaboration that would ensue between research and development activities and technical assistance and support activities. UNFPA had appreciated its close involvement in the consultative process followed in developing the new programme and welcomed the attention being paid to gender issues.

The tasks set out in the Programme of Action of the International Conference on Population and Development (ICPD) were clearly beyond the capacity of any single organization. If ICPD goals were to be achieved, it was clear that the organizations of the United Nations system must provide coordinated and coherent support, each according to its comparative advantage.

In order to assist countries in developing and implementing reproductive health programmes, UNFPA would further strengthen its links with WHO, UNAIDS, UNICEF and, other United Nations partners, as well as with bilateral agencies and nongovernmental organizations. That would be achieved through a variety of mechanisms including the task forces on follow-up to the recommendations of international conferences; participation in governance, advisory and consultative mechanisms and meetings; and through close coordination of UNFPA support to national programmes at country level.

At the global level, UNFPA would look to WHO to provide the overall policy framework for reproductive health; advocacy for the concept of reproductive health and its implementation; to advise on policies; to identify strategies; to develop and implement a reproductive health research agenda; and to provide technical guidance, including the setting of norms and standards, for the full range of reproductive health components and technologies. That was a not inconsiderable task; UNFPA stood ready to provide its continuing support and collaboration towards its achievement.

Dr MANGUYU (Medical Women's International Association), speaking at the invitation of the CHAIRMAN, said that reproductive health was a fundamental aspect of socioeconomic progress and sustainable human development, going beyond demographic considerations and family planning, to include sexual health and well-being, and must be a priority goal of national health programmes. Although, like other aspects of health, reproductive health was a basic human right, that right was not always respected and was denied to many, in particular vulnerable groups such as poor women and girls. In renewing the health-for-all strategy, specific strategies should be developed to address those questions. The sensitive and intimate nature of reproductive health was not an excuse for its neglect. Reproductive health, including reproductive tract infections and cancers, sexually transmitted diseases and HIV/AIDS, had an impact on all other aspects of health. It was also affected by outside factors such as poverty, education (especially female education), health information and equitable provision of services.

Since the launch 10 years earlier of the global safe motherhood initiative, motherhood had not become safer and women continued to die or suffer devastating morbidities as a result of pregnancy and childbirth complications and unsafe abortion. Biological differences alone did not explain women's disparate burden of disease: social, economic and political factors were also involved, such as violence against women and girls, a subject that should be given priority. The knowledge to prevent suffering and death in the area of reproductive health already existed. The governmental and nongovernmental organizations that had attended the International Conference on Population and Development in Cairo and the Fourth World Conference on Women at Beijing must honour their commitments and implement the programmes of action. She welcomed the fact that WHO had placed greater emphasis on reproductive health at headquarters and in the regional offices and had conducted broad consultations in developing the new reproductive health programme. Support should now be directed at country level. For success and sustainability of programmes, partnerships with the community and adequate resources were essential. WHO should take the lead in demonstrating that reproductive health was central to sustainable human development, and must be approached in a holistic manner as an aspect of human health that was crucial for the future of the world.

Ms HERZOG (representative of the Executive Board) said that the importance of the subject under discussion, in the context of the life cycle and the family could not be over-estimated.

Dr TÜRMEN (Executive Director), thanking delegates for their support, comments and guidance, expressed appreciation that reproductive health was a priority in the national health programmes of so many countries. WHO would strengthen its activities in the priority areas highlighted by delegates and, if the Committee agreed, would submit a comprehensive report to the Fiftieth World Health Assembly through the Executive Board, as requested by the Nordic countries.

The SECRETARY noted that the discussion had reflected broad support for the request by the Nordic countries that a comprehensive progress report on reproductive health should be prepared for submission to the Fiftieth World Health Assembly through the Executive Board.

The CHAIRMAN invited the Committee to decide on a recommendation to the Director-General that a comprehensive progress report on reproductive health be made available to the Fiftieth World Health Assembly.

It was so agreed.

Occupational health (Resolutions WHA33.31 and EB97.R6)

Ms HERZOG (representative of the Executive Board), introducing the topic, recalled that the occupational health programme had been reviewed at the ninety-fifth session of the Executive Board and that the Director-General's report outlining the strategy for occupational health for all had been discussed at the ninety-seventh session. The global strategy marked a step forward in the development of WHO's programme on workers' health and provided an appropriate mechanism for promoting multidisciplinary and multisectoral efforts. It had been developed with the participation of 52 WHO collaborating centres in 35 countries and provided an example of how WHO could achieve maximum results with minimum resources, offering well-designed programmes through which leading institutions throughout the world could unite to achieve a common goal.

The Executive Board had noted that as occupational health had many implications for the health of communities worldwide, WHO should provide countries with long-term strategies and a framework for the development and strengthening of occupational health and safety. Given the rapid social, political and economic changes in many regions, all of which had led to imbalances, deteriorating working conditions and declining standards of health care for working populations, the need for special preventive action and protection of workers' health had been stressed by the Board. The Board had considered that occupational health should be associated with the renewing of the health-for-all strategy and be included in areas of collaboration between organizations dealing with health promotion. The resolution recommended in resolution EB97.R6 was submitted to the Health Assembly for its consideration.

Mr ESKOLA (Finland) said that nearly 80% of the total number of working people in the world lived and worked in developing countries, that appropriate occupational health services were available to less than one-fifth of working people and that their coverage did not correspond to needs. In many countries workers in high-risk occupations such as mining, agriculture and industry had no access to any services despite the obvious, urgent needs of an expanding global labour force. It had been estimated that there were about 125 million labour accidents with 220 000 fatalities and about 160 million cases of occupational disease annually, along with many cases of unreasonable physical and psychological workloads, all of which resulted in major economic losses. Furthermore, several industrialized countries had demonstrated that most occupational hazards were preventable.

The proposed WHO strategy on occupational health for all, provided a timely and much needed response to new developments in working life in both industrialized and developing countries and reflected the efficiency of the network of WHO collaborating centres. Comprehensive occupational health programmes

were an important factor in sustainable social development. WHO should be encouraged to take global leadership in developing occupational health policies and programmes through the implementation of the strategy. He looked forward to seeing the action plan indicating the practical measures that would be taken in collaboration with ILO, the regional offices and individual Member countries. His Government was committed to providing all possible expertise for the effective worldwide implementation of the strategy and supported the draft resolution.

Dr VIOLAKI-PARASKEVA (Greece) said that changing economic structures and the advent of new technology were affecting large numbers of workers. Countries should therefore prepare and implement new occupational health programmes as an essential component of socioeconomic development. The global strategy for occupational health for all required close collaboration between WHO and other United Nations organizations, the European Union and nongovernmental organizations, and coordination with other WHO programmes. She proposed two additions to the resolution recommended by the Executive Board: first, a new preambular paragraph, to read "Convinced that the field of occupational health calls for a broad, multidisciplinary approach"; and, secondly, a new subparagraph in paragraph 2, reading "to give special attention to working people by developing appropriate health care in workplaces as a contribution to the attainment of health for all by the year 2000". With those amendments, she could approve the resolution.

Mrs TABAKOUDE (Cyprus) said that her Government was fully aware of the importance of occupational health in support of social and economic development and world peace. It therefore strongly endorsed the recommended resolution, which should encourage countries to improve conditions in an effort to promote health worldwide.

Dr MIRCHEVA (Bulgaria) welcomed the development of a global strategy for occupational health for all as an essential tool in the formulation of national policies and programmes on the subject. Referring to the major objectives for action outlined in section V, paragraph 5 of document A49/4, she said that objective (3), development of healthy work practices could be strengthened by including a reference to the development of a working culture conducive to health and safety, an important element of occupational health, which could result in worker satisfaction as well as greater productivity. There was a need for international guidelines for the development of effective strategies in that regard. Special programmes to increase workers' knowledge of safe and healthy practices at the workplace should also be developed and applied. It was not always possible to integrate occupational health services within community health services or the national health system, as indicated in objective (4). Furthermore, quality assistance and control of occupational heath services should be emphasized. Physiologists should be included among the specialists, drawn from national and local organizations, providing expert advisory services, and systems for maintaining high scientific and technical quality of services should be established. Finally, national research programmes were needed to ensure the effective transfer to country level of the results of international research. In conclusion, she supported the resolution recommended by the Executive Board.

Dr LEGNAIN (Libyan Arab Jamahiriya) said that her delegation appreciated the Organization's efforts to improve occupational health, which was one of the main elements for sound social and economic development. She hoped that cooperation would increase between the various WHO collaborating centres and the developing countries to achieve the best results at the lowest cost. She supported the resolution before the Committee.

Dr BIHARI (India) said that almost half the population of his country worked in agriculture or industry, often in hazardous conditions resulting in work-related stress and occupational diseases; there was therefore a need to develop a healthy work environment and to incorporate occupational and environmental health components in the national health policy. Occupational health services should be based on a holistic approach to workers and their families, in a cost-effective manner, and standards should be set in workplaces in keeping with the risks encountered. It was essential to develop a system of registration of occupational morbidity and mortality and to raise awareness of occupational hazards among the public, decision-makers, employers and

employees. Strengthening of research in occupational health was also necessary in order to develop safety norms and standards for various work-related hazards.

The National Institute of Occupational Health was preparing a plan of action, in the framework of the Ninth Five Year Plan, which would make optimum use of the existing health care delivery system to provide occupational health services, particularly for the rural workforce. In conclusion, he suggested the resolution recommended by the Executive Board.

Dr PIYA SIRIPHANT (Thailand) strongly supported the resolution recommended by the Executive Board. Referring to the Director General's report, he expressed the view that nongovernmental organizations should play a pivotal role, not only a supporting one, in occupational health, especially in monitoring and evaluation of occupational health programmes since there was often a conflict of interest because of concerns that such programmes might hinder industrial and economic growth. Further, close cooperation with other organizations under the lead of WHO was not enough; the roles and responsibilities of each organization should be defined, since certain questions could be better addressed by, for example, ILO.

Ms VOGEL (United States of America) applauded the comprehensiveness of the global strategy which could have a significant, beneficial impact on the world's workforce. She agreed with the emphasis on support to Member States in developing national programmes in occupational health for all and endorsed the broad range of proposed partnerships, including multilateral, intergovernmental, national and nongovernmental organizations. She was particularly pleased to note the role outlined for the network of WHO collaborating centres in occupational health in order to facilitate implementation of the global strategy. The objective of reversing negative trends in protection of workers by the year 2000 would require an extraordinary improvement in working conditions; a regional approach to those difficulties might be a more appropriate initial response, especially for countries still lacking relevant programmes. The disciplines of epidemiology and industrial hygiene merited greater focus; the former played a critical role in the research, evaluation and establishment of surveillance systems to determine the need for and effectiveness of occupational safety and health services, and industrial hygienists played an important preventive role. She supported the resolution before the Committee.

Mr AL-JABER (Qatar) said that occupational health services were vital for the economy of any country and that Qatar accorded high priority to providing healthy workplaces. He supported the resolution, with the amendments made by Greece, and suggested adding a further subparagraph to paragraph 3, to the effect that the Director-General should encourage Member countries to draft national legislation, where it did not already exist, to protect workers' health. He would submit his amendment in writing.

The meeting rose at 16:15.

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